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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

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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 contracts with the Contractors listed below in an amount not to exceed $5,919,938 to increase access to and improve quality of integrated healthcare for women, infants, children, and adolescents, with the option to renew for up to four (4) additional years, effective July 1, 2025, upon Governor and Council approval through June 30, 2027. 14.21% Federal Funds. 85.79% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health Manchester, NH	157274	Manchester	$1,617,722
Coos County Family Health Services, Inc. Berlin, NH	155327	Berlin	$611,212
Greater Seacoast Community Health Portsmouth, NH	166629	Portsmouth	$1,326,220
HealthFirst Family Care Center, Inc. Franklin, NH	158221	Franklin	$326,254
Lamprey Health Care, Inc. Newmarket, NH	177677	Newmarket	$1,187,724
Mid-State Health Center Plymouth, NH	158055	Plymouth	$257,184
Weeks Medical Center	177171	Littleton	$391,228

Littleton, NH			
White Mountain Community Health Center Conway, NH	174170	Conway	$202,394
		Total:	**$5,919,938**

*This request includes eight (8) of nine (9) contracts for Maternal and Child Health (MCH) Integrated Care services. The Department anticipates presenting the remaining one (1) contract to the Governor and Executive Council at a future meeting.

Funds are anticipated to be available in the following accounts for State Fiscal Year 2026 and State Fiscal Year 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

The purpose of this request is for the Contractors to provide the Maternal and Child Health (MCH) target population of women, infants, children, and adolescents with access to integrated prevention and primary health care. These services will address maternal and youth health priorities identified in the State's Maternal and Child Health Program's five (5) year Statewide Needs Assessment completed in 2020. A new assessment will be completed in 2025, and the Department will work with the Contractors to ensure services continue to meet the most critical needs of the target populations.

The Contractors will provide increased access to healthcare for New Hampshire infants, children, and adolescents from birth to 21 years of age, pregnant women, and women of childbearing age. Contractor services are provided to individuals who are uninsured, underinsured, and/or considered low-income. The Contractors will integrate and coordinate access to medical, behavioral, and social services by reducing barriers to care for patients through care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

Approximately 54,000 infants, children, adolescents, and women will be served during State Fiscal Year 2026.

The Contractors must report on 11 performance measures related to lead testing, well-visit participation, depression and substance misuse screening, tobacco cessation, and access to nutrition services. Between SFY23 and SFY25, these services supported an 8% increase in depression screening for children 12-21 and a 9% increase in the number of pregnant women screened for tobacco use, among other gains in the measured outcomes. The Department will monitor services through the performance measures, which include:

- Percentage of infants who were ever breastfed.
- Percentage of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percentage of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool.

- Percentage of postpartum women who received a documented follow-up plan if they received a positive depression screening.
- Percentage of children 24 months of age who had a capillary or venous blood lead test between the ages of 12 and 23 months.
- Percentage of children 36 months of age who had a capillary or venous blood lead test between the ages of 24 and 36 months.
- Percentage of patients between 12 and 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool.
- Percentage of patients between 12 and 21 years of age who received a documented follow-up plan if they received a positive depression screening.
- Percentage of patients between 3 and 17 years of age who had evidence of BMI percentile documentation, along with documentation for nutrition counseling and physical activity during the measurement year.
- Percentage of pregnant women who were screened for tobacco use during each trimester in which they were enrolled in the prenatal program and who received tobacco cessation counseling intervention if identified as a tobacco user.
- Percentage of patients between 12 and 17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit, and who received a brief intervention or referral to services after a positive screening.
- Percentage of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program, and who received a brief intervention or referral to services after a positive screening.
- Percentage of children who reached 30 months of age by the end of the reporting period and who were screened for autism using the M-CHAT at least once between the ages of 16 and 30 months.

The Department selected the Contractors through competitive bid processes using two (2) separate Requests for Proposals (RFP), which were posted on the Department's website from March 5, 2025, through April 4, 2025 and from April 14, 2025 through May 1, 2025. The second RFP was posted due to a lack of service area coverage from the initial response. The Department received eight (8) responses to the first RFP and one (1) response to the second RFP that were reviewed and scored by a team of qualified individuals. The Scoring Sheets are attached.

The funding for each contractor is based upon a formula that factors in the number of patients served, those uninsured or on Medicaid, and the technical merit of their proposal, with a focus on improving care for patients from birth through 21 years of age and enhancing prenatal and postpartum care.

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

Should the Governor and Council not authorize this request, New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women, and women of childbearing age will lose access to healthcare and other supportive services.

Source of Federal Funds: ALN #93.994, FAIN # B04MC52939

Respectfully submitted,

For:

Lori A. Weaver
Commissioner

Fiscal Detail Sheet
Maternal and Child Health Care in the Integrated Primary Care Setting
RFP-2026-DPHS-01-MATER

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

1. Amoskeag Health, Vendor#157274-B001

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2026	102-500731	Contracts for Program Services	90004009	$114,939
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$693,922
SFY 2027	102-500731	Contracts for Program Services	90004009	$114,939
SFY 2027	102-500731	Contracts for Program Services	90004019	$693,922
			Subtotal:	***$1,617,722***

2. Coos County Family Health Services, Inc., Vendor# 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2026	102-500731	Contracts for Program Services	90004009	$43,427
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$262,179
SFY 2027	102-500731	Contracts for Program Services	90004009	$43,427
SFY 2027	102-500731	Contracts for Program Services	90004019	$262,179
			Subtotal:	***$611,212***

3. HealthFirst Family Care Center, Inc. Vendor#158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2026	102-500731	Contracts for Program Services	90004009	$23,180
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$139,947
SFY 2027	102-500731	Contracts for Program Services	90004009	$23,180
SFY 2027	102-500731	Contracts for Program Services	90004019	$139,947
			Subtotal:	***$326,254***

4. Lamprey Health Care, Inc., Vendor# 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2026	102-500731	Contracts for Program Services	90004009	$84,388
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$509,474
SFY 2027	102-500731	Contracts for Program Services	90004009	$84,388
SFY 2027	102-500731	Contracts for Program Services	90004019	$509,474
			Subtotal:	***$1,187,724***

5. Mid-State Health Center, Vendor# 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2026	102-500731	Contracts for Program Services	90004009	$18,273
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$110,319
SFY 2027	102-500731	Contracts for Program Services	90004009	$18,273
SFY 2027	102-500731	Contracts for Program Services	90004019	$110,319
			Subtotal:	***$257,184***

6. Weeks Medical Center,Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2026	102-500731	Contracts for Program Services	90004009	$27,797
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$167,817
SFY 2027	102-500731	Contracts for Program Services	90004009	$27,797
SFY 2027	102-500731	Contracts for Program Services	90004019	$167,817
			Subtotal:	***$391,228***

7. White Mountain Community Health Center, Vendor# 174170-R001				
Fiscal Year	**Class / Account**	**Class** Title	**Job Number**	**Total Amount**
SFY 2026	102-500731	Contracts for Program Services	90004009	$14,380
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$86,817
SFY 2027	102-500731	Contracts for Program Services	90004009	$14,380
SFY 2027	102-500731	Contracts for Program Services	90004019	$86,817
			Subtotal:	***$202,394***

8. Greater Seacoast Community Health, Vendor# 166629-B001				
Fiscal Year	**Class / Account**	**Class Title**	**Job Number**	**Total Amount**
SFY 2026	102-500731	Contracts for Program Services	90004009	$94,228
SFY 2026	102-500731	Contracts for Proaram Services	90004019	$568,882
SFY 2027	102-500731	Contracts for Program Services	90004009	$94,228
SFY 2027	102-500731	Contracts for Program Services	90004019	$568,882
			Subtotal:	***$1,326,220***
			TOTAL:	**$5,919,938**

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

Project ID # RFP-2026-DPHS-05-MATER-01

Project Title **MCH Integrated Care**

	Maximum Points Available	Weeks Medical Center	Amoskeag Health	Mid-State Health Center	City of Manchester	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst	Lamprey Health Care
Technical									
Expanded Integrated Primary Care Services (Q1)	**150**	110	120	126	89	122	150	125	145
Social Determinants of Health (Q2)	**150**	120	136	130	113	115	135	140	146
Enabling Service Intitiatives (Q3)	**200**	150	150	150	115	102	157	162	120
Quality Improvement Initiatives (Q4)	**200**	165	150	116	76	95	150	171	153
Staffing (Q5)	**150**	125	140	91	50	100	145	150	103
Staff Development and Training Plan (Q6)	**150**	125	140	110	50	90	150	145	130
Subtotal - Technical	**1000**	**795**	**836**	**723**	**493**	**624**	**887**	**893**	**797**

If a Vendor fail to achieve the minimum Technical score stated within the RFP, it will receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened.

	Reviewer Name	Title
1	Erica Tenney	MCH Section Administrator
2	Lisa Lampron	Finance Administrator
3	Amanda Merrill	Child and Adolescent Public Health Consultant
4	Melissa Josefiak	Clinical Services Program Administrator

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

Project ID # RFP-2026-DPHS-08-MATER-01

Project Title **Maternal and Child Health Integrated Care**

	Maximum Points Available	White Mountain Community Health Center
Technical		
Expanded Integrated Primary Care Services (Q1)	**150**	140
Social Determinants of Health (Q2)	**150**	142
Enabling Service Initiatives (Q3)	**200**	150
Quality Improvement Initiatives (Q4)	**200**	131
Staffing (Q5)	**150**	85
Staff Development and Training Plan (Q6)	**150**	62
Subtotal - Technical	**1000**	**710**

If a Vendor fail to achieve the minimum Technical score stated within the RFP, it will receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened.

	Reviewer Name		Title
1	Erica Tenney		MCH Section Administrator
2	Lisa Lampron		Finance Administrator
3	Amanda Merrill		Child and Adolescent Public Health Consultant
4	Melissa Josefiak		Clinical Services Program Administrator

FORM NUMBER P-37 (version 2/23/2023)

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-01)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Amoskeag Health		1.4 Contractor Address 145 Hollis Street Manchester, NH 03101	
1.5 Contractor Phone Number 603-935-5210	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $1,617,722
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: C52AF939C85F454... Date: 5/28/2025		1.12 Name and Title of Contractor Signatory Kris McCracken President/CEO	
1.13 State Agency Signature DocuSigned by: D778B863F9704C7... Date: 5/28/2025		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: DocuSigned by: 748734844941460...		On: 5/31/2025	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS
Date 5/28/2025

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.

Contractor Initials DS

Date 5/28/2025

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.

Contractor Initials DS

Date 5/28/2025

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.

Contractor Initials DS

Date 5/28/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH;

1.1.2. Decreasing the misuse of alcohol, tobacco and other substances among pregnant women;

1.1.3. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.4. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

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

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

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

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

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age:

1.4.1. Enabling Services Initiative 1: Assisting the pediatric population in accessing healthcare by identifying and assisting with patient barriers related to SDOH.

1.4.2. Enabling Services Initiative 2: Increasing rates of developmental screenings and/or implementing visits with a child development specialist.

1.4.3. Quality Improvement Initiative 1: Ensuring adolescent patients have access to regular screenings, vaccionations, and any additional services they need on at least an annual basis.

1.4.4. Quality Improvement Initiative 2: Lead Testing for 1-year olds.

1.5. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for prenatal and postpartum women provided within twelve weeks after delivery:

1.5.1. Enabling Services Initiative 1: Assisting the pregnant and postpartum population with access to healthcare by identifying and assisting with patient barriers related to SDOH.

1.5.2. Enbling Services Initiative 2: Increasing number of postpartum women who are breastfeeding by providing postpartum support.

1.5.3. Quality Improvement Initiative 1: Providing follow-up care for postpartum patient visits within 12 weeks after delivery.

1.5.4. Quality Improvement Initiative 2: Providing postpartum depression screenings and referrals to women during any visit up to 12 weeks following delivery using standardized depressing screening tools and creating a follow-up plan if the screening result is positive.

1.6. The Contractor must provide eligibility determination services, including the following:

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

1.6.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

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

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

1.7. The Contractor must ensure services are provided by a New Hampshire licensed:

1.7.1. Medical Doctor (MD);

1.7.2. Doctor of Osteopathic Medicine (DO);

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

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

1.8. The Contractor must provide services in an office-based setting which may include:

1.8.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.8.2. Hospital Associated Community Health Centers;

1.8.3. School Based Health Clinics; and

1.8.4. Mobile Care Delivery Services.

1.9. The Contractor must monitor, update and implement the Work Plans for each enabling services initiative in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

1.10. The Contractor must develop, define, and implement a minimum of two (2) quality improvement (QI) initiatives, in accordance with Attachment 2 - Quality

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

Improvement Work Plans for Children and Adolescents and Attachment 5 - Quality Improvement Work Plans for Prenatal and Postpartum Women, attached hereto and incorporated by reference herein, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.10.1. One primary care services QI initiative on increasing Adolescent Well Visits for SFY 2026-2027.

1.10.2. A minimum of one additional QI initiative that must focus on one of the remaining performance measures in accordance with Attachment 1 - Enabling Services Work Plan for Children and Adolescents and Attachment 4 - Enabling Services Work Plan for Prenatal and Postpartum Women, attached hereto and incorportated by referenced herein. The Department will designate Postpartum Depression Screening.

1.10.3. Addressing increased postpartum visits within 12 weeks of delivery.

1.11. The Contractor must monitor, update and implement the Work Plans for each QI initiative in accordance with Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

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

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

1.12.2. MCH Biannual Primary Care Coordinators' Meetings up to two times per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.13. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

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

1.15. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

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

1.16.1. Is provided to the Department no later than thirty business days from the date of hire; and

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

1.17. The Contractor must notify the Department in writing when:

1.17.1. Any critical position is vacant for more than thirty business days.

1.17.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

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

1.19. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.20. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.21. Performance Measures

1.21.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.21.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing

Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.22. Reporting

1.22.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.22.1.1. Uniform Data System (UDS) outcomes.

1.22.1.2. Performance Measure outcomes.

1.22.1.3. Work Plan for each Enabling Service Initiative.

1.22.1.4. Work Plan for each QI Initiative.

1.22.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.22.2.1. Program initiatives status and/or completion dates; and

1.22.2.2. An impact statement on the success of the initiative(s), which must include supporting documentation that includes aggregated and de-identified information.

1.23. Background Checks

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

1.23.1.1. 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;

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

1.23.1.3. 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.

1.24. Confidential Data

1.24.1. 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.

1.24.2. 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.

1.25. Privacy Impact Assessment

1.25.1. 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:

1.25.1.1. How PII is gathered and stored;

1.25.1.2. Who will have access to PII;

1.25.1.3. How PII will be used in the system;

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

1.25.1.5. Privacy practices.

1.25.2. 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.

1.26. Department Owned Devices, Systems and Network Usage

1.26.1. 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 fulfilment

of this Agreement, each End User must:

1.26.1.1. 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;

1.26.1.2. 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;

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

1.26.1.4. 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;

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

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

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

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

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

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

1.26.1.9.2. Include in the signature lines information

identifying the End User as a non-Department workforce member; and

1.26.1.9.3. 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."

1.26.1.10. 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:

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

1.26.1.10.2. 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.

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

1.26.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

1.26.1.12. 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.

1.26.2. Workspace Requirement

1.26.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.27. Contract End-of-Life Transition Services

1.27.1. General Requirements

1.27.1.1. 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 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 the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

1.27.1.2. 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.

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

1.27.1.4. 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.

1.27.1.5. 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.

1.27.1.6. 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.

1.27.2. Completion of Transition Services

1.27.2.1. 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.

1.27.2.2. 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.

1.27.3. Disagreement over Transition Services Results

1.27.3.1. 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. 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.

1.28. Website and Social Media

1.28.1. 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.

1.28.2. 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.

1.28.3. State of New Hampshire's Website Copyright

1.28.3.1. 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 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-Contractors); 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-Contractors).

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

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.

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services

Contractor Name: *Amoskeag Health*
Budget Request for: *Maternal and Child Health (MCH) Integrated Care*
Budget Period: *July 1, 2025 - June 30, 2026 and July 1, 2026 - June 30, 2027*
Indirect Cost Rate (if applicable) 15.00%

Line Item	Integrated Healthcare services for children and adolescents, Program Cost funded by DHHS - SFY 26	Integrated Healthcare services for children and adolescents, Program Cost funded by DHHS - SFY 27	Integrated Healthcare for prenatal and postpartum women Program Cost funded by DHHS - SFY 26	Integrated Healthcare for prenatal and postpartum women Program Cost funded by DHHS - SFY 27
1. Salary & Wages	$256,270	$256,270	$218,904	$218,904
2. Fringe Benefits	$107,378	$107,378	$78,806	$78,806
3. Consultants	$0	$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	$0
5.(a) Supplies - Educational	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0
5.(e) Supplies - Office	$0	$0	$0	$0
6. Travel	$0	$0	$0	$0
7. Software	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0
8. (b) Other - Education and Training	$0	$0	$0	$0
8. (c) Other - Other (specify below)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0
Total Direct Costs	$405,648	$405,648	$297,710	$297,710
Total Indirect Costs	$60,847	$60,847	$44,656	$44,656
Subtotals	$466,495	$466,495	$342,366	$342,366
			TOTAL $	1,617,722

Contractor Initials: DS
Date: 5/20/2025

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 suc

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

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.

New Hampshire Department of Health and Human Services
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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.

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.

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: PJE7C4T4PEB8

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

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Amoskeag Health

5/28/2025
Date:

DocuSigned by:
C52AF939C85F454...
Name: Kris McCracken
Title: President/CEO

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

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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.

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

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

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

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

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

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

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

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

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

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

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

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

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

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

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

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

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

16. The Contractor must ensure that all End Users:

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

    b. safeguard this information at all times.

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

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

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

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

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

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

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

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

V. LOSS REPORTING

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

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

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;

4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov B.

DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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 bu—DS

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 F

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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	Amoskeag Health
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	DocuSigned by: C52AF939C85F454...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Kris McCracken
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	President/CEO
Title of Authorized Representative	Title of Authorized Representative
5/28/2025	5/28/2025
Date	Date

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Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan (Initiative 1) Agency Name: Amoskeag Health Name and Role of Person(s) Completing Work Plan: Data Quality Manager			
Enabling Services Focus Area: Screening and Referrals for SDOH (Pediatric Population)			
Project Goal: Assist patients in accessing healthcare by identifying and assisting with patient barriers related to social determinants of health			
Project Objective: 45%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
A. Review, and where necessary, update existing SDOH screening protocols	CEO, CMO, Director of Behavioral Health and Social Services, Data Quality Manager	Meet, review, and implement plans	Oct 2024
B. Update the amount of current cell phone numbers on file	Call Center Coordinator, Interpreter Staff	Monthly audits of EMR to track percentage of patients with email on file	Ongoing
C. Improve the number of patients with a current email on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Nutritionist	Monthly audits of EMR to track percentage of patients with email on file	Ongoing
D. Utilize EMR to generate lists of patients over 365 days since last screen	CEO, CMO, Director of Behavioral Health and Social Services, Data Quality Manager	Monthly review of patients needing screen	Oct/Nov 2024 (ongoing)
E. Improve the volume of SDOH screens	Director of Behavioral Health and Social Services	Audit the volume of SCOH screens over time	Oct/Nov 2024 (ongoing)
F. Oversight by QI leadership team of progress, QI Ops team to assist with implementing changes if needed	CMO, CEO, Data Quality Manager	Monthly audits of EMR to track progress	Nov 2024 (ongoing)
Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Screening and Referrals for SDOH Project Objective: 45%			

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July 2024 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	At only 591 patients screened between 7/23 – 6/24, we are not currently on track with our workplan. Efforts are well underway to explore better use of our EHR patient portal, however while not a barrier to this effort, careful consideration of existing privacy regulations have slowed the process of expanding portal use. Our Athena Workgroup, made up of key staff members from across the health center, is proposing a policy change that takes into account many issues, including privacy concerns. In coming weeks/months the policy will be submitted to our legal counsel, compliance department, and board of directors for approval. After which, we expect to fully utilize the portal for better communication, including the use of our SDOH questionnaire
January 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes __X__No	769 patients were screened between 12/1/24 – 12/31/24. We are not currently on track with our workplan. Progress has been made with expanding portal use for our patients. A policy has been created and approved which addresses patient privacy concerns, legal requirements, and the use of the Athena patient portal. In the coming weeks we expect to finish and promote a plan for further portal use among our patients.
July 2025 Project Update **SFY25 Outcome** (insert your agency's data/outcome results here for 7/1/24-6/30/25)	
Did you meet your Target/Objective?	____Yes ____No
July 2025 Project Update	

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

SFY25 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** _____Yes _____No	
July 2025 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place	

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Enabling Services Work Plan 2 (Initiative 2)

Agency Name: Amoskeag Health
Name and Role of Person(s) Completing Work Plan: Data Quality Manager

Enabling Services Focus Area:

2.1.6.2.2. Increasing rates of Developmental Screenings and/or implementing visits with Child Development Specialist

Project Goal: Increase the number of developmental screenings from 43% to 75%

Project Objective: 75%

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Build a report, identify, and review those patients who have not satisfied the developmental screening measure	Data Quality Manager QI Coordinator CMO	Meet and Review	May 2025
Develop a plan for communicating and implementing the screening tool	Data Quality Manager QI Coordinator CMO	Meet, develop, and implement plan for increasing screenings	May - June 2025
Educate providers on where to document the screening tool in Athena	Data Quality Manager QI Coordinator CMO	Plan a time and educate providers	June 2025
Evaluate results of implementation plan to increase screenings (PDSA)	Data Quality Manager QI Coordinator CMO	Meet and determine if implementation plan is succeeding at raising screening rate. Adjust as necessary.	June - August 2025

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan (Initiative 1) Agency Name: Amoskeag Health Name and Role of Person(s) Completing Work Plan: Data Quality Manager			
MCH Performance Measure: Adolescent Well Visits			
Project Objective: To assure our adolescent patients have access to regular screening, necessary vaccinations, and any additional services they may need on at least an annual basis			
Target: 80%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
A. Continue to increase the number and accuracy of patient email and phone information	Call Center Coordinator, Interpreter Staff, Patient Care Coordinators	Periodic audits of EMR to track percentage of patients with email and cell phone on file	Sep/Oct 2024 (ongoing)
B. Review and where needed, update existing workflows regarding patient reminders for well care visits	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Patient Care Coordinators	Periodic audits of EMR to check whether patients are being sent well care appointment reminders	October 2024
C. Incentivize key staff as a part of quarterly initiatives.	CMO, CNO, CFO and clinical team	Audits of EMR Registration and Scheduling system for scheduling level activity	Ongoing

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

QI Work Plan Progress Report **Performance Measure:** Adolescent Well Visits **Project Objective:** To assure our adolescent patients have access to regular screening, necessary vaccinations, and any additional services they may need on at least an annual basis	
July 2024 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _X___No	We are on track with the work plan as submitted. Our goal was 65 % so we were quite pleased that we scored 82% for this measure. This was a year of transition to our new EMR, but we have not yet implemented the communication campaign that is built into our system. Despite this, we were able to improve on last year's numbers, likely through outreach by our Patient Care Coordinators manually calling people. We do have a goal to implement the automated campaigns which will allow human resources to be deployed to more tactical items.
January 2025 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _X___No	The result for this measurement period is 61%. Our barrier for this and other measures is that we continue to have reporting issues with Athena. We believe this success rate for this measure is much higher, as demonstrated in our previous submission. As it is impractical to manually review the entire the denominator of patient charts for this measure, we continue to work with CHAN and Athena to identify the exact causes of these problems and work towards more accurate reporting.

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July 2025 Project Update **SFY25 Outcome** (insert your agency's data/outcome results here for 7/1/24-6/30/25)	
Did you meet your Target/Objective?	___Yes ___No
July 2025 Project Update **SFY25 Narrative**: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** _____Yes ____No	

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

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Attachment 4- Enabling Services Work Plans

Enabling Services Work Plan (Initiative 1) Agency Name: Amoskeag Health Name and Role of Person(s) Completing Work Plan: Data Quality Manager			
Enabling Services Focus Area: Screening and Referrals for SDOH (Pregnant and Postpartum Population)			
Project Goal: Assist patients in accessing healthcare by identifying and assisting with patient barriers related to social determinants of health			
Project Objective: 45%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
G. Review, and where necessary, update existing SDOH screening protocols	CEO, CMO, Director of Behavioral Health and Social Services, Data Quality Manager	Meet, review, and implement plans	Oct 2024
H. Update the amount of current cell phone numbers on file	Call Center Coordinator, Interpreter Staff	Monthly audits of EMR to track percentage of patients with email on file	Ongoing
I. Improve the number of patients with a current email on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Nutritionist	Monthly audits of EMR to track percentage of patients with email on file	Ongoing
J. Utilize EMR to generate lists of patients over 365 days since last screen	CEO, CMO, Director of Behavioral Health and Social Services, Data Quality Manager	Monthly review of patients needing screen	Oct/Nov 2024 (ongoing)
K. Improve the volume of SDOH screens	Director of Behavioral Health and Social Services	Audit the volume of SCOH screens over time	Oct/Nov 2024 (ongoing)
L. Oversight by QI leadership team of progress, QI Ops team to assist with implementing changes if needed	CMO, CEO, Data Quality Manager	Monthly audits of EMR to track progress	Nov 2024 (ongoing)
Enabling Service Work Plan Progress Report Template **Enabling Service Initiative: Screening and Referrals for SDOH** **Project Objective: 45%**			

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July 2024 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	At only 591 patients screened between 7/23 – 6/24, we are not currently on track with our workplan. Efforts are well underway to explore better use of our EHR patient portal, however while not a barrier to this effort, careful consideration of existing privacy regulations have slowed the process of expanding portal use. Our Athena Workgroup, made up of key staff members from across the health center, is proposing a policy change that takes into account many issues, including privacy concerns. In coming weeks/months the policy will be submitted to our legal counsel, compliance department, and board of directors for approval. After which, we expect to fully utilize the portal for better communication, including the use of our SDOH questionnaire
January 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes __X__No	769 patients were screened between 12/1/24 – 12/31/24. We are not currently on track with our workplan. Progress has been made with expanding portal use for our patients. A policy has been created and approved which addresses patient privacy concerns, legal requirements, and the use of the Athena patient portal. In the coming weeks we expect to finish and promote a plan for further portal use among our patients.
July 2025 Project Update **SFY25 Outcome** (insert your agency's data/outcome results here for 7/1/24-6/30/25)	
Did you meet your Target/Objective?	____Yes ____No
July 2025 Project Update	

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

SFY25 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year . **Work Plan Revisions submitted:** _____Yes ____No	
July 2025 Project Update **SFY23 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place	

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July 2024 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	At only 591 patients screened between 7/23 – 6/24, we are not currently on track with our workplan. Efforts are well underway to explore better use of our EHR patient portal, however while not a barrier to this effort, careful consideration of existing privacy regulations have slowed the process of expanding portal use. Our Athena Workgroup, made up of key staff members from across the health center, is proposing a policy change that takes into account many issues, including privacy concerns. In coming weeks/months the policy will be submitted to our legal counsel, compliance department, and board of directors for approval. After which, we expect to fully utilize the portal for better communication, including the use of our SDOH questionnaire
January 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes __X__No	769 patients were screened between 12/1/24 – 12/31/24. We are not currently on track with our workplan. Progress has been made with expanding portal use for our patients. A policy has been created and approved which addresses patient privacy concerns, legal requirements, and the use of the Athena patient portal. In the coming weeks we expect to finish and promote a plan for further portal use among our patients.
July 2025 Project Update **SFY25 Outcome** (insert your agency's data/outcome results here for 7/1/24-6/30/25)	
Did you meet your Target/Objective?	____Yes ____No
July 2025 Project Update	

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 5- Quality Improvement Work Plans

Quality Improvement Work Plan (Initiative 1) **Agency Name: Amoskeag Health** **Name and Role of Person(s) Completing Work Plan: Data Quality Manager**			
MCH Performance Measure: Postpartum Visits			
Project Objective: Follow-up care for postpartum patients within 12 weeks after delivery.			
Target: 85%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Identify postpartum patients by use of the OB Episodes report in Athena	QI Coordinator Pregnancy Care Clinician QI Coordinator	Receipt of weekly report	April 2025 (ongoing)
Schedule visits with postpartum patients to provide follow-up care	Clinical Staff	Completed visit encounters documented in charts	April 2025 (ongoing)
Review outcomes and adjust as necessary (PDSA)	Director of Clinical Services Clinical Staff QI Coordinator	Confirmation of completed visits	May – August 2025 (ongoing)

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Quality Improvement Work Plan (Initiative 2)			
Agency Name: Amoskeag Health			
Name and Role of Person(s) Completing Work Plan: Data Quality Manager			
MCH Performance Measure: Postpartum Depression Screening and Referral			
Project Objective: Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.			
Target: 95%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
A. Continue to identify and follow-up with patients within 12 weeks of delivery	Patient Care Coordinators, MA's, Providers	Check EMR and reports regularly	Sep/Oct 2024 (ongoing)
B. Continue to screen for depression and record a follow-up plan on the date of a positive screen	Providers	Run and review QI reports to confirm	Sep/Oct 2024 (ongoing)
July 2024 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit.	We are on track with the work plan as submitted.		

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Work Plan Revisions submitted: ____Yes __X__No	
January 2025 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes __X__No	Our results for this measure dropped to 71% for the measurement period. This was due confusion about where to document patient information to be able to satisfy the measure. Some providers documented this information in a separate template/form within Athena which isn't included in the Athena report. We recognize the problems with staff training and will make the necessary improvements in our next measurement period.
July 2025 Project Update **SFY25 Outcome** (insert your agency's data/outcome results here for 7/1/24-6/30/25)	
Did you meet your Target/Objective?	___Yes ___No
July 2025 Project Update **SFY25 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** ____Yes ___No	

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 7- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:** _____

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

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

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 6 - Performance Measures

1. Definitions

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

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

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

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

1.4. **NQF** – National Quality Forum

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

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

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

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

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

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

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

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

2.2. **Preventive Health: Lead Testing**

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

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

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

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

Age 2 Measure

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

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

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

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

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

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

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

2.4. **Preventive Health: Depression Screening**

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

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

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

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

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

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

2.4.2. Maternal Depression Screening

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

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

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

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

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

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

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

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

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

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

2.6. **Preventive Health: Tobacco Screening**

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

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

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

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

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

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit

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

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

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

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

2.7.1.4. Definitions:

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

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

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

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

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

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

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

2.8 Developmental Screening Measure

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

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

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

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SFY26-27 Component A&B Performance Measures
Appendix H
Performance Measures

2.9 Postpartum Visit Measure

Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.

2.9.1. Numerator: Number of women who has a postpartum visit on or between 7 and 84 days after delivery.

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

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Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

Organization Name							
		1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2026-12/31/2026	7/1/2026-6/30/2027
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						

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	Agencies' Rate						
	Agencies' Range						
4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
9. Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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State of New Hampshire

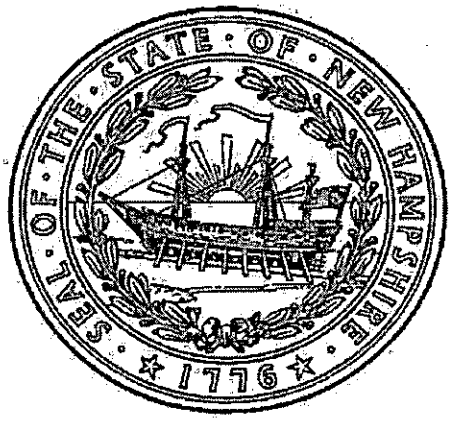
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **175115**

Certificate Number: **0007102722**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 17th day of March A.D. 2025.

David M. Scanlan

Secretary of State

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CERTIFICATE OF VOTE/AUTHORITY

I, Obhed Giri of Amoskeag Health (formerly Manchester Community Health Center) do hereby certify that:

1. I am the Board Secretary of Amoskeag Health (formerly Manchester Community Health Center).
2. That the President/CEO is hereby authorized on behalf of this company to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as she may deem necessary, desirable or appropriate, and Kris McCracken is the duly elected President/CEO of this company.
3. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the company. This authorization was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this certificate.

Obhed Giri
Board Secretary
Amoskeag Health

05/27/2025
Date

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Client#: 2054019 AMOSKHEA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/06/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Nicole Rhuda
USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: nicole.rhuda@usi.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Amoskeag Health 145 Hollis Street Manchester, NH 03101	INSURER A : Selective Insurance Co of the Southeast	39926
	INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
	INSURER C : ZNAT Insurance Company	30120
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X	X	S2640265	06/04/2024	07/01/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY	X	X	S2640265	06/04/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR	X	X	S2640265	06/04/2024	07/01/2025	EACH OCCURRENCE	$4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$4,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			P02300HCHS2025	01/01/2025	01/01/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N/A		3A State: NH			E.L. EACH ACCIDENT	$1,000,000
C	(Mandatory in NH)		X	M1397401	01/01/2025	01/01/2026	E.L. DISEASE - EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			3A: AR ME MA NC			E.L. DISEASE - POLICY LIMIT	$1,000,000

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

This Evidence of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the Evidence.

CERTIFICATE HOLDER	CANCELLATION
State of NH Department of Health & Human Services 129 Pleasant Street Concord, NH 03301	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

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AMOSKEAG HEALTH

MISSION

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

VISION

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

CORE VALUES

We believe in:

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

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BerryDunn

AMOSKEAG HEALTH

FINANCIAL STATEMENTS

and

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

June 30, 2024 and 2023

With Independent Auditor's Report

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Amoskeag Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Amoskeag Health (the Organization), which comprise the balance sheets as of June 30, 2024 and 2023, and the related statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 11 to the financial statements, the Organization has incurred a significant operating loss during the year ended June 30, 2024 and has declining working capital and limited days cash on hand. Management's evaluation of the events and conditions and management's plans to mitigate these matters are also described in Note 11. Our opinion is not modified with respect to that matter.

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Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

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Board of Directors
Amoskeag Health

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 3, 2024 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 3, 2024

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AMOSKEAG HEALTH

Balance Sheets

June 30, 2024 and 2023

ASSETS

	2024	2023
Current assets		
Cash and cash equivalents	$ 219,540	$ 1,291,683
Patient accounts receivable	1,175,811	1,857,818
Grants and other receivables	930,506	1,120,900
Other current assets	99,527	145,734
Total current assets	2,425,384	4,416,135
Operating lease right-of-use assets	1,243,796	1,454,454
Property and equipment, net	3,413,462	3,597,132
Other assets	106,676	103,941
Total assets	$ 7,189,318	$ 9,571,662

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	$ 800,000	$ -
Accounts payable and accrued expenses	1,073,322	580,054
Accrued payroll and related expenses	1,764,205	1,663,737
Current portion of operating lease liabilities	178,529	178,529
Current portion of long-term debt	1,426,430	1,467,285
Total current liabilities	5,242,486	3,889,605
Operating lease liabilities, less current portion	1,136,450	1,314,978
Total liabilities	6,378,936	5,204,583
Net assets		
Without donor restrictions	(107,025)	3,574,104
With donor restrictions	917,407	792,975
Total net assets	810,382	4,367,079
Total liabilities and net assets	$ 7,189,318	$ 9,571,662

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

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

AMOSKEAG HEALTH

Statements of Operations and Changes in Net Assets

Years Ended June 30, 2024 and 2023

	2024	2023
Operating revenue		
Net patient service revenue	$ 10,035,543	$ 11,137,761
Grants, contracts and support	9,556,723	11,892,431
Other operating revenue	89,275	71,330
Net assets released from restriction for operations	444,973	1,048,634
Total operating revenue	20,126,514	24,150,156
Operating expenses		
Salaries and wages	14,177,028	15,520,631
Employee benefits	3,588,222	3,777,334
Supplies and minor equipment	673,775	1,251,911
Contracted services	3,466,299	3,759,308
Occupancy	1,085,498	1,250,813
Other	505,555	522,917
Depreciation and amortization	428,873	457,433
Interest	50,584	48,724
Total operating expenses	23,975,834	26,589,071
Deficiency of revenue over expenses	(3,849,320)	(2,438,915)
Grants received for capital acquisition and in service	168,191	39,155
Decrease in net assets without donor restrictions	(3,681,129)	(2,399,760)
Net assets with donor restrictions		
Contributions	569,405	654,645
Net assets released from restriction for operations	(444,973)	(1,048,634)
Increase (decrease) in net assets with donor restrictions	124,432	(393,989)
Change in net assets	(3,556,697)	(2,793,749)
Net assets, beginning of year	4,367,079	7,160,828
Net assets, end of year	$ 810,382	$ 4,367,079

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

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AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2024 and 2023

	2024							
	Healthcare Services					Administrative and Support Services		
	Medical	Behavioral Health	Pharmacy	Special Medical Programs	Total Healthcare Services	Administration	Marketing and Fundraising	Total
Salaries and wages	$ 7,973,255	$ 3,168,919	$ 68,667	$ 1,366,431	$ 12,577,272	$ 1,419,469	$ 180,287	$ 14,177,028
Employee benefits	2,021,604	902,060	53,140	334,755	3,311,559	245,328	31,335	3,588,222
Supplies and minor equipment	415,689	47,619	171,852	16,238	651,398	22,170	207	673,775
Contracted services	1,145,537	711,577	336,781	145,106	2,339,001	1,104,155	23,143	3,466,299
Occupancy	650,477	290,521	34,974	106,783	1,082,755	2,743	-	1,085,498
Other	112,969	98,055	4,607	32,057	247,688	243,587	14,280	505,555
Depreciation and amortization	210,402	77,127	9,708	28,998	326,235	102,638	-	428,873
Interest	2,499	1,035	133	397	4,064	46,520	-	50,584
Total	$ 12,532,432	$ 5,296,913	$ 679,862	$ 2,030,765	$ 20,539,972	$ 3,186,610	$ 249,252	$ 23,975,834

	2023							
	Healthcare Services					Administrative and Support Services		
	Medical	Behavioral Health	Pharmacy	Special Medical Programs	Total Healthcare Services	Administration	Marketing and Fundraising	Total
Salaries and wages	$ 8,939,465	$ 3,006,416	$ 52,985	$ 1,573,145	$ 13,572,011	$ 1,710,956	$ 237,664	$ 15,520,631
Employee benefits	1,892,344	885,604	13,259	332,514	3,123,721	594,854	58,759	3,777,334
Supplies and minor equipment	657,097	148,089	97,574	75,261	978,021	250,493	23,397	1,251,911
Contracted services	1,468,341	855,698	336,323	269,827	2,930,189	812,470	16,649	3,759,308
Occupancy	656,520	147,959	97,489	75,195	977,163	250,274	23,376	1,250,813
Other	274,017	58,473	43,760	30,474	406,724	106,445	9,748	522,917
Depreciation and amortization	178,648	47,234	6,284	18,651	250,817	202,918	3,698	457,433
Interest	16,084	5,060	749	2,222	24,115	24,174	435	48,724
Total	$ 14,082,516	$ 5,154,533	$ 648,423	$ 2,377,289	$ 22,262,761	$ 3,952,584	$ 373,726	$ 26,589,071

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

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AMOSKEAG HEALTH

Statements of Cash Flows

Years Ended June 30, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Change in net assets	$ (3,556,697)	$ (2,793,749)
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation and amortization	428,873	457,433
Amortization of operating lease right-of-use assets	210,658	210,821
Grants received for capital acquisition	(168,191)	(39,155)
Contributions received for capital acquisition	-	(5,000)
(Increase) decrease in the following assets		
Patient accounts receivable	682,007	(434,850)
Grants and other receivables	190,394	735,167
Other current assets	46,207	8,408
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	493,268	51,485
Accrued payroll and related expenses	100,468	311,391
Operating lease liabilities	(178,528)	(171,768)
Net cash used by operating activities	(1,751,541)	(1,669,817)
Cash flows from investing activities		
Purchase of investments	(2,735)	(47,653)
Capital expenditures	(239,444)	(185,529)
Net cash used by investing activities	(242,179)	(233,182)
Cash flows from financing activities		
Grants received for capital acquisition	168,191	39,155
Contributions received for capital acquisition	-	5,000
Proceeds from line of credit	1,050,000	-
Payments on line of credit	(250,000)	-
Payments on long-term debt	(46,614)	(48,430)
Net cash provided (used) by financing activities	921,577	(4,275)
Net decrease in cash and cash equivalents	(1,072,143)	(1,907,274)
Cash and cash equivalents, beginning of year	1,291,683	3,198,957
Cash and cash equivalents, end of year	$ 219,540	$ 1,291,683
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 50,584	$ 48,724

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

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Organization

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

1. Summary of Significant Accounting Policies

Basis of Presentation

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

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

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

Use of Estimates

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

Income Taxes

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

Cash and Cash Equivalents

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

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

Revenue Recognition and Patient Accounts Receivable

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

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations for medical, behavioral health, optometry, podiatry and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.

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.

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Medicaid

The Organization is primarily reimbursed for medical, behavioral health, certain dental and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Commercial Payers

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

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $1,988,390 and $2,188,583 for the years ended June 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.

340B Contract Pharmacy Program Revenue

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

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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.

Patients Accounts Receivable

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

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants with project periods extending beyond June 30, 2024 in the aggregate amount of $9,568,050 that have not been recognized at June 30, 2024 because qualifying expenditures have not yet been incurred.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2024 and 2023, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 64% and 61%, respectively, of grants, contracts and support revenue.

Right-of-Use Assets and Lease Liabilities

U.S. GAAP requires lessees to recognize a lease liability and a right-of-use asset for all leases with terms greater than 12 months on its balance sheet. Whether an arrangement contains a lease is evaluated at the inception of the arrangement. The Organization estimates its lease liability at the present value of future rent payments required under a lease using the imputed rate when identifiable or a risk-free rate for a term approximating the lease term, including options to extend or terminate the lease that the Organization is reasonably certain to exercise. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate.

The Organization's right-of-use asset initially is equal to its lease liability, adjusted for any lease incentives received or lease payments made. Lease expense is recorded on a straight-line basis over the term of a lease. Leases of 12 months or less at inception are not included in the Organization's right-of-use assets and lease liabilities.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction.

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.

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Functional Expenses

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

Deficiency of Revenue Over Expenses

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

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 3, 2024, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. Financial assets available for general expenditure within one year were as follows:

	2024	2023
Cash and cash equivalents	$ 219,540	$ 1,291,683
Patient accounts receivable	1,175,811	1,857,818
Grants and other receivables	930,506	1,120,900
Financial assets available	2,325,857	4,270,401
Less net assets with donor restrictions	917,407	792,975
Financial assets available	$ 1,408,450	$ 3,477,426

The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 3 and 18 at June 30, 2024 and 2023, respectively.

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3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable

Patient accounts receivable and due from third-party payers are stated at the amount management expects to collect from outstanding balances and consisted of the following at June 30:

	2024	2023	2022
Direct patient services	$ 1,137,265	$ 1,795,769	$ 1,302,100
Contract 340B pharmacy program	38,546	62,049	120,868
Total patient accounts receivable	$ 1,175,811	$ 1,857,818	$ 1,422,968

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Medicaid accounted for approximately 59% and 54% of the Organization's patient accounts receivable at June 30, 2024 and 2023, respectively. No other individual payer represented more than 10% of the Organization's net patient accounts receivable.

Net Patient Service Revenue

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

	2024	2023
Gross charges	$ 13,687,925	$ 18,699,505
Less: Contractual adjustments and implicit price concessions	(3,414,011)	(7,066,363)
Sliding fee discount policy adjustments	(1,180,706)	(1,687,369)
Total net direct patient service revenue	9,093,208	9,945,773
Other patient revenue	163,008	113,460
Contract 340B program revenue	779,327	1,078,528
Total net patient service revenue	$ 10,035,543	$ 11,137,761

Revenue from Medicaid accounted for approximately 58% and 59% of the Organization's net patient service revenue for the years ended June 30, 2024 and 2023, respectively. No other individual payer represented more than 10% of the Organization's net patient service revenue.

4. Property and Equipment

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

	2024	2023
Land	$ 81,000	$ 81,000
Building and leasehold improvements	5,428,684	5,428,684
Furniture and equipment	3,048,558	2,831,166
Total cost	8,558,242	8,340,850
Less accumulated depreciation	5,194,939	4,779,625
	3,363,303	3,561,225
Projects in process	50,159	35,907
Property and equipment, net	$ 3,413,462	$ 3,597,132

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

5. Line of Credit

The Organization has a $1,000,000 line of credit demand note with a local banking institution with interest at the Bloomberg Short-Term Bank Yield Index rate plus 2.75% (8.14% at June 30, 2024). The line of credit is collateralized by all assets. There was $800,000 outstanding at June 30, 2024. There was no outstanding balance at June 30, 2023.

The Organization has a 30-day paydown requirement on the line of credit, which was met for the year ended June 30, 2024.

6. Leases

The Organization has entered into the following lease arrangements:

Operating Leases

The Organization has operating leases for clinic facilities with maturities ranging from May 2025 through March 2034. Certain leases contain renewal options and escalation clauses which range from 2% to 6.73%. Termination of the leases are generally prohibited unless there is a violation under the lease agreement. The weighted-average discount rate and weighted-average remaining lease term in years for operating leases as of June 30, 2024 and 2023, were 2.88% and 8.35 years and 2.88% and 9.00 years, respectively.

Short-Term Leases

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

Lease Cost

Lease cost, which approximates lease payments, for the year ended June 30, 2024 was as follows:

	2024	2023
Operating leases	$ 250,903	$ 255,964
Short-term leases	223,064	278,944
Total	$ 473,967	$ 534,908

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

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

2025	$ 216,166
2026	160,335
2027	166,940
2028	148,062
2029	119,288
Thereafter	684,909
Total future undiscounted lease payments	1,495,700
Less present value discount	180,721
Total operating lease liabilities	1,314,979
Current portion of operating lease liabilities	178,529
Operating lease liabilities, net of current portion	$ 1,136,450

7. Long-Term Debt

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

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The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was not in compliance with the debt service coverage ratio at June 30, 2024, accordingly the full amount of the note is reported as a currently liability in the accompanying balance sheet as of June 30, 2024.

8. Net Assets

Net assets were as follows as of June 30:

	2024	2023
Net assets without donor restrictions		
Undesignated	$ (107,025)	$ 3,068,175
Designated for working capital	-	505,929
Total	$ (107,025)	$ 3,574,104
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Healthcare and related program services	$ 305,376	$ 259,485
Building improvements	320,000	310,000
Child health services	190,673	122,132
	816,049	691,617
Permanent in nature		
Available to borrow for working capital as needed	101,358	101,358
Total	$ 917,407	$ 792,975

9. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed $304,037 and $305,200 during the years ended June 30, 2024 and 2023, respectively.

The Organization provides health insurance to its employees through a captive self-insurance plan. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the captive self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid. Expenses related to the plan amounted to $1,950,890 and $2,113,735 for the years ended June 30, 2024 and 2023, respectively.

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10. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2024, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Financial Improvement Plan

The Organization incurred a defieciency of revenue over expenses of $(3,849,320) and $(2,438,915) for the years ended June 30, 2024 and 2023, respectively, and has negative working capital and limited days of cash and cash equivalents on hand at June 30, 2024. These factors raise substantial doubt regarding the Organization's ability to continue as a going concern through one year from December 3, 2024, which is the financial statements were available to be issued.

The Organization incurred a deficiency of revenue over expenses of $(3,849,320) and $(2,438,915) for the years ended June 30, 2024 and 2023, respectively, and has decreasing liquidity, resulting in draws on lines of credit, advances from vendors, negative working capital and failure to meet its debt covenants.

In the last quarter of fiscal year 2023 and throughout fiscal year 2024, the Organization underwent a conversion of it's electronic health record. During the transition, provider productivity was reduced, and the revenue cycle team had limited resources to implement the new system as well as keep existing collection efforts current. The Organization also suffered staffing vacancies and increased revenues anticipated from an increase in reimbursement rates effective October 1, 2024 were not realized due to approximately 1,000 Medicaid patients being disenrolled from the program due to the end of Public Health Emergency.

These factors have raised concerns about the Organization's ability to meet its financial obligations due within one year after the issuance of these financial statements.

Plans to Alleviate Substantial Doubt

To address these challenges, management has initiated several strategic projects:

Revenue Enhancement Strategies: Increased provider staffing, improvements provider productivity and increased visit volumes resulting in a projected 9% increase in medical visits and 61% increase in in behavioral health visits. Management has also implemented a strategy to minimize missed appointments. These initiatives combined with a full year of the higher Medicaid reimbursement rate are projected to increase revenue (net of increased direct care staffing costs) by approximately $2,500,000 in 2025.

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Cost Reduction Initiatives: Termination of certain occupancy and parking leases, outsource IT, and strategic staffing reductions. These initiatives are estimated to reduce expenses by approximately $495,000 annually.

Medicaid Enrollment: Management is implementing a program to assist uninsured patients with enrollment in Medicaid and marketplace health plans which is estimated to increase revenue by approximately $250,000. A local hospital will be providing a contribution to the Organization to support the salary of two positions dedicated to this project for six months.

Liquidity Management: Engaging in negotiations with new and existing financial institutions for refinance of existing debt and line of credit. Management expects to reach favorable terms to maintain liquidity and avoid near-term repayment obligations. Additionally, during 2023 the Organization filed for tax credits under the Employee Retention Credit (ERC) program, which is a refundable tax credit for business and tax-exempt organizations that had employees and were affected during the COVID-19 pandemic. Eligibility for the ERC involves complex rules about full or partial suspension of operations due to government orders. Actual payment from the ERC and the timing of payment is uncertain due to increased scrutiny by the Internal Revenue Service of ERC claims.

Status

In September 2024, the Organization was awarded a $1,952,458 grant from the State of New Hampshire, Department of Health and Human Services, to assist with stabilizing operating losses experienced due to the impacts of increased uncompensated care related to the end of continuous Medicaid coverage under the Public Health Emergency to support access for those individuals who require continuation of services. The Organization used a portion of these funds to fully repay the line of credit and make payments to vendors.

As of the date of this report, all projects mentioned above have been initiated. The 2025 operating budget is projecting a breakeven. Operating results for the four months ended October 31, 2024 also reflects a breakeven and visit volumes are tracking 2.5% higher than budgeted volumes.

Conclusion

Management believes these strategic initiatives will mitigate the conditions that raised substantial doubt. Based on forecasts and cash flow projections reflecting these plans, management has concluded that substantial doubt about the Organization's ability to continue as a going concern has been alleviated for one year from December 3, 2024, the date the financial statements were issued.

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SUPPLEMENTARY INFORMATION

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AMOSKEAG HEALTH

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures	Amount Passed Through to Subrecipients
U.S. Department of Health and Human Services				
Direct				
Health Center Program Cluster				
Community Health Centers	93.224		$ 1,466,640	$ -
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		2,262,617	-
COVID-19 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		28,241	-
Total AL 93.527			2,290,858	-
Total Health Center Program Cluster			3,757,498	-
Affordable Care Act (ACA) Personal Responsibility Education Program	93.092		59,042	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		76,409	5,065
FIP Verification	93.526		168,191	
Passthrough				
State of New Hampshire Department of Health and Human Services				
Family Planning Services	93.217	1069352	77,425	-
YWCA New Hampshire				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	H79FG000828	113,202	76,201
Mental Health Center of Greater Manchester				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	n/a	21,067	-
Total AL 93.243			134,269	
Bi-State Primary Care Association, Inc.				
COVID-19 Immunization Cooperative Agreements	93.268	n/a	127,758	-
State of New Hampshire Department of Health and Human Services				
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	NU90TP922144	530,048	-
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	NH75OT000031/ N90CA1858	150,938	4,997
JSI Research and Training Institute, Inc.				
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	90577170	5,000	-
Total AL 93.391			155,938	4,997
State of New Hampshire Department of Health and Human Services				
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	NU58DP006298	68,600	-
State of New Hampshire Department of Health and Human Services				
477 Cluster				
Temporary Assistance for Needy Families	93.558	157274-B001/90080206	26,172	-
Catholic Medical Center				
Medicaid Cluster				
Medical Assistance Program	93.778	NH20164	974	-
Bi-State Primary Care Association, Inc.				
Opioid STR	93.788	n/a	60,045	-
Opioid STR	93.788	n/a	145,367	
Total AL 93.994			205,412	-

The accompanying notes are an integral part of this schedule.

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AMOSKEAG HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures	Amount Passed Through to Subrecipients
State of New Hampshire Department of Health and Human Services				
Maternal and Child Health Services Block Grant to the States	93.994	1062420	352,991	-
Maternal and Child Health Services Block Grant to the States	93.994	561-500911/ 93001000	245,449	-
Maternal and Child Health Services Block Grant to the States	93.994	562-500912/ 93001000	133,750	-
Total AL 93.994			732,190	-
Total U.S. Department of Health and Human Services			6,119,926	86,263
U.S. Department of Housing and Urban Development				
Passthrough				
City of Manchester, New Hampshire				
Lead Hazard Reduction Demonstration Grant Program	14.905	n/a	2,988	-
CDBG - Entitlement Grants Cluster				
Community Development Block Grants/Entitlement Grants	14.218	210724C	47,000	-
Total U.S. Department of Housing and Urban Development			49,988	-
U.S. Department of Justice				
Passthrough				
State of New Hampshire Department of Justice				
Comprehensive Opioid, Stimulant, and Other Substances Use Program	16.838	n/a	239,872	97,360
U.S. Department of Treasury				
Passthrough				
City of Manchester, New Hampshire				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	#212422 ARPA	162,934	29,246
City of Manchester, New Hampshire Police Department				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	#410222 ARPA	379,006	191,486
Bi-State Primary Care Association, Inc.				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	15,029	-
Total AL 21.027			556,969	220,732
Total Expenditures of Federal Awards, All Programs			$ 6,966,755	$ 404,355

The accompanying notes are an integral part of this schedule.

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AMOSKEAG HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2024

1. Summary of Significant Accounting Policies

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

2. De Minimis Indirect Cost Rate

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

3. Basis of Presentation

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

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BerryDunn

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

Board of Directors
Amoskeag Health

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Amoskeag Health (the Organization), which comprise the balance sheet as of June 30, 2024, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 3, 2024.

Report on Internal Control over Financial Reporting

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

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

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

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Board of Directors
Amoskeag Health

Report on Compliance and Other Matters

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

Purpose of this Report

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

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 3, 2024

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BerryDunn

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

Board of Directors
Amoskeag Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Amoskeag Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended June 30, 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 June 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.

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Auditor's Responsibilities for the Audit of Compliance

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

In performing an audit in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

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

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

Report on Internal Control over Compliance

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

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Board of Directors
Amoskeag Health

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 3, 2024

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AMOSKEAG HEALTH

Schedule of Findings and Questioned Costs

Year Ended June 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:

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

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

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

None

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Board of Directors

Name	Board Role
Anna Hamel	Director
Angella Chen-Shadeed	Director
Dawn McKinney	Director
Debra (Debbie) Manning	Vice Chair
Jamie Pike	Director
Jill Bille	Director
Karine Jacques-Batu	Director
Karen Schoch	Director
Madhab Gurung	Director
Normand Fortin	Director
Obhed Giri	Secretary
Oreste "Rusty" Mosca	Director
Richard Elwell	Treasurer
Dr. Steven Paris	Director
Thomas Lavoie	Chair
Timothy Donovan	Director
Vanessa Maradiaga	Director

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Kristin R. Fossum

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

EDUCATION:

New Hampshire Community Technical College
15 Early Childhood Education Credits

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

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

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

WORK EXPERIENCE:

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

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

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

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

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

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

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

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MANCHESTER COMMUNITY HEALTH CENTER

APPLICATION FOR EMPLOYMENT

Assistance in completing this form will be given to anyone requesting it. Manchester Community Health Center is an Equal Opportunity Employer in accordance with all applicable laws.

Application must be completed in full. Please Print.

Position(s) Applied for	Date of Application
MEDICAL ASSISTANT	9/6/01

Last Name	First Name	Middle Initial
IBRAHIMOVIC	RAHIMA	
Mailing Address		
City	State	ZIP Code
Telephone Number		Social Security Number

How did you learn about us?

☒ Advertisement ☐ Friend ☐ Employee _____

Have you been employed here previously? ☐ Yes ☒ No If yes, when _____

Rate of Pay Expected ✓	Full Time ☒	Part Time ☐

If you are applying for part time work, please indicate hours of availability below

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

On what date will you be available for work? ANY TIME

Are you under 18? ☐ yes ☒ no		Are you a U.S. citizen ☒ yes ☐ no
If you are not a U.S. citizen Type of Visa:	Date Admitted:	Registration #:

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ADDITIONAL INFORMATION

May we request references from your present employer ☒ yes ☐ no	From you former employers? ☒ yes ☐ no
If no please explain.	
Have you ever been discharged by an employer? ☐ yes ☒ no	If yes, please explain
Have you ever been convicted of a felony? ☐ yes ☒ no	If yes, please explain
Please include any additional information you feel would be applicable to your application (attach a separate sheet of paper if necessary).	

In being considered for employment by the Manchester Community Health Center, I agree that the Health Center and any of my employers, except as I may have indicated on this form, may exchange information regarding my qualifications without incurring liability.

Employment is subject to the following:

1. Satisfactory pre-employment physical examination, following employment offer.
2. Satisfactory reference reports.
3. Willingness to abide by all Health Center requirements and regulations.
4. Availability of a position for which applicant is qualified.

I certify that the information on this application (and resume if applicable) is true and I understand that false statements may be considered grounds for termination. I understand that no contract is made or implied by employment at the Health Center or through interpretation of its policies.

Radmila Ibradinovic — Signature of Applicant

9/6/01 — Date

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ELIZABETH ASHOOH

[redacted]

PROFILE

Savvy, resourceful, resilient and positive minded team player extensively experienced in both management and support roles within hospital and medical practice environments where EMR technology has either been fully deployed or is evolving

KNOWLEDGE AND SKILLS

- Coordination of two new medical practice startups, including hiring staff, all policy development and execution, practice management software selection and implementation, office supply selection, medical equipment and supply acquisition, and provider credentialing
- Develop and execute new employee training programs
- Physician schedule coordination
- Create and operationalize procedures for patient and provider scheduling, insurance billing, referrals for procedures and daily workflow within both private and hospital-owned practice scenarios
- Management of accounts receivable and accounts payable
- Compassionate personal contact with patients and families
- Medical Records management in both electronic and paper formats
- Experienced in implementing HIPAA regulations
- Collection and analysis of clinical risk factor data for targeted patient populations
- Ability to collaboratively function in a non-leadership role

SOFTWARE EXPERTISE

Centricity Practice Management, Epic, Epicare, Medisense, Kronos, Microsoft Office

EDUCATION

Southern NH University, AS, Administrative Medical Assistant, 1979
Travel Education Center, Certificate, Travel Consultant, 1990

WORK HISTORY

Catholic Medical Center, Manchester, NH, 1978-1990, 2003-2004
Concord Hospital, Concord, NH, 2004-2007
New Hampshire Gastroenterology, Bedford, NH, 2008-2010
Greater Manchester Gastroenterology, Manchester, NH, 2007-2008
Scott Diehl, MD, Bedford, NH, 1992-2003
Manchester Chiropractic and Sports Injury, Manchester, NH, 1990-1991

MEMBERSHIPS, SPECIAL SKILLS AND INTERESTS

NH Medical Group Management Association
Past President, Central Region Chapter, American Association of Medical Assistants
Ballroom Dance Instructor small business owner/operator, 1981 to present
Travel Consultant small business owner/operator, 12 years

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Adisa Bajramović

Objective

Foreign trained and experienced medical nurse seeking a role to grow, utilize and optimize medical skills in the United States.

Education

Vocational Medical High School
Zenica, Bosnia and Herzegovina June 2000

- Successfully completed presentation of the final paper on Pediatric surgery in 2000
- Successfully passed the professional examination for Pediatric Nurse in 2002
- Successfully completed the course in Neonatal Resuscitation Training in 2012

Languages Fluent in Bosnian, Croatian and Serbian, speaks well English.

Countries of Residence USA (January 2020 – present); Bosnia (birth – Mar. 1993)

Relevant Professional Experience

Group Leader / Custodial Services Worker
Aramark Facility Services, Manchester NH March 2020 – present

- Ensure that crew team members complete cleaning tasks adhering to established procedures to provide a safe working environment including complying with OSHA, state/local, federal, and Aramark regulations.
- Cleans and maintains assigned area to meet customer and client satisfaction.
- Performs other custodial duties and assists with onboarding new staff.

Pediatric Nurse
Zenica Cantonal Hospital, Pediatric Intensive Care Unit, Zenica, Bosnia and Hercegovina July 2008- Jan. 2020

- Worked in the General Department of Pediatrics and later in the Pediatric Intensive Care Unit..
- Performed placement of nasogastric tubes and placement of the IV;
- Conducted oral therapy and complete parenteral therapy scheme for the appropriate age;
- Placed the urinary catheter and assisted with catheterization, gastric lavage, ECG, resuscitation, incubator supply, oxygen therapy;
- Monitored vital parameters,
- Assisted in performing lumbal puncture, exsanguino transfusion,
- Cared for neonatal babies, nursing babies and children under 18,
- Observed and monitored post-operative neurosurgical patients;
- Monitoring the patients in transport;
- Monitored type 1 diabetic child, monitor ketoacidosis, correct insulin regiments and identify and treat hypoglycemia;
- Used appropriate hospital system computer programs and applied complex hospital policy to ensure consistent and accurate application of the rules;
- Trained and oversaw work of newly hired staff in policy and procedures;
- Made assessments, consulted, and provided information to management regarding office procedures;
- Applied complex and changing hospital policy to ensure consistent and accurate application of rules and regulations.

References available upon request

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Karen Gail M. Leo

PERSONAL PROFILE

Place of Birth: Manila, Philippines
Languages: English, Tagalog

WORK EXPERIENCE

- Sales Representative for Rough Rider Jeans (RRJ's) Metrotown Tarlac Mall Philippines (5 Months) REASON FOR LEAVING: End of Contract
- Inspector at United Robina Corporation (URC) Beverage Department URC Pampanga Philippines (3 Months) REASON FOR LEAVING: Company Shutdown
- Server at Cindy's Restaurant in Tarlac City Philippines (5 Months) REASON FOR LEAVING: End of Contract
- Cashier at SM Supermarket in Tarlac City Philippines (5 Months) REASON FOR LEAVING: End of Contract
- Secretary for Cash mate Lending Company in Tarlac City Philippines (5 Months) REASON FOR LEAVING: End of Contract
- Primary Caregiver for my bedridden grandmother for several months.
- Sales Coordinator/Representative at Biocostech Philippines Corporation covering 80 outlets in the entire Tarlac Province in the Philippines. (4 years) REASON FOR LEAVING: Resigned prior to moving to the US.
- Housekeeper in Sleep Inn Londonderry from April 2021 to present day.

EDUCATION

Guevara High School
La Paz, Tarlac, Philippines
High School Diploma
2000 – 2004

Pines City Colleges
College of Nursing
Magsaysay Ave., Baguio City
Philippines
Bachelor of Science in Nursing
3 Years Undergraduate
Official Transcript of Records
2004 – 2008

SKILLS

- Multitasker
- Self-Motivated
- Time Management Skills
- Adaptability
- Dedicated Work Ethic
- Attention to Detail
- Customer Service Skills
- Safety Conscious
- Hardworking
- Team Player

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THOMAS ROCK

PROFESSIONAL SUMMARY

Recent college graduate launching career in the medical field to gain patient care experience leveraging an EMT certification and degree in Biomedical Science with a goal of attending Physicians Assistant School. Passionate and motivated to participate in the medical field to provide outstanding health care to all leveraging exceptional communication skills and empathy

SKILLS

- Critical Thinking Skills
- Emotional intelligence
- Problem solving skills
- Motivated to be successful in healthcare
- Team member, always look for ways to improve
- Social and easy to work with
- Situational analyzation skills
- Emergency Medical Care

WORK HISTORY

EMT 06/2021 to 11/2021
BREWSTER AMBULANCE SERVICE, Manchester, NH

- Was responsible for safe and efficient response, treatment, and transport for all persons requesting or requiring emergent and or non-emergent medical service
- Evaluated patient vital signs and status to determine care needs using pulse oximeters and electronic vital sign machines.
- Maintained levelheadedness and efficiency in high-pressure situations, effectively prioritizing tasks to save lives and provide medical care.
- Conducted equipment and vehicle checks to maintain continuous and safe operation.
- Developed and maintained rapport with coworkers and local hospital staff to facilitate efficient patient care.
- Communicated with patients about pain, comfort and needs during transportation and preliminary medical care.

CAMP COUNSELOR 06/2014 to 08/2020
MELODY PINES DAY CAMP

- Led large groups of campers, aged 5-13, through a variety of team building and leadership exercises throughout the summer
- In addition, taught swim lessons and performed lifeguard duties daily.

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, Durham, NH

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BACHELOR OF SCIENCE DEGREE, Biomedical science: Medical & Veterinary Sciences, 05/2022

- Dean's List [Fall 2020, Spring 2020, Spring 2021, Spring 2022]
- Highest Honors [Spring 2022]
- High Honors [Fall 2020, Spring 2021]
- Honors [Spring 2020]
- [3.32] GPA
- Extracurricular Activities: [intramural flag football and basketball]
- [Lambda Chi Alpha] Member

TRINITY HIGH SCHOOL, Manchester, NH
High School Diploma, 06/2018
GPA: 3.4

- Awarded 2016 Theology Honors Award
- Received Honors or Principles List each semester

CERTIFICATIONS

- EMT - Certified Emergency Medical Technician

LEADERSHIP AND VOLUNTEER EXPERIENCE

Roko kids club (2017-2018) - volunteered once a week at Roko kids club to participate in games, arts and crafts etc. Also participated in mass for the children of Roko kids club.
Thanksgiving basket drives (2014-2018) - helped gather enough food for hundreds of baskets of thanksgiving meals for those in need with trinity high school.
Thanksgiving meals (2020) - helped organize and pack thanksgiving meals on Saturday mornings from 8-12 outside the JFK ice arena.
Volunteer work at Waysmeet center in Durham NH (2021) – helped with building maintenance. Helped organize food drives and food baskets under ***ΛXA*** philanthropy.
7th Annual Loco Half and Full Marathon – worked a water station filling water cups as well as passing out water and glucose packets under ***ΛXA*** philanthropy.

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Natasha J Rheaume

MAJOR QUALIFICATIONS: Licensed Nursing Assistant

HIGH SCHOOL: Memorial High School, Manchester, NH 03103

WORK HISTORY: Elliot Hospital

River's Edge Urgent Care(07/2011-Present)

Patient Care Technician/LNA

185 Queen City ave

Manchester NH 03103

Duties: Perform variety different tasks within my LNA practice. Including Collecting Point of Care (urinalysis, Strep, Flu, Covid ,Mono, Blood sugar) , Vital signs , clean rooms, EKGs, orthostatic, ordering and managing supplies, managing sterile equipment, stocking rooms, rooming patients, Eye acuity. Volunteer information and ideas at staff meetings which then translate to streamlining and improving patient care.

Fuller Unit (09/2006 to 06/2011)

LNA\Unit Secretary

Elliot Hospital

1 Elliot Way

Manchester, NH 03103

Duties: Perform variety different tasks within my LNA practice. Including patient care, vital signs, orthostatic, EKGs, delivering specimens to lab, daily toilets, ambulation, feeding, 1:1 assistance, and visitor assistance. Proponent of the TCAB (Transforming Care at Bedside) Initiative. Participate in the Initiative's guideline for patient rounding, staff meeting directives and brainstorming. Volunteer information and ideas at staff meetings which then translate to streamlining and improving patient care.

Unit Secretary: Answering phones, putting orders into EPIC, assigning patients to rooms.

Dietary (10/05 to 10/07)

Elliot Hospital

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Sandra Bryant

Objective

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

Work experience

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

Breastfeeding Coordinator/ Lactation Consultant/Nutritionist

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

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

Nutritionist

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

[1998-1999] PCHC WIC Program
Providence, RI

Program Nutritionist/Lactation Consultant

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

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

WIC Nutritionist/Breastfeeding Coordinator

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

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

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

- B.A., Food Science and Nutrition

Accreditations LDN- Licensed Dietitian Nutritionist 1994

IBCLC- International Board Certified Lactation Consultant 1995.

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

ISABELLE E. LAIZURE

EDUCATION

University of New Hampshire, Durham, NH — May 2022, December 2022
Bachelor of Science in Biotechnology AND Master of Science in Industrial and Biomedical Science — GPA: 3.76, 4.0

- Accelerated Master's Program- Fall 2021, Spring 2022
- Dean's List Achievement: Fall 2019, Spring/Fall 2020, Spring 2021, Spring/Fall 2022

Manchester Community College, Manchester, NH — May 2019
Associates in Life Science — GPA: 3.91

RELEVANT PROFESSIONAL EXPERIENCE

Advanced Regenerative Manufacturing Institute, Manchester, NH — January 2023 – February 2024
Regulatory Affairs Associate

- Refine, compile, and generate documentation for the support of regulatory submissions to the USFDA, Health Canada, and EMA. Support development and generate study designs for biotechs in early concept to clinical trials.
- Collaborate in a multidisciplinary team to create client-specific approaches for cGMP compliance, quality systems integration, and securing grant funding. Contributed to several institutional grant filings for the NSF, NIH, EDA, and DOD and review of client SBIR proposals.

Regulatory Intern — February 2022 – January 2023

- Creating curriculum and scientific regulatory communications materials for both a graduate classroom and ARMI members spanning a breadth of regulatory requirements (cGMP, QMS, QbD, etc) and investigational/marketing submissions for new drugs, biologics, devices, and combination products.
- Compiling research to inform regulatory consultation for over 30 clients to support various FDA submissions.
- Adapt SOPs for quality assurance, audits, training, management, electronic documents, and regulations in format and content to fit the needs of the growing company.

Elliot Hospital, Manchester, NH — October 2019 – May 2021
Patient Transporter

- Provided transport for patients to and from residential floors, testing, and procedures.
- Maintained patient privacy, dignity, safety, and comfort during every interaction.

Catholic Medical Center, Manchester, NH — January 2019 - April 2019
Radiology Department Observational Internship

- Observed imaging technicians and assisted in prep in various modalities including X-ray, CT scans, MRI, Angiography, and Ultrasound. Trained on the alignment and precautions for X-ray imaging equipment and software.
- Observed both invasive and non-invasive operations in interventional radiology and orthopedic operating rooms.

RESEARCH EXPERIENCE

University of New Hampshire at Manchester, Manchester, NH — April 2020 – February 2022
Johnson Cancer Lab Research

- Managed RNA extraction/sequencing, and comprehensive transcriptome analysis to determine differentially expressed gene targets of interest in pancreatic cancer (AsPC-1 and PANC-1 cell lines).
- Collaborated with Dr. Karen Jin, a Computer Scientist from UNH Manchester, and Clinical Fellow, Dr. Carlo Maurer from TU Munich to compile and analyze the raw qPCR and transcriptome data.

CURE-based Research Project — September 2021 – August 2022

- Conceptualized, constructed, and tested an engineered bacterial plasmid for the production of lysostaphin to MRSA at physiological fever temperatures. Concept was further tested to narrow ideal conditions and lysis power.

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- Developed as a final project in a graduate lab and developed/tested further independently. Sponsored to present at the Assoc. of Southeastern Biologists Research Conference (ASB). Published manuscript in August 2022.

COVID-19 Lab Technician September 2020 – May 2022
- Sort, analyze, and record over 7000 tests a week in a BSL-2 lab from clinical and self-swab nasopharyngeal samples resulting in rapid and reliable COVID-19 testing to UNH, UNH Law, and local community.

Manchester Community College, Manchester, NH October 2018 - August 2019
Prion Propagation Project
- Co-lead of the MCC chapter in a multi-institutional research initiative. Developed and adapted SOPs to identify mutations in the prion-forming domain of the misfolded Sup35 protein. Using mutagenic primers, we introduced random alterations in the ORD to better understand prion formation and propagation at the sequence level.

Laboratory Training: BSL-2, cGMP, qPCR, RNASeq, SDS-PAGE, Vector Cloning, Bacterial and mammalian protein production, Bioreactors, Plasmid purification, construction, and screening, Excel, JMP, SPSS, ImageJ data analysis, NP-HLPC, UHPLC, Double restriction digest, Yeast Transformation, Plating on Selective Media, Spectroscopy, TEM prep, Plaque assays, Full plate and Spot Titer, HTL collection, Primer design, Genomic Annotation, Colorimetric LAMP, Mammalian and bacterial cell culture/maintenance, Adhesion/Invasion/Viability assays, Western Blotting, RNA extraction and purification, NovaSeq/Illumina Prep

LEADERSHIP EXPERIENCE AND AWARDS

Student Undergraduate Research Fund (SURF) Award, Manchester, NH April 2021
Member
- Awarded by UNH Durham toward summer research in the Johnson Pancreatic Cancer Lab.

MCC and UNH TriBeta Biological Honor Society, Manchester, NH January 2018 – May 2022
Member
- Awarded by Theta Epsilon Theta Club Chapter for an excellent academic record in the sciences.

Manchester Community College, Manchester, NH April 2019
Life Science Award
- Nominated by my advisor and mentor to receive the honor of the Life Science Award, given to a single student within the major that displays both personal and academic excellence.

VOLUNTEER WORK

NASA Student Payload Opportunity with Citizen Science (SPOCS) Manchester, NH November 2021 - Present
Outreach/Science Member- NoMADS
- NoMADS, Novel Methods of Antibacterial Discovery in Space, is a grad-student lead project sending a payload to the International Space Station. NoMADS' goal is to observe the effects of microgravity and electromagnetic radiation on soil bacteria with the hope of isolating novel antibiotics. Trained on UHPLC for sample analysis.
- Supported various programs to teach elementary and middle school students via in-person demonstration, teaching, and student experiments. Mentored a student within the winning class of 'Junior Scientist' whose soil from the Newington Town Forest was sent in our payload on CRX-26.

Mental Illness and Suicide Prevention (M.I.A.S.P), Manchester, NH September 2018 - Present
Founder and Board Treasurer
- Non-profit status with the state of NH and tax-exempt 501(c)(3) organization as of 2018. Founded in the wake of the death of my brother, Edward Chambers.
- Manage annual funds and budgeting, state and federal reporting, event planning and coordination, create signage and marketing materials, design and maintain website (miasp.org), create merchandise, and acquire event sponsors. Spearheaded a recent initiative to create a dedicated fund for financially disadvantaged youth seeking mental health care and conduct gap assessments of current mental health plans at local high schools

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

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: Amoskeag Health

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Kristin Fossum	Nurse	$96,781.00	$96,781.00
Ibrahimovic Rahima	Site Manager/ Immunization Coordinator	$66,206.00	$66,206.00
Elizabeth Ashooh	Patient Care Coordinator	$43,098.00	$43,098.00
Adisa Bajramovic	Vaccine Documentation Coordinator	$49,920.00	$49,920.00
Karen Gail Leo	Medical Assistant	$41,246.00	$41,246.00
Thomas Rock	Medical Assistant	$1,020.00	$40,789.00
Natasha Rheaume	Medical Assistant	$49,899.00	$49,899.00
Sandy Bryant	Nutritionist	$13,440.00	$59,322.00
To Be Determined	Nurse - Prenatal Coordinator BSN	$83,181.00	$83,181.00
Issabelle Laizure	Clinical Data Compliance and HRSA Coordinator	$72,384.00	$72,384.00

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-03)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Coos County Family Health Services, Inc.		1.4 Contractor Address 133 Pleasant St. Berlin, NH 03570	
1.5 Contractor Phone Number 603-752-2040	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $611,212
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: Ken Gordon 175C252F47D9423... Date: 5/28/2025		1.12 Name and Title of Contractor Signatory Ken Gordon CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778B863F9704C7... Date: 5/29/2025		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: DocuSigned by: Robyn Guarino 748734844941460... On: 5/31/2025			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS KG
Date 5/28/2025

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.

Contractor Initials DS
Date 5/28/2025

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.

Contractor Initials DS

Date 5/28/2025

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.

Contractor Initials DS
Date 5/28/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH;

1.1.2. Decreasing the misuse of alcohol, tobacco and other substances among pregnant women;

1.1.3. Increasing the focus of Title V on the social determinants of health and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.4. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

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

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

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

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

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age, : in accordance with Attachment 1 – Enabling Services Initative Work Plans for Children and Adolescents, and Attachment 2 – Quality Improvement Initative Work Plans for Children and Adolescents, attached hereto and incorporated by reference herein

1.4.1. Enabling Services Initiative 1: Increasing utilization of the Social Determinates of Health (SDOH) screening tool in clinical practice.

1.4.2. Enabling Services Initiative 2: Enhancing Behavioral Health counseling for women and children.

1.4.3. Quality Improvement Initiative 1: Improving BMI percentiles in adolescents, from 3 through 17 years of age, during the measurement year by encouraging a healthy lifestyle.

1.4.4. Quality Improvement Initiative 2: Increasing Well-Care visits in adolescents from 12 through 21 years of age during the measurement year.

1.5. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of prenatal and postpartum women provided within twelve weeks after delivery, in accordance with Attachment 1 – Enabling Services Initative Work Plans for prenatal and postpartum patients, and Attachment 2 – Quality Improvement Initative Work Plans for prenatal and postpartum patients, attached hereto and incorporated by reference herein:

1.5.1. Enabling Services Initiative 1: Increasing outreach with medical and

social workers to assess potential needs of the prenatal population.

1.5.2. Enabling Services Initiative 2: Increasing early intervention for gestational diabetes in the prenatal population.

1.5.3. Quality Improvement Initiative 1: Increasing the percentage of women seen for postpartum visits up to 12 weeks following delivery.

1.5.4. Quality Improvement Initiative 2: Increasing early initiation of medical treatment in the prenatal population for those with high risk factors.

1.6. The Contractor must provide eligibility determination services, including the following:

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

1.6.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

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

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

1.7. The Contractor must ensure services are provided by a New Hampshire licensed:

1.7.1. Medical Doctor (MD);

1.7.2. Doctor of Osteopathic Medicine (DO);

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

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

1.8. The Contractor must provide services in an office-based setting which may include:

1.8.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.8.2. Hospital Associated Community Health Centers;

1.8.3. School Based Health Clinics; and

1.8.4. Mobile Care Delivery Services.

1.9. The Contractor must monitor, update, and implement the Work Plans for each enabling services and quality improvement initiative in accordance with

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

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

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

1.10.2. MCH Biannual Primary Care Coordinators' Meetings up to two times per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.11. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

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

1.13. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

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

1.14.1. Is provided to the Department no later than thirty business days from the date of hire; and

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

1.15. The Contractor must notify the Department in writing when:

1.15.1. Any critical position is vacant for more than thirty business days.

1.15.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

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

1.17. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part

2 record or information by the NHCCN.

1.18. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.19. Performance Measures

1.19.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.19.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.20. Reporting

1.20.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.20.1.1. Uniform Data System (UDS) outcomes.

1.20.1.2. Performance Measure outcomes.

1.20.1.3. Work Plan for each Enabling Service Initiative.

1.20.1.4. Work Plan for each QI Initiative.

1.20.2. The Contractor must provide a Final Report to the Department no later

than thirty calendar days after the completion date of this Agreement, which must include:

1.20.2.1. Program initiatives status and/or completion dates; and

1.20.2.2. An impact statement on the success of the initiative(s), which must include supporting documentation that includes aggregated and de-identified information.

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;

1.21.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) 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.

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 fulfilment 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. 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 & 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 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.

1.24.2. Workspace Requirement

1.24.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. 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 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 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 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. 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 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-Contractors); 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-Contractors).

3.3. **Credits and Copyright Ownership**

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

   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.

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services

Contractor Name: *Coos County Family Health Services Inc.*

Budget Request for: *Maternal and Child Health*

Budget Period: *07/01/2025-06/30-2026*

Indirect Cost Rate (if applicable) 0.00%

Line Item	Component A Program Cost - Funded by DHHS - SFY 26	Component A Program Cost - Funded by DHHS SFY 27	Component B Program Cost - Funded by DHHS - SFY 26	Component B Program Cost - Funded by DHHS - SFY 27
1. Salary & Wages	$199,692	$199,692	$105,914	$105,914
2. Fringe Benefits	$0	$0	$0	$0
3. Consultants	$0	$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	$0
5.(a) Supplies - Educational	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0
5.(e) Supplies - Office	$0	$0	$0	$0
6. Travel	$0	$0	$0	$0
7. Software	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0
8. (b) Other - Education and Training	$0	$0	$0	$0
8. (c) Other - Other (specify below)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0
Total Direct Costs	$199,692	$199,692	$105,914	$105,914
Total Indirect Costs	$0	$0	$0	$0
Subtotals	$199,692	$199,692	$105,914	$105,914
			TOTAL	**$611,212**

Contractor Initials: DS

Date: 5/28/2025

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 suc[illegible]on;

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

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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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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.

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.

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: HWXJS7BLUGN5

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

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Coos County Family Health Services

5/28/2025
Date:

DocuSigned by:
Ken Gordon
175C252F47D9423...
Name: Ken Gordon
Title: CEO

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

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Contractor Initials _____

Date 5/28/2025

or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

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

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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

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

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

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

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

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

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

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

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

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

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

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

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

16. The Contractor must ensure that all End Users:

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

    b. safeguard this information at all times.

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

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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;

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

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 bi- DS

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 F

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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.I., 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	Coos County Family Health Services
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	DocuSigned by: Ken Gordon 175C252F47D9423...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Ken Gordon
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/29/2025	5/28/2025
Date	Date

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5/28/2025

Date _____

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Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: **Coos County Family Health Services** Name and Role of Person(s) Completing Work Plan: **Director of Quality Assurance** **Director of Quality Improvement**			
Enabling Services Focus Area: Social Determinates of Health Screening Tool			
Project Goal: Increase utilization of standardized SDOH Screening tool in our Clinical Practice			
Project Objective: To increase screening for social determinants of heath to 90% by July 30, 2025, in all patients of CCFHS.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Continue to provide training and education about responsibilities to staff, assuring new staff are also trained	DQI, DQA, Social worker, CHW	Perform chart audits/crystal reports to determine use of screening tool Share audit reports with Quality Committee Report to Board of Directors Recommend corrective action to increase use of tool/provide care to patients Update EMR templates to imbed screening tool and capture data Offer trainings to update staff on implementation of tool and EMR changes	Ongoing
Communicate to each staff member his or her responsibilities	COO, DQI, DQA, CMO, Nurse Manager		
Determine resources available in the community	Social Worker, CHW		
Distribute SDOH screening tool to patients by mail or upon arrival yearly, preferably at their physical exam.	Reception Staff, Nurses, CCMAs		
Make educational materials and/or resources available in exam rooms	COO, DQI, DQA, Social Worker, CHW		
Review the completed SDOH screening tool and determine patient needs; incorporate into the plan of care for the patient	Providers, Nurses		
Transition to electronic format for SDOH with new EHR implementation in October 2025	IT, super users		October 2025

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Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update	

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SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Enabling Services Work Plan Agency Name: **Coos County Family Health Services** Name and Role of Person(s) Completing Work Plan: **Director of Quality Assurance** **Director of Quality Improvement**			
Enabling Services Focus Area: BH Counseling			
Project Goal: Enhance BH integration for women/children with licensed counselors.			
Project Objective: To increase percentage of new women and children BH patients with licensed counselors by 10% by July 30, 2025.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Integrate new BH counselor	CEO, COO, BH Director	Perform chart audits/crystal reports to determine variation in BH visits Share audit reports with Quality Committee Report to Board of Directors Update EHR templates as needed Leadership to provide support to ensure compliance with goal	June 2025
Provide training to additional staff regarding telehealth visits, assuring new staff are also trained	Nurse Manager, Nurses, IT Team		On-going
Communicate to each staff member his or her responsibilities	COO, Medical Directors, Nurse Manager		On-going
Facilitate referrals to community resources based on patient needs	Providers, Nurses, CCMAs, Social Worker, CHW		On-going
Promote BH services to community	CEO, COO, Social Worker, CHW, IT		On-going

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update	

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SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
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Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Coos County Family Health Services Name and Role of Person(s) Completing Work Plan: Director of Quality Assurance Director of Quality Improvement			
Project Goal: Adolescent Health			
Project Objective: To improve BMI percentiles to 88% by July 30, 2025, in adolescents from 3-17 years of age during the measurement year by encouraging healthy lifestyle.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Clinic nurse to electronically track visits for adolescents	Nurses, CCMAs	Perform reports/audit review to determine percentage of adolescent BMI percentiles/nutritional counseling/physical activity Share audit results with staff/Quality Committee Report to Board of Directors Recommend corrective action activities to improve compliance with goal Update EHR templates as needed Leadership to provide support to ensure compliance with goal	On-going
Clinic nurse will send a reminder for routine and overdue visits via secure email, letter, or phone	Reception, Nurses, CCMAs		On-going
Clinic nurse will contact parent/legal guardian/patient for overdue services	Nurses, CCMAs		On-going
Height and weight will be obtained at every office visit and results documented appropriately with percentiles	Nurses, CCMAs		On-going
Parent/guardian/patient will receive a clinical summary that will include anticipatory guidance/tips for healthy lifestyle	Providers, Reception, Nurses, CCMAs		On-going
Refer to nutritional services if appropriate	Provider		On-going
Medical teams will involve social worker if barriers of care identified	Providers, Nurses, CCMAs, Social Worker, CHW		On-going

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	___Yes ___No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4564-B56A-00C7FDBC9DFE

Quality Improvement Work Plan Agency Name: **Coos County Family Health Services** Name and Role of Person(s) Completing Work Plan: **Director of Quality Assurance** **Director of Quality Improvement**			
Project Goal: Adolescent Well-Visits			
Project Objective: To increase well-care visit/CPE to 60% by July 30, 2025, in adolescents from 12-21 years of age during the measurement year.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Clinic nurse to electronically track WCV for adolescents	Nurses, CCMAs	Perform reports/audit review to determine percentage of adolescents with an annual WVC Share audit results with staff/Quality Committee Report to Board of Directors Recommend corrective action activities to improve compliance with goal Update EHR templates as needed Leadership to provide support to ensure compliance with goal	On-going
Clinic nurse will send a reminder for annual visit via secure email, letter, or phone	Reception, Nurses, CCMAs		On-going
Clinic nurse will contact parent/legal guardian/patient for overdue services	Nurses, CCMAs		On-going
An appointment will be made 366 days per last annual WCV at the time of visit or reception will call	Reception		On-going
Parent/guardian/patient will receive a clinical summary that will include all future appointments	Reception, Nurses, CCMAs		On-going
Care Management will review insurance portals for due/over due services at least quarterly and notify medical teams	Care Management, Nurses, CCMAs		On-going
Medical teams will involve social worker if barriers of care identified	Providers, Nurses, CCMAs, Social Worker, CHW		On-going

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met--what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

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Attachment 4- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Coos County Family Health Services Name and Role of Person(s) Completing Work Plan: Director of Quality Assurance Director of Quality Improvement			
Enabling Services Focus Area: Prenatal Patients			
Project Goal: Increase outreach with Medical Social Worker to assess potential needs of prenatal population.			
Project Objective: To reach goal of 60% of prenatal patients having intake with Medical Social Worker to by July 30th, 2025.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Ensure reception schedules PN Social Intake appointment	Reception	Perform reports/audit review to determine percentage of MSW intake visits Share audit results with staff/Quality Committee Report to Board of Directors Recommend corrective action activities to improve compliance with goal Update EHR templates as needed Leadership to provide support to ensure compliance with goal	On-going
Clinic nurse to electronically track appointments	Nurses, CCMAs		On-going
Clinic nurse will send a reminder for any past due appointments via secure email, letter, or phone	Nurses, CCMAs		On-going
Patients will receive a clinical summary that will include all upcoming appointments and instructions	Reception, Nurses, CCMAs		On-going
Medical teams will involve social worker if any additional barriers of care identified at appointments	Provider, Reception, Nurses, CCMAs, MSW		On-going
Medical Social Worker will perform intake/assessment to determine any needs including but not limited to housing, insurance, financial status, food insecurity, substance use, domestic violence screening	MSW		On-going
Medical Social Worker will refer patient to outside resources as appropriate	MSW		On-going

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Enabling Services Work Plan Agency Name: Coos County Family Health Services Name and Role of Person(s) Completing Work Plan: Director of Quality Assurance Director of Quality Improvement			
Enabling Services Focus Area: Prenatal Patients			
Project Goal: Early intervention for gestational diabetes in the prenatal population.			
Project Objective: To reach goal of 80% of diabetic prenatal patients engaging with CDCES to maintain control of diagnosis by July 30th, 2025.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Provider to order routine labs/testing at appropriate intervals	Provider	Perform reports/audit review to determine percentage of CDCES visits with PN patients Share audit results with staff/Quality Committee Report to Board of Directors Recommend corrective action activities to improve compliance with goal Update EHR templates as needed Leadership to provide support to ensure compliance with goal	On-going
Clinic nurse to electronically track appointments and lab results	Nurses, CCMAs		On-going
Clinic nurse will send a reminder for any past due appointments via secure email, letter, or phone	Nurses, CCMAs		On-going
Patients will receive a clinical summary that will include all upcoming appointments and instructions	Reception, Nurses, CCMAs		On-going
Medical teams will involve social worker if barriers of care identified	Provider, Reception, Nurses, CCMAs		On-going
Provider will refer to CDCES existing diabetic prenatal patients as well as newly diagnosed gestational diabetic patients	Provider		On-going
Clinic nurses will track patient referrals and monitor compliance with care.	Nurses, CCMAs		On-going

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Attachment 5- Quality Improvement Work Plans

Quality Improvement Work Plan
Agency Name: **Coos County Family Health Services**
Name and Role of Person(s) Completing Work Plan: **Director of Quality Assurance**
Director of Quality Improvement

Project Goal: Increasing Postpartum Visits

Project Objective: Increase the percentage of women seen for postpartum visits up to 12 weeks following delivery to 95%.

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Track the prenatal population while completing RMOMs data collection to ensure compliance	DQA, DQI, IT	Perform reports/audit review to determine percentage Update EMR templates as needed Share audit results with staff/QI Committee Leadership to provide support to ensure compliance with goal Report to Board of Directors	Monthly - Ongoing
Confirm appointments scheduled at appropriate intervals following delivery	Clinic Nurse/ Provider/ Reception		Daily - Ongoing
EZ Access will send appointment reminders for visits via email, or text	IT/ Reception		Daily - Ongoing
Reiterate the importance of visits to patients and appropriate staff	Nursing/ Providers/ DQA/ DQI		Monthly - Ongoing

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Quality Improvement Work Plan Agency Name: **Coos County Family Health Services** Name and Role of Person(s) Completing Work Plan: **Director of Quality Assurance** **Director of Quality Improvement**			
Project Goal: Early initiation of medication treatment in prenatal population with high risk factors.			
Project Objective: Reach 80% of high risk prenatal patients initiated on low dose aspirin between 12-16 weeks gestation by July 30th, 2025.			
Activities: (list as many activities as are planned to reach the Objective)	**Staff/Resources Involved (list for each activity)**	**Evaluation Plans (list as needed for each activity)**	**Timeline for Activity (estimated timeline for the duration of each activity)**
Track the prenatal population while completing RMOMs data collection to ensure compliance	DQA, DQI, IT	Perform reports/audit review to determine percentage Update EMR templates as needed Share audit results with staff/QI Committee Leadership to provide support to ensure compliance with goal Report to Board of Directors	Monthly - Ongoing
Screen prenatal patients for high risk factors that include but are not limited to history of pre-eclampsia, multifetal gestation, chronic HTN, DM I & II, rental disease, autoimmune diseases	Clinic Nurse/ Provider		Ongoing
Initiate Aspirin and reinforce adherence at each prenatal visit	Provider		Ongoing
Monitor patient health status and effect of medication	Nursing/ Providers/ DQA/ DQI		Ongoing
Refer for NST as needed	Provider, local hospital		Ongoing

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

New Hampshire Department of Health and Human Services MCH Integrated Care

Attachment 6 - Performance Measures

1. Definitions

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

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

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

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

1.4. **NQF** – National Quality Forum

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

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

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

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

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

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

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

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

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

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

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

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

Age 2 Measure

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

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

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

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

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

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

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

2.4. **Preventive Health: Depression Screening**

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

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

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

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

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

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

2.4.2. Maternal Depression Screening

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

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

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

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

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

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

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

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

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

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

2.6. **Preventive Health: Tobacco Screening**

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

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

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

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

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

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit

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

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

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

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

2.7.1.4. Definitions:

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

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

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

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

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

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

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

2.8 Developmental Screening Measure

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

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

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

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SFY26-27 Component A&B Performance Measures
Appendix H
Performance Measures

2.9 Postpartum Visit Measure

Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.

2.9.1. Numerator: Number of women who has a postpartum visit on or between 7 and 84 days after delivery.

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

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Attachment 7- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

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

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Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

Organization Name							
		1/1/2025-12/31/2025	**7/1/2025-6/30/2026**	**1/1/2025-12/31/2025**	**7/1/2025-6/30/2026**	**1/1/2026-12/31/2026**	**7/1/2026-6/30/2027**
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						

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	Agencies' Rate						
	Agencies' Range						
4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
9. Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that COOS COUNTY FAMILY HEALTH SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 14, 1979. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63204**

Certificate Number: **0007142399**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2025.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of Coos County Family Health Services, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June, 20 24, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Ken Gordon, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Coos County Family Health Services to enter into contracts or agreements with the State (Name of Corporation/ LLC)

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

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

Dated: 5/28/25

Kassie Eafrati
Signature of Elected Officer
Name: Kassie Eafrati
Title: Chair Person

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Michele Palmer	
Cross Insurance-Manchester 1100 Elm Street Manchester NH 03101	PHONE (A/C, No, Ext): (603) 669-3218	FAX (A/C, No): (603) 645-4331
	E-MAIL ADDRESS: manch.certs@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co	18058
INSURED Coos County Family Health Services, Inc. 133 Pleasant Street Berlin NH 03570-2006	INSURER B: Granite State Health Care and Human Services Self-	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 24-25 All/25-26 WC **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2569299	07/01/2024	07/01/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			PHPK2569305	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB869424	07/01/2024	07/01/2025	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		P01861HCHS2025 (3a.) NH	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Employee Dishonesty			PHPK2569299	07/01/2024	07/01/2025	Limit	$500,000

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

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Michael Garrier

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coös county
Family Health

Mission Of
Coos County Family Health Services

Improving the health and wellbeing of our community through the provision of health and social services of the highest quality.

Vision Of
Coos County Family Health Services

Creating a healthier future through education, prevention, and access to care.

Values Of
Coos County Family Health Services

Respect	We treat everyone in our community - patients, their families and our colleagues with dignity and respect regardless of their income, social status, race, religion, or other factors.
Integrity	Adhere to the highest standards of professionalism, ethics, and personal responsibility.
Compassion	Provide the best care, treating patients and family members with sensitivity and empathy.
Healing	Inspire hope and nurture the well-being of the whole person, respecting their physical, emotional, and spiritual needs.
Teamwork	Value the contributions of all, blending the skills of individual staff members and community members for the benefit of all.
Innovation	Infuse and energize the organization, enhancing the lives of those we serve through the creative ideas and unique talents of each employee.
Excellence	Deliver the best outcomes and highest quality service through the dedicated efforts of every team member.
Stewardship	Sustain and reinvest in our mission by wisely managing our human, natural and material resources.

(Mission Statement)
Board Approved
1/18/2024

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BerryDunn

coös county
Family Health

FINANCIAL STATEMENTS

and

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

June 30, 2024 and 2023

With Independent Auditor's Report

Docusign Envelope ID: BE3A20B2-4756-4584-B56A-00C7FDBC9DFE

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Coos County Family Health Services, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Coos County Family Health Services, Inc. (the Organization), which comprise the balance sheets as of June 30, 2024 and 2023, and the related statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Board of Directors
Coos County Family Health Services, Inc.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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Board of Directors
Coos County Family Health Services, Inc.

Supplementary Information

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 10, 2024 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 10, 2024

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2024 and 2023

ASSETS

	2024	2023
Current assets		
Cash and cash equivalents	$ 5,101,125	$ 7,362,864
Patient accounts receivable	1,471,895	1,681,006
Grants receivable	298,997	374,303
Due from third-party payers	248,708	221,137
Other current assets	343,544	154,378
Total current assets	7,464,269	9,793,688
Investments	1,081,963	1,030,220
Beneficial interest in funds held by others	32,991	30,903
Operating lease right-of-use assets	1,194,258	308,676
Property and equipment, net	5,138,079	4,891,505
Total assets	$ 14,911,560	$ 16,054,992

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 219,030	$ 625,912
Accrued payroll and related expenses	1,197,130	1,290,276
Deferred revenue	-	475,000
Current portion of operating lease liabilities	143,605	108,806
Total current liabilities and total liabilities	1,559,765	2,499,994
Operating lease liabilities, less current portion	1,047,513	198,805
Total liabilities	2,607,278	2,698,799
Net assets		
Without donor restrictions	12,238,989	13,282,817
With donor restrictions	65,293	73,376
Total net assets	12,304,282	13,356,193
Total liabilities and net assets	$ 14,911,560	$ 16,054,992

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Operations and Changes in Net Assets

Years Ended June 30, 2024 and 2023

	2024	2023
Operating revenue		
Net patient service revenue	$ 13,786,642	$ 12,132,212
Grants, contracts, and contributions	6,367,692	8,111,526
Other operating revenue	180,405	73,474
Net assets released from restriction for operations	10,171	-
Total operating revenue	20,344,910	20,317,212
Operating expenses		
Salaries and wages	11,347,175	10,826,857
Employee benefits	3,225,452	3,161,196
Contract services	1,131,554	1,322,947
Program supplies	1,018,076	1,045,518
340B program expenses	2,272,882	1,364,406
Occupancy	685,920	614,313
Other operating expenses	1,505,055	1,783,085
Depreciation	382,991	272,516
Total operating expenses	21,569,105	20,390,838
Operating loss	(1,224,195)	(73,626)
Other revenue and gains (losses)		
Investment income	91,524	34,346
Change in fair value of investments	23,396	(18,394)
Total other revenue and gains	114,920	15,952
Deficiency of revenue over expenses	(1,109,275)	(57,674)
Grants received for capital acquisition	65,447	1,610,825
(Decrease) increase in net assets without donor restrictions	(1,043,828)	1,553,151
Net assets with donor restrictions		
Grants, contracts, and contributions	280	3,150
Appropriation of endowment assets for expenditure	(1,158)	-
Net assets released from restriction for operations	(10,171)	-
Change in fair value of beneficial interest in funds held by others	2,966	252
(Decrease) increase in net assets with donor restrictions	(8,083)	3,402
Change in net assets	(1,051,911)	1,556,553
Net assets, beginning of year	13,356,193	11,799,640
Net assets, end of year	$ 12,304,282	$ 13,356,193

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Functional Expenses

Years Ended June 30, 2024 and 2023

	2024		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 9,737,463	$ 1,609,712	$ 11,347,175
Employee benefits	2,767,889	457,563	3,225,452
Contract services	856,812	274,742	1,131,554
Program supplies	1,018,076	-	1,018,076
340B program expenses	2,272,882	-	2,272,882
Occupancy	588,615	97,305	685,920
Other operating expenses	1,291,548	213,507	1,505,055
Depreciation	328,660	54,331	382,991
Total operating expenses	$ 18,861,945	$ 2,707,160	$ 21,569,105

	2023		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 9,290,957	$ 1,535,900	$ 10,826,857
Employee benefits	2,712,748	448,448	3,161,196
Contract services	998,721	324,226	1,322,947
Program supplies	1,045,518	-	1,045,518
340B program expenses	1,364,406	-	1,364,406
Occupancy	527,166	87,147	614,313
Other operating expenses	1,530,136	252,949	1,783,085
Depreciation	233,857	38,659	272,516
Total operating expenses	$ 17,703,509	$ 2,687,329	$ 20,390,838

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Change in net assets	$ (1,051,911)	$ 1,556,553
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	382,991	272,516
Amortization of operating lease right-of-use assets	158,779	137,595
Change in fair value of investments	(23,396)	18,394
Grants received for capital acquisition	(65,447)	(1,610,825)
Change in fair value of beneficial interest in funds held by others	(2,966)	(252)
(Increase) decrease in the following assets		
Patient accounts receivable	209,111	(482,060)
Grants receivable	75,306	158,663
Due from third-party payers	(27,571)	(60,000)
Other current assets	(189,166)	6,484
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(15,272)	(102,380)
Accrued payroll and related expenses	(93,146)	299,810
Deferred revenue	(475,000)	475,000
Operating lease liabilities	(160,854)	(138,660)
Net cash (used) provided by operating activities	(1,278,542)	530,838
Cash flows from investing activities		
Proceeds from sales of investments	100,000	21,321
Purchase of investments	(128,347)	(47,904)
Capital acquisitions	(1,021,175)	(2,545,169)
Appropriation of endowment assets for expenditure	1,158	-
Transfer of endowment contributions to perpetual trust held by others	(280)	-
Net cash used by investing activities	(1,048,644)	(2,571,752)
Cash flows from financing activities		
Grants received for capital acquisition	65,447	1,679,575
Net decrease in cash and cash equivalents	(2,261,739)	(361,339)
Cash and cash equivalents, beginning of year	7,362,864	7,724,203
Cash and cash equivalents, end of year	$ 5,101,125	$ 7,362,864
Supplemental disclosures of cash flow information		
Operating right-of-use asset obtained in exchange for new operating lease liability	$ 1,012,993	$ -
Operating right-of-use asset obtained as a result of an operating lease liability term modification	$ 31,368	$ -
Capital acquisitions included in accounts payable and accrued expenses	$ -	$ 391,610

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

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Organization

Coos County Family Health Services, Inc. (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides outpatient health care, dental and disease prevention services to residents of Coos County, New Hampshire, through direct services, referral and advocacy.

1. Summary of Significant Accounting Policies

Basis of Presentation

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

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

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

Use of Estimates

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

Income Taxes

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

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

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

Revenue Recognition and Patient Accounts Receivable

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

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations for medical, behavioral health, dental, podiatry and ancillary services from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.

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

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

A summary of payment arrangements follows:

Medicare

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

Medicaid

The Organization is primarily reimbursed for medical, behavioral health, podiatry and ancillary services provided to patients based on prospectively set rates for all qualified services furnished to a Medicaid beneficiary on the same day. The methodology used to establish the rate was modified effective October 1, 2023 based the Organization's June 30, 2022 Medicare cost report, which resulted in increase in the rate from $183.32 to $340.19. Dental and certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Commercial Payers

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

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately $385,798 and $490,987 for the years ended June 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.

340B Pharmacy Program Revenue

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

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

Patient Accounts Receivable

Effective July 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. The Organization determines its estimates of explicit price concessions, which represent adjustments and discounts based on contractual agreements, based on its discount policies and historical experience by payer groups. The Organization determines its estimate of implicit price concessions, which represents an implied discount for the difference between amounts due from patients and the amount patients are expected to pay, 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

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

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2024 and 2023, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 78% and 87%, respectively, of grants, contracts, and contributions.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants from HHS that have not been recognized at June 30, 2024 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 3,665,450	May 31, 2025
FY 2023 Expanding COVID-19 Vaccination	129,924	June 30, 2024

Investments

The Organization reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets on the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments.

Investment income and the change in fair value are included in the deficiency of revenue over expenses, unless otherwise stipulated by the donor or State Law. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents designated by the Board of Directors for future working capital needs and donor-restricted contributions.

Beneficial Interest in Funds Held by Others

The Organization is a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation (the Foundation). Pursuant to the terms of the resolution establishing the fund, property contributed to the Foundation is held as a separate fund designated for the benefit of the Organization. In accordance with its spending policy, the Foundation makes distributions from the fund to the Organization. The distributions are approximately 4% of the market value of the fund per year. The Organization's interest in the fund is recognized as a component of net assets with donor restrictions.

Right-of-Use Assets and Lease Liabilities

U.S. GAAP requires lessees to recognize a lease liability and a right-of-use asset for all leases with terms greater than 12 months on its balance sheet. Whether an arrangement contains a lease is evaluated at the inception of the arrangement. The Organization estimates its lease liability at the present value of future rent payments required under a lease using the imputed rate when identifiable or a risk-free rate for a term approximating the lease term, including options to extend or terminate the lease that the Organization is reasonably certain to exercise. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate.

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The Organization's right-of-use asset initially is equal to its lease liability, adjusted for any lease incentives received or lease payments made. Lease expense is recorded on a straight-line basis over the term of a lease. Leases of 12 months or less at inception are not included in the Organization's right-of-use assets and lease liabilities.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

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

Donated Goods and Services

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended June 30, 2024 and 2023 was $2,812,601 and $2,866,712, respectively.

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Various programs' help and support for the daily operations of the Organization's Response Program were provided by the general public of the surrounding communities. The donated services have not been reflected in the accompanying financial statements because they do not meet the criteria for recognition (specialized skills that would be purchased if not donated). Management estimates the fair value of donated services received but not recognized as revenue or expense was $121,831 and $175,200 for the years ended June 30, 2024 and 2023, respectively. The Response Program also receives donations of supplies (clothing, food, household items, personal care items, toys, etc.) that are provided to clients in the program. The fair value of supplies recognized as revenue and expense was $3,500 and $6,060 for the years ended June 30, 2024 and 2023, respectively.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Deficiency of Revenue over Expenses

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

Subsequent Events

In September 2024, the Organization was awarded a $918,804 grant from the State of New Hampshire, Department of Health and Human Services to assist with stabilizing operating losses experienced due to the impacts of increased uncompensated care related to the end of continuous Medicaid coverage under the Public Health Emergency to support access for those individuals who require continuation of services through September 25, 2025.

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through October 10, 2024, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and investments representing average days cash on hand of 107 and 152 at June 30, 2024 and 2023, respectively, and a $500,000 line of credit (Note 6).

Financial assets available for general expenditure within one year were as follows at June 30:

	2024	2023
Cash and cash equivalents	$ 5,101,125	$ 7,362,864
Patient accounts receivable	1,471,895	1,681,006
Grants receivable	298,997	374,303
Investments	1,081,963	1,030,220
Financial assets available for current use	$ 7,953,980	$ 10,448,393

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following at June 30:

	2024	2023	2022
Medical and dental	$ 1,230,060	$ 1,360,050	$ 949,391
Contract 340B pharmacy program	241,835	320,956	249,555
Total patient accounts receivable	$ 1,471,895	$ 1,681,006	$ 1,198,946

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

	2024	2023
Governmental plans:		
Medicare	29 %	46 %
Medicaid	24 %	21 %
Commercial payers:		
Anthem	13 %	11 %
All other	16 %	13 %
Patient	18 %	9 %
Total	100 %	100 %

Net Patient Service Revenue

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

	2024	2023
Governmental plans:		
Medicare	$ 2,883,178	$ 2,672,089
Medicaid	3,008,235	2,118,196
Commercial payers:		
Anthem	1,135,867	1,153,836
All other	1,810,129	1,322,306
Patient	438,252	435,071
Total direct patient service revenue	9,275,661	7,701,498
Other patient revenue	496,109	440,135
Contract 340B pharmacy revenue	4,014,872	3,990,579
Net patient service revenue	$ 13,786,642	$ 12,132,212

4. Investments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2024 and 2023

The fair market value of the Organization's investments are measured on a recurring basis. The following table sets forth the Organization's assets by level within the fair value hierarchy at June 30:

	2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 40,509**	**$ -**	**$ -**	**$ 40,509**
Corporate bonds	**-**	**796,261**	**-**	**796,261**
Government agency obligations	**-**	**245,193**	**-**	**245,193**
Total investments	**40,509**	**1,041,454**	**-**	**1,081,963**
Beneficial interest in perpetual trusts held by others	**-**	**-**	**32,991**	**32,991**
Total	**$ 40,509**	**$ 1,041,454**	**$ 32,991**	**$ 1,114,954**

	2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 124,612	$ -	$ -	$ 124,612
Corporate bonds	-	664,940	-	664,940
Government securities	-	240,668	-	240,668
Total investments	124,612	905,608	-	1,030,220
Beneficial interest in perpetual trusts held by others	-	-	30,903	30,903
Total	$ 124,612	$ 905,608	$ 30,903	$ 1,061,123

Corporate bonds and government agency obligations are valued based on quoted market prices of similar assets.

The fair value of the beneficial interest in funds held by others is measured on a non-recurring basis using Level 3 inputs. The fair value is determined annually based on the fair value of the assets in the trust using the market approach, as represented by the Foundation's management. The Organization's management determines the reasonableness of the methodology by evaluating market developments.

5. Property and Equipment

Property and equipment consists of the following at June 30:

	2024	2023
Land and improvements	$ 153,257	$ 153,257
Building and improvements	6,438,110	6,172,334
Furniture, fixtures, and equipment	3,267,084	2,903,295
Total cost	9,858,451	9,228,886
Less accumulated depreciation	4,720,372	4,337,381
Property and equipment, net	$ 5,138,079	$ 4,891,505

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government requests prior approval of the asset's disposition.

6. Line of Credit

The Organization has a $500,000 line of credit with a local bank through November 2024. The line of credit is collateralized by the Organization's business assets with interest at the prime rate plus 0.5% (9.00% at June 30, 2024). There was no outstanding balance at June 30, 2024 and 2023.

7. Leases

The Organization has entered into the following lease arrangements:

Operating Leases

The Organization leases clinic facilities and parking under non-cancelable leases with maturities ranging from December 2027 through December 2033. These non-cancelable leases have no remaining renewal options and contain no escalation clauses. Early termination of the leases are generally prohibited unless there is a violation under the lease agreement. The weighted-average discount rate and weighted-average remaining lease term in years for operating leases as of June 30, 2024 and 2023, were 3.82% and 8.39 years and 3.26% and 4.06 years, respectively.

Short-Term Leases

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

Lease Cost

Lease cost, which approximates lease payments, is as follows for the years ended June 30:

	2024	2023
Operating leases	$ 185,900	$ 145,540
Short-term leases	118,211	85,703
Total	$ 304,111	$ 231,243

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

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

2025	$ 185,966
2026	185,966
2027	185,966
2028	173,698
2029	120,000
Thereafter	540,000
Total future undiscounted lease payments	1,391,596
Less present value discount	200,478
Total lease liabilities	1,191,118
Current portion of lease liabilities	143,605
Lease liabilities, less current portion	$ 1,047,513

8. Net Assets

Net assets were as follows as of June 30:

	2024	2023
Net assets without donor restrictions		
Undesignated	$ 11,986,833	$ 13,030,634
Designated for working capital	252,156	252,183
Total	$ 12,238,989	$ 13,282,817
Net assets with donor restrictions for specific purpose		
Program services - temporary in nature	$ 38,930	$ 47,293
Endowment - permanent in nature	26,363	26,083
Total	$ 65,293	$ 73,376

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9. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2024, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

10. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that cover substantially all employees. The Organization contributed $1,667,018 and $1,642,268 for the years ended June 30, 2024 and 2023, respectively.

The Organization provides health insurance to its employees through a self-insurance plan with a re-insurance arrangement to limit exposure. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid. Expenses related to the plan amounted to $1,667,018 and $1,642,268 for the years ended June 30, 2024 and 2023, respectively.

11. Commitments and Contingencies

Litigation

From time-to-time, certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover costs with various deductibles. In the opinion of management, there are no matters that will materially affect the Organization's financial statements.

Paycheck Protection Loan

The Organization received a Paycheck Protection Program Loan in the amount of $1,718,500 which was forgiven by the Small Business Association and lender in May 2021 and can be audited by the Small Business Association for up to six years from the date of forgiveness.

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SUPPLEMENTARY INFORMATION

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2024

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Passthrough Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services:			
Direct:			
Health Center Program Cluster			
Community Health Centers	93.224		$ 1,316,571
COVID-19 Community Health Centers	93.224		223,968
Total AL 93.224			1,540,539
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		2,661,406
COVID-19 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		78,007
Total AL 93.527			2,739,413
Total Health Center Program Cluster			4,279,952
Congressional Directives	93.493		65,447
Affordable Care Act - Teaching Health Center Graduate Medical Education Payments Program	93.530		74,717
Passthrough:			
New Hampshire Coalition Against Domestic and Sexual Violence			
Injury Prevention and Control Research and State and Community Based Programs	93.136	n/a	15,475
Family Violence Prevention and Services/ DomesticViolence Shelter and Supportive Services	93.671	n/a	196,694
State of New Hampshire Department of Health and Human Services			
Family Planning Services	93.217	102-500734/ 90080203	109,822
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/ 90080000	36,795
477 Cluster			
Temporary Assistance for Needy Families	93.558	502-500891/ 45130203	19,845

The accompanying notes are an integral part of this schedule.

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended June 30, 2024

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Passthrough Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services:			
Passthrough:			
Bi-State Primary Care Association, Inc.			
Training in General, Pediatric, and Public Health Dentistry	93.059	n/a	2,695
COVID-19 Immunization Cooperative Agreements	93.268	n/a	28,194
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	135,747
Total U.S. Department of Health and Human Services			4,965,383
U.S. Department of Justice:			
Passthrough:			
New Hampshire Coalition Against Domestic and Sexual Violence			
Sexual Assault Services Formula Program	16.017	n/a	48,211
Crime Victim Assistance	16.575	n/a	282,965
Total U.S. Department of Justice			331,176
U.S. Department of the Treasury:			
Passthrough:			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	46,247
Total Expenditures of Federal Awards			$ 5,342,806

The accompanying notes are an integral part of this schedule.

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 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

Coos County Family Health Services, Inc. (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

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

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

Board of Directors
Coos County Family Health Services, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Coos County Family Health Services, Inc. (the Organization), which comprise the balance sheet as of June 30, 2024, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 10, 2024.

Report on Internal Control over Financial Reporting

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

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

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

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Board of Directors
Coos County Family Health Services, Inc.

Report on Compliance and Other Matters

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

Purpose of this Report

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

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 10, 2024

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

Board of Directors
Coos County Family Health Services, Inc.

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Coos County Family Health Services, Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended June 30, 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 June 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.

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Auditor's Responsibilities for the Audit of Compliance

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

In performing an audit in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

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

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

Report on Internal Control over Compliance

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

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Board of Directors
Coos County Family Health Services, Inc.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 10, 2024

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Costs

Year Ended June 30, 2024

Section 1. Summary of Auditor's Results

Financial Statements

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

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	
Type of auditor's report issued on compliance for major programs:				Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

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

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

Section 2. Financial Statement Findings

None

Section 3. Federal Award Findings and Questioned Costs

None

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coös county
Family Health

Coos County Family Health Services
133 Pleasant Street
Berlin, NH 03570

Kassie Eafrati, 2025 (2nd)
Chairperson
Chair, Executive Committee
Chair, Personnel Committee
Director of Behavioral Health /Northern Human Services

Pauline Tibbetts, 2026 (3rd)
Vice-Chairperson
Retired Nurse, Respite Caregiver & Hospice Volunteer

Cynthia Desmond, 2025 (3rd)
Treasurer
Chair, Finance/Development Committee
Chair, Corporate Compliance Committee
Retired Pharmacist

Dawn Cross, 2027
Secretary
Banking Office Manager

Patti Stolte, 2026 (2nd)
Immediate Past Chairperson
Executive Director, Family Resource Center

H. Guyford Stever, Jr., 2025 (5th)
Chair, Sylvia Evans Committee
Retired English Teacher

David Morin, 2026 (4th)
Chair, Governance Committee
Chair, Facilities Committee

Debra Bernsten, 2027
Retired RN

Erin Cram, 2027
New Hampshire Legal Assistance

Peter Rowan, 2027
Retired Counselor, NH Dept. of Education

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School Address:
St. Joseph's College
[redacted]

Andrea Alger
[redacted]

[redacted]

OBJECTIVE: To obtain a Registered Nurse position in a hospital setting where I can utilize my clinical skills and strengths.

EDUCATION:
Saint Joseph's College of Maine, Standish, ME
Bachelor of Science in Nursing, May 2010
GPA 3.87 of 4.0

CLINICAL EXPERIENCE:

Maine Medical Center, Portland, ME
- Special Care Unit, Senior Internship, Spring 2010
- Medical/Surgical Unit, Spring 2009
- Maternity Unit, Spring 2009
- Pediatric Unit, Fall 2008

Martel Elementary, Lewiston ME
- Community Health Nursing, Fall 2009

Lewiston High School, Lewiston, ME 2009
- Influenza Vaccination Clinic, Fall 2009

Southern Maine Medical Center, Biddeford, ME
- Psychiatric Mental Health Unit, Spring 2009

Stephens Memorial Hospital, Norway, ME
- Medical/Surgical Unit Fall 2008

Mercy Hospital, Portland, ME
- Medical/Surgical Unit, Spring 2008

The Cedars, Portland ME
- Long-Term Care, Fall 2007

WORK EXPERIENCE:

Coos County Nursing Home, Berlin, NH
Licensed Nursing Assistant, 2008-Present
- Provide basic care, assist residents with activities of daily living, and provide comfort care.

Berlin Foundry & Machine Company, Berlin, NH
Facility Custodial Maintenance Person, 2009-Present
- Prepare metal for welding jobs and sort metal for recycling

French Hill Stables, Milan, NH
Assistant Stable Manager, 2000-Present
- Provide care for horses and organize feeding and care schedule to meet the horse owners' requests.

Skiaplicity, Berlin, NH
Receptionist, 2005-2006
- Scheduled appointments for clients and answered customer calls and questions

CERTIFICATIONS: CPR Certification, American Heart Association Healthcare Provider, 2005-Present

HONORS AND AWARDS:
Sister Mary Consuela White Award, Spring 2010
Member of Sigma Theta Tau, Nursing Honor Society, Spring 2010
Marie F. Magee Endowed Nursing Scholarship Fall 2008, Fall 2009
Helene F. Murphy Scholarship, Spring 2009
Deans List, Fall 2006, 2007, 2008, 2009, Spring 2007, 2008, 2009

COMPUTER SKILLS: Competent in Microsoft Word and PowerPoint

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NEW HAMPSHIRE
Online Licensing

nh.gov Licensing Home

Person Information

Name: ANDREA R ALGER

NH Multi-state license

License Information

License No:	063074-21
Profession:	Nursing
License Type:	Registered Nurse
License Status:	Active
Issue Date:	6/30/2010
Expiration Date:	8/7/2023

Discipline Information

No Discipline Information

Board Action

No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.

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coös county
Family Health

Request for Medical Privileges

Nursing privileges at Coos County Family Health Services shall be granted to members of the Nursing staff with an ac active license. Specific clinical privileges requested are listed below:

- [x] General Nursing Duties
- [x] Family Planning Program Regulations/Guidelines

Independent Administration

- [x] Venipuncture
- [x] Injections
- [x] Immunizations
- [x] EKG
- [x] Administering Medication
- [x] Nebulizer Treatments
- [x] Hearing/Visual Acuity Exams
- [x] Waived Laboratory Tests
- [x] IV Therapy
- [x] Spirometry
- [x] Medi-Port Flush

I have not applied for any privileges for which I am not qualified and certified. Furthermore, I realize that Licensure by the State of New Hampshire does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privileges listed above.

Applicant Name (Print): Andrea Alger — RN (RN, LPN, MA-C)

Application Signature: [signature] — 1/10/23 Date

Recommended by: [signature] — 1/12/23 Date

Approved by: [signature] — 1/10/23 Date

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[redacted]

Chelsey R. Andrea, MSN, RN, CPNP

[redacted]

EDUCATION, LICENSURE, CERTIFICATIONS

MGH Institute of Health Professions; Boston, MA
Master of Science in Nursing - May 2016
- Scholarly Project: Development of Pilot School-aged First Aid Program

Bachelor of Science in Nursing- December 2014

College of the Holy Cross; Worcester, MA
Bachelor of Arts in Sociology - May 2011
- L'Université d'Afrique; Yaoundé, Cameroon (2009-2010)

Licensure:
Advanced Practice Registered Nurse, NH Board of Nursing- Expires May 2021
Registered Nurse, NH Board of Nursing- Expires May 2021
Registered Nurse, MA Board of Nursing- Inactive

Certification:
Primary Care Certified Pediatric Nurse Practitioner (PNCB)- Expires February 2021
Pediatric Advanced Life Support (PALS)- Expires August 2022
BLS/CPR/AED for the Health Care Provider- Expires August 2022

PROFESSIONAL EXPERIENCE

Pediatric Associates of Hampton & Portsmouth, Portsmouth, NH
Pediatric Nurse Practitioner - September 2016- present
Primary care provided in an outpatient setting for acute care and well child visits. Duties include independently assessing, diagnosing, and treating pediatric patients from newborn to twenty one years of age. Provided evaluation and treatment services for newborns, infants, children and adolescents with a wide range of developmental, behavioral and learning difficulties. Deliver comprehensive care to patients including vital signs, physical exams, vaccinations, screenings, and health promotion.

Camp Arcadia, Casco, ME
Registered Nurse - June 2015- Aug. 2015
Provided nursing care and support to over 250 overnight campers and staff. Provided staff orientation on medical services, prepared and maintained first aid supplies, completed staff and camper health assessments. Attended to camper medical needs including medication distribution, illness and injury assessment and care, and facilitated follow-up care with providers and parents.

Private Residence, Charlestown, MA
Child Care Provider - Jan. 2015- June 2015
Provided early morning and after school care for three children ages 6, 8, and 10.

MGH Institute of Health Professions, Boston, MA
Teaching Assistant - Sept. 2014- Sept. 2015.
Provided one on one and group support to first year students enrolled in Nursing Process and Skills.

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Starting Point, Conway, NH
AmeriCorps Victim Assistance Program - Sept. 2011- Aug. 2013
Provided support services to victims of domestic and sexual violence and stalking. Attended court hearings, managed crisis line, assisted victims through one-on-one meetings; provided support services to parents and families at child advocacy center interviews and accompanied survivors to the hospital. Organized and facilitated healthy relationship and self-esteem programming for high-risk children and adolescents. Organized and facilitated volunteer training.

CLINICAL EXPERIENCE

Registered Nurse Role
Cambridge Hospital; Cambridge, MA
Student Nurse: Maternity Suite - Oct. 2014-Dec. 2014
Provided care in both labor and delivery as well as postpartum and nursery care. Performed vital signs, detailed assessments and discharge teaching for postpartum women and neonates. Administered medications and treatments and performed neonatal screening tests.

Massachusetts General Hospital; Boston, MA
Student Nurse: Medical Unit, Phillips House 22 - Sep. 2013-Dec. 2013
- Performed vital signs and wound care. Interviewed patient and care providers to obtain accurate detailed health history

Student Nurse: Vascular Surgery, Bigelow 14 - Jan. 2014-Apr. 2014
- Administered medications and treatments. Interviewed patients and care providers to obtain accurate, detailed health history.

Student Nurse: Pediatrics, Ellison 17 - Sept.2014-Oct.2014
- Administered medications and treatments. Interviewed parents, family members, other care providers and child to obtain accurate, detailed health history.

Orchard Gardens K-8 School; Roxbury, MA
Student Nurse: Community Health - Jan. 2014-Apr. 2014
Initiated a community needs assessment. Interviewed school nurse and family liaisons about the health related concerns. Identified a need for teenage violence education and prevention for families. Organized a multi-lingual workshop for parents/guardians of 6-8th grade students concerning teenage violence, particularly internet violence.

Lawrence Memorial Hospital; Medford, MA
Student Nurse: Gerontology Psychiatric Unit - Sep. 2013-Dec. 2013
Interviewed patients, nursing staff and other care providers to obtain accurate detailed health history. Assisted nursing staff and program directors in basic care and activity facilitation of patients.

Nurse Practitioner Role:
Child Health Associates P.C. Shrewsbury, MA
Student Nurse Practitioner - Jan. 2016- Apr. 2016
Independently completed history and physical examinations and performed diagnostic testing. Developed differential diagnoses and treatment plans in collaboration with the pediatric nurse practitioner. Provided educational and health promotion materials for families. Completed documentation for visits in Centricity electronic medical record. Provided acute and well visit care from newborn through adolescence.

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Maine Medical Center, Pediatric Surgery, Portland, ME
Student Nurse Practitioner - Jan. 2016- Apr. 2016
Attended pediatric surgical rounds, observed and assisted nurse practitioner and surgeon in hospital follow-up and office consultation for all pediatric burn patients and surgical candidates. Developed and discussed differential diagnoses and surgical procedures with nurse practitioner and surgeon independently and in rounds discussions. Provided patient discharge education including follow-up and gastrostomy tube care. Documented interactions using Epic. Attended pediatric quality improvement collaboration meetings with members of all specialty practices represented at Maine Medical Center.

Salmon Falls Family Healthcare Somersworth, NH
Student Nurse Practitioner - Oct. 2015- Dec. 2015
Independently completed patient assessments, developed differential diagnosis and treatment plans in collaboration with the pediatric nurse practitioner, as well as promoted education and guidance for families. Provided acute and well visit care from newborn through adolescence.

Middlesex School Concord, MA
Student Nurse Practitioner - Sep. 2015- Dec. 2015
Acted as first point of care for students. Completed assessments, observed and involved in diagnosis and patient education with the nurse practitioner. Primarily provided walk-in sick visit care and daily medications in health center as well as provided sports injury support with the head athletic trainer.

Patriot Pediatrics Bedford, MA
Student Nurse Practitioner - Jan. 2015- April 2015 Completed assessments, observed and involved in diagnosis and education for families. Provided walk-in sick visit care as well as scheduled acute and well visits.

VOLUNTEER EXPERIENCE

Kings County Hospital, Brooklyn, NY
Nurse Practitioner - April 2020
Working with a team of resident physicians, nurse practitioners and physician assistants to coordinate care for patients on COVID-19 medical unit. Rounding on patients daily with the medical team. Ordering and interpreting lab results, collaborating with physicians on appropriate care, treatment modalities and specialty consultations. Prepare admission and discharge documentation using EPIC EHR system.

MGH Institute of Health Professions- School of Nursing, Boston, MA
Duke University- School of Nursing, Durham, NC
Pediatric Nurse Practitioner Program Clinical Preceptor - January 2019- present
Pediatric Nurse Practitioner preceptor and mentor to pediatric nurse practitioner graduate nursing students for various levels of pediatric primary care PNP clinical rotations.

HAVEN, Portsmouth, NH
Volunteer Advocate - Sep. 2015- November 2016
Provide confidential support and information to those affected by sexual and domestic violence through the 24-hour crisis line. Accompany survivors of domestic and sexual violence to the hospital directly after an assault.

Crimson Care Collaborative, Boston, MA
Senior Clinician (Jan. 2015- Sep. 2015); Administrative Manager (Sept. 2014- Dec. 2014)
Responsible for accompanying patient and junior clinician through entire visit, measuring vital signs, taking patient history, and performing physical exam. As Manager, responsible for workflow of Revere Pediatrics Clinic.

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Green Eyes in Africa & Rigel Study Center, Yaoundé, Cameroon
Tutor/English Teacher - Oct. 2009- June 2010
Study tutor for orphaned and handicapped children ages 4-10. Taught English to French-speaking women, ages 18-30.

COMMITTEE WORK

February 2020- Present
Pediatric Associates of Hampton and Portsmouth- Executive Committee
Nurse practitioner representative of the committee whose goal is to improve and implement procedures, teambuilding and communication within the practice.

PROFESSIONAL AFFILIATIONS

National Association of Pediatric Nurse Practitioners- Member 2016- present
Sigma Theta Tau International Nursing Honor Society, Upsilon Lambda Chapter- Inducted March 2015
Leadership Mount Washington Valley- January 2013- June 2013

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coös county
Family Health

54 Willow Street
Berlin, NH 03570-1800
Ph: 1-603-752-3669
Fax: 1-603-752-3027

133 Pleasant Street
Berlin, NH 03570-2006
Ph: 1-603-752-2040
Fax 1-603-752-7797

2 Broadway Street
Gorham, NH 03581-1597
Ph: 1-603-466-2741
Fax: 1-603-466-2953

59 Page Hill Road
Berlin, NH 03570-3568
Ph: 1-603-752-2900
Fax: 1-603-752-3727

Welcome to CCFHS – We look forward to having you as part of our team!

Sincerely,

COOS COUNTY FAMILY HEALTH SERVICES

Kenneth Gordon
Chief Executive Officer

I have read, understand and agree to the terms stated and I have reviewed my job description. I also understand that my employment with Coos County Family Health Services is considered "at will", meaning that either Coos County Family Health Services or I may terminate this employment relationship at any time with or without cause or notice.

Alissa Judson

01/02/19
Date

KG/npl

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ALISSA JUDSON

[redacted]

Objective: Seeking position as Medical Assistant where I can apply my best skills.

Profile: Very enthusiastic, easy going, a team worker with good spirit, optimal organizational skills, reliable. Maintains a calm demeanor during stressful situations. Communicates professionally with others through verbal, non-verbal or written communication.

Summary of Skills:

- Ability to quickly learn new concepts and skills
- Flexible and easily adapts to change
- Knowledgeable user of EMR
- Experienced with providing quality patient care
- Strong interpersonal and communication skills
- Organized, manages time wisely
- Excellent verbal and writing skills
- PC Literacy
- Honesty and discretion

Education and Certification:

Nursing School (completed 1st year of program), White Mountains Community College (2011)
Licensed Nurse Assistant Course, Clinical Career Training (2009)
BA English Literature, Elmira College (2005)
High School Diploma from Berlin High School, Berlin NH (2000)

Experience:

Edward Fenn Elementary School, Gorham NH

Administrative Assistant Special Services (2017-present)

- Coordinated all department functions and provided department support
- Organized and maintained the Special Services filing system; ensured accuracy and completeness of confidential files; filed and retrieved documents
- Prepared a variety of correspondence and departmental forms
- Coordinated and relayed important communications and assumed/performed related work tasks independently as required
- Adhered to district-wide and special services related policies, procedures and practices
- Gathered and merged data to complete annual local, state, and federal reports
- Maintained employee confidence and protected operations by keeping Special Services information confidential

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[redacted]

Ms. Joan Glines
Apprentice Outreach and Resource Coordinator
Coos County Family Health Services
Berlin, New Hampshire 03570

Dear Ms. Glines:

Hello, my name is Andrea Sanschagrin and I currently work at the Androscoggin Valley Hospital as a Lab Assistant. I am a graduate of Berlin High School and attended White Mountains Community College taking courses towards eventually getting my Nursing Degree. I am very much interested in the opportunity of being accepted in the Medical Assistant Apprenticeship Program.

I have worked in several locations as a Licensed Nursing Assistant, including the two local nursing homes and at Memorial Hospital in North Conway, New Hampshire where I am still working per diem. I am a hard worker, willing to work. I believe I have many of the skills that would be needed for this job such as working with people, taking vital signs and computer skills among many other skills.

Please see the attached resume for more information, which gives details about my qualifications, education, and leadership experience.

Thank you for taking your time to read this and I hope to hear from you soon! Please feel free to contact me by email at aasanschagrin@gmail.com, home phone at 603-449-6688, cell phone at 603-723-0932. Again, thank you!

Sincerely,

Andrea Sanschagrin

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ANDREA A SANSCHAGRIN

[redacted]

OBJECTIVE

To work as a Medical Assistant in a medical facility where I can best help people in need. I want to eventually continue my studies to become a nurse.

EDUCATION

Health Science Technology — September 2012 to 2017
White Mountains Community College,
Berlin, New Hampshire

- Related Course Work: Psychology, Phlebotomy, Medical Terminology, Math

WORK EXPERIENCE

Lab Assistant — November 2018 to Present
Androscoggin Valley Hospital
Berlin, New Hampshire

- I am a phlebotomist often registering patients for blood work. I perform microscopic testing on urines, I prepare lab specimens to be sent out to other facilities for testing, I input test results in the computer among other paperwork, I train other new hires.

Licensed Nursing Assistant — Sept 2014 to Present
Memorial Hospital
North Conway, New Hampshire

- Care for critically ill or injured patients, assist other patients with the activities of daily living, perform vital signs, charting

Licensed Nursing Assistant — June 2013 to March 2015
Coos County Nursing Home
Berlin, New Hampshire

- Assist residents with their needs such as bathing, eating, walking, etc.

Licensed Nursing Assistant — January 2013 to October 2013
St. Vincent de Paul Nursing Home and Rehabilitation
Berlin, New Hampshire

- Assist residents with their needs such as bathing, eating walking, etc.

LEADERSHIP AND MEMBERSHIP

- Member of Berlin High School Key Club, 2008-2012
- Secretary of Berlin High School Key Club, 2011-2012
- Community Service through BHS Key Club

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Brian M. Beals, MD, FAAP

[redacted]

Licensure
New Hampshire - #9177

Certifications
American Board of Pediatrics, 1994-2001; Re-certified, 2001-2008, 2008-2015, current MOC cycle through 2025

Education
BS with Honors, University of Notre Dame, IN, 1983-1987
MD, Jefferson Medical College, Philadelphia, PA 1987-1991

Postdoctoral Training
Pediatrics Residency
Dartmouth-Hitchcock Medical Center, Lebanon, NH 03756, 1991-1994

Professional Experience
Pediatrician, Coos County Family Health Services, Gorham, NH, September 1994-present
Per diem provider, CAPP (child abuse) program, DHMC, Lebanon, NH August 2021-present

Teaching Experience
Hospital-based NRP Instructor, 1996-present
PALS Instructor, 1999-present
Office and hospital-based community preceptor for Geisel School of Medicine at Dartmouth and UNECOM students; Physician Assistant students from University of New England, Massachusetts College of Pharmacy and Health Sciences, and Franklin Pierce University; and Nurse Practitioner students from UNH and Husson University

Faculty Appointments
Clinical Associate Professor of Pediatrics, Geisel School of Medicine at Dartmouth, Hanover, NH
Assistant Professor of Clinical Pediatrics, University of New England College of Osteopathic Medicine, Biddeford, ME
Adjunct Clinical Faculty, University of New England, Physician Assistant Program, Biddeford, ME
Clinical Professor, School of Physician Assistant Studies at Massachusetts College of Pharmacy and Health Services, Manchester, NH
Assistant Affiliate Faculty, College of Health and Human Services at the University of New Hampshire, Durham, NH

Awards
Volunteer Clinical Faculty Award, AOA Honor Medical Society, Dartmouth Med School, 2002
Manchester Union Leader, 40 under 40, Class of 2005

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Master Preceptor Award, University of New England, 2007
Everyday Hero Award, Child Advocacy Center of Coos County, 2009
New England Rural Clinician Award, NERHRT, 2012
Certificate of Appreciation for commitment to Preceptorship, NCHC, 2016
Outpatient Pediatric Preceptor Award, Geisel School of Medicine at Dartmouth, 2018
Preceptor of the Year Award, Franklin Pierce University PA Program, 2019
Special Achievement Award for Distinguished Service and Dedication to the Mission and Goals of the Academy, AAP, 2019
Pediatrician of the Year, NH AAP Chapter, 2020
Preceptor of the Year Award, MCPHS (Manchester), 2020
NH Community Star, NOSORH, 2021

Hospital Affiliations
Active Staff, Androscoggin Valley Hospital (AVH), 59 Page Hill Road, Berlin, NH 03570, 1994-present
President of Medical Staff 2008-2009
Medical Director, Pediatric and Nursery Services, ongoing
Credentials Committee, 2014-present
Consulting Staff CAPP team, Mary Hitchcock Memorial Hospital, Lebanon, NH 03756, 2021

Professional Society Memberships
Fellow, American Academy of Pediatrics, since 1995
New Hampshire Pediatric Society, since 1991
- Child Abuse/Neglect Committee (CAPP Network), since 2002
- Executive Council, Sept 2018-present

Community Activities
Board of Directors, CAC of Coos County, currently President
Community Preceptor Education Board (Dartmouth Medical School), Chair 2007-2008, currently inactive
Clinical Consultant to NH State Lead Program
Board of Directors, NH Children's Trust, 2020
Board of Directors, NH Children's Health Foundation, 2023

Clinical Interests
General Pediatrics
Type I Diabetes
- Coordinator of local satellite of national Diabetes Prevention Trial (DPT-1)
- Volunteer medical staff at Camp Carefree every summer since 1991
Child Abuse/Neglect
Neonatology

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JENNIFER LI ONEIL

OBJECTIVE

I am a dedicated and loyal employee. I am eager to learn new tasks and looking forward to a challenging position where I can build upon my experience.

SKILLS & ABILITIES

I have excellent oral and written communication skills, a quick and dedicated learner, as well as excellent typing and computer skills, and work effectively without close supervision. I take pride in my work and stay organized to get the job completed. I am honest, reliable, self-motivated and dedicated. I have a pleasant personality and a good sense of humor. Confidentiality has always been a requirement. I am able to work independently as a team member in order to deliver a high quality of service in a timely and efficient manner.

EXPERIENCE

WAITRESS, YOKOHAMA RESTAURANT

April 2006 – Present

Duties include preparing tables for meals, taking customer orders, serving drinks and food and cleaning up before, during, and after a customer's meal in a fast paced environment.

PST SPECIALIST, LAB CORP OF AMERICA

August 2013-Present

Duties include patient interaction in a State Prison environment. Working with electronic reporting and accuracy tools along with obtaining specimen collections through venipuncture for processing and packaging.

CYTOLOGY/PATHOLOGY TECH, LAB ASSISTANT II, ANDROSCOGGIN VALLEY HOSPTAL

July 2006 – May 2013

Responsible for performing all the phlebotomist duties. Proper phone etiquette, record management, data entries, and book keeping. Active interaction with Doctors, nurses, clinical staff and patients from newborn to geriatric. Worked closely with the Pathologist to assist in the preparation of surgical specimens for processing. Filing reports and data and assuring the completion of specimen coding and billing.

EDUCATION

WHITE MOUNTAINS COMMUNITY COLLEGE, BERLIN NH

Certificate 5/2008

GPA 3.86

Major: Medical Assisting

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WHITE MOUNTAINS COMMUNITY COLLEGE, BERLIN NH
Associates Degree 12/2007
GPA 3.28
Credits Earned: 111 Semester hours
Major: Health Science/Liberal Arts

COMPUTER SKILLS	Experience with Microsoft Word, Excel, Windows, Works & Word Perfect
CERTIFICATES	Basic First Aid and CPR
REFERENCES	**AVAILABLE UPON REQUEST**

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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: _____

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Andrea Alger	Staff Nurse-RN	$46,332.00	$77,220.00
Chelsey Andrea	Nurse Practitioner	$60,137.87	$120,275.74
Alissa Judson	CMA	$25,460.76	$50,921.52
Andrea Sanschagrin	Staff Nurse-LPN	$28,953.60	$60,320.00
Brian Beals	Physician	$124,909.20	$249,818.40
Jennifer O'Neil	CMA	$27,417.00	$54,834.00

FORM NUMBER P-37 (version 2/23/2023)

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-04)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Greater Seacoast Community Health		1.4 Contractor Address 8 Greenleaf Woods Drive, Suite 100 Portsmouth, NH 03801	
1.5 Contractor Phone Number 603-749-2346	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $1,326,220
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Signed by: Jocelyn Caple 0D08691121C3447... Date: 6/3/2025		1.12 Name and Title of Contractor Signatory Jocelyn Caple CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... Date: 6/3/2025		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: DocuSigned by: Robyn Guarino 748734844941460... On: 6/4/2025			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: Initial JC
Date: 6/3/2025

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.

Initial

Contractor Initials M

Date 6/3/2025

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.

Contractor Initials Initial
Date 6/3/2025

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.

Initial
Contractor Initials M
Date 6/3/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH;

1.1.2. Decreasing the misuse of alcohol, tobacco and other substances among pregnant women;

1.1.3. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.4. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

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

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

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

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

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age, in accordance with Attachment 1 – Enabling Services Initative Work Plans for Children and Adolescents, and Attachment 2 – Quality Improvement Initative Work Plans for Children and Adolescents, attached hereto and incorporated by reference herein:

1.4.1. Enabling Services Initiative 1: Screening all new patients ages 12-21 using the SDOH screening tool to identify possible barriers to healthcare.

1.4.2. Enabling Services Initiative 2: Increasing the number of eligible referrals for the Women, Infants, Children (WIC) Nutrition Program.

1.4.3. Quality Improvement Initiative 1: Increasing the number of adolescent well-child visits.

1.4.4. Quality Improvement Initiative 2: Increasing the breastfeeding rate among post-partum patients.

1.5. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for prenatal and postpartum women provided within twelve weeks after delivery, in accordance with Attachment 1 – Enabling Services Initative Work Plans for prenatal and postpartum patients, and Attachment 2 – Quality Improvement Initative Work Plans for prenatal and postpartum patients, attached hereto and incorporated by reference herein:

1.5.1. Enabling Services Initiative 1: Increasing the nubmer of referrals

through supportive services and early supports.

1.5.2. Enabling Services Initiative 2: Increasing the number of women who complete prenatal care within 12 weeks of birth and receive postpartum medical follow-up and screening.

1.5.3. Quality Improvement Initiative 1: Increasing postpartum depression screening rates.

1.5.4. Quality Improvement Initiative 2: Increasing postpartum visit rates within 12 weeks of delivery.

1.6. The Contractor must provide eligibility determination services, including the following:

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

1.6.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

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

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

1.7. The Contractor must ensure services are provided by a New Hampshire licensed:

1.7.1. Medical Doctor (MD);

1.7.2. Doctor of Osteopathic Medicine (DO);

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

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

1.8. The Contractor must provide services in an office-based setting which may include:

1.8.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.8.2. Hospital Associated Community Health Centers;

1.8.3. School Based Health Clinics; and

1.8.4. Mobile Care Delivery Services.

1.9. The Contractor must monitor, update, and implement the Work Plans for each

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

enabling services and quality improvement initiative in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

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

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

1.10.2. MCH Biannual Primary Care Coordinators' Meetings up to two times per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.11. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

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

1.13. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

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

1.14.1. Is provided to the Department no later than thirty business days from the date of hire; and

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

1.15. The Contractor must notify the Department in writing when:

1.15.1. Any critical position is vacant for more than thirty business days.

1.15.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

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

1.17. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required

by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.18. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.19. Performance Measures

1.19.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.19.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.20. Reporting

1.20.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.20.1.1. Uniform Data System (UDS) outcomes.

1.20.1.2. Performance Measure outcomes.

1.20.1.3. Work Plan for each Enabling Service Initiative.

1.20.1.4. Work Plan for each QI Initiative.

1.20.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.20.2.1. Program initiatives status and/or completion dates; and

1.20.2.2. An impact statement on the success of the initiative(s), which must include supporting documentation that includes aggregated and de-identified information.

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;

1.21.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) 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.

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 fulfilment 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, rse

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. 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 & 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 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.

1.24.2. Workspace Requirement

1.24.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. 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 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 the

Department, the Contractor must begin working with the Department and 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 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. 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 Cc[illegible]tor

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 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 lo[illegible]on;

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-Contractors); 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-Contractors).

3.3. **Credits and Copyright Ownership**

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

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.

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services
Contractor Name: *Greater Seacoast Community Health*
Budget Request for: *RFP-2026-DPHS-05-MATER*
Budget Period: *7/1/2025 to 6/30/2027*
Indirect Cost Rate (if applicable) 0.00%

Line Item	Component A Program Cost - Funded by DHHS - SFY 26	Component A Program Cost - Funded by DHHS - SFY 27	Component B Program Cost - Funded by DHHS - SFY 26	Component B Program Cost - Funded by DHHS - SFY 27
1. Salary & Wages	$302,256	$302,256	$208,339	$208,339
2. Fringe Benefits	$90,284	$90,284	$62,231	$62,231
3. Consultants	$0	$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	$0
5.(a) Supplies - Educational	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0
5.(e) Supplies - Office	$0	$0	$0	$0
6. Travel	$0	$0	$0	$0
7. Software	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0
8. (b) Other - Education and Training	$0	$0	$0	$0
8. (c) Other - Other (specify below)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0
Total Direct Costs	$392,540	$392,540	$270,570	$270,570
Total Indirect Costs	$0	$0	$0	$0
Subtotals	$392,540	$392,540	$270,570	$270,570
			TOTAL	**$1,326,220**

Total

Contractor Initials: Initial JC
Date: 6/3/2025

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

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.

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

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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.

Initial

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.

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.

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: ZM91C8J2NY93

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

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Greater Seacoast Community Health

6/3/2025
Date:

Signed by: Jocelyn Caple
0D0869...1121C3447...
Name: Jocelyn Caple
Title: CEO

Initial: JC

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

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or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

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

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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

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

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

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

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

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

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

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

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

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future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

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

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

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

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

16. The Contractor must ensure that all End Users:

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

    b. safeguard this information at all times.

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

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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

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 bi

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 P

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	Greater Seacoast Community Health
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: Jocelyn Caple 0D08691121C3447...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Jocelyn Caple
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
6/3/2025	6/3/2025
Date	Date

Initial
Contractor Initials JC

6/3/2025
Date

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Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Director of Family and Social Services			
Enabling Services Focus Area: Social Determinates of Health Increased Screening within Primary Care Population			
Project Goal: To Screen all new patients aged 12-21 and under using an SDOH tool to identify possible barriers to healthcare			
Project Objective: By screening all new patients ages 12-21 and under using a standardized SDOH tool – we can identify those patients with possible barriers to successful healthcare. After identification with the SDOH tool, we can offer enabling services (e.g., social work) to reduce those barriers and achieve better healthcare outcomes. This will increase from a baseline number of 0% now to 60% in January 2026 and 90% by January 2027			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Work with the analytics manager to ensure the Athena EMR system can collect and report correct data for this measure.	The director of family and social services, along with the analytics manager, may need to ask for assistance from other team members.	Data Capture is correct in EMR to report out 1. New patients12-21 and under 2. If SDOH was given within 1 month of a new patient appointment. 3. Can we view if SDOH was positive? 4. Can we see reports of referrals made both internally and externally?	Set up a meeting with the analytics manager by May 15.2025 Build/Correct Data Sets and EMR(Athena) documentation to ensure correct data pulls are being met – Sept 1, 2025 Ongoing meetings with the analytics manager at least once every 6 months to troubleshoot any issues.
Educate staff on new workflows.	Director of Family and Social Services – will bring in additional department managers as needed- including front office, social work, and clinical staff.	Monthly reports/audits completed to identify any gaps in the workflow. Work with individual teams and managers to rectify and adjust any workflow.	Aug 2025 Oct 2025 Dec 2025 Feb 2026 Every other month, ongoing
GSCH will work on integrating NH Care Connections into workflows and EMR system	CIO (Chief Information Officer) Analytics Manager	Identify how best to implement it into current EMR system (CIO)	Ongoing Started 3/2025

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	Director of Family and Social Services	Create a new workflow for staff (team) Train staff (team) Audit staff (Director of Family and Social Services) Adjust workflows and re-educate as needed	

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report—	

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Enabling Services Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Director of Family and Social Services			
Enabling Services Focus Area: Increase Referrals for the Women, Infants, Children (WIC) Nutrition Program.			
Project Goal: Increase the referrals of qualified families to the WIC program.			
Project Objective: Increase eligible referrals for pregnant women and children five and under to increase nutrition education, access to healthy food and/or formula, and breastfeeding support for improved health outcomes by 50%. (Baseline numbers for referrals will be available by the start of the grant cycle in July)			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Reach out to all local WIC agencies for updated brochures, handouts, and referral processes.	Director of Family and Social Services	Updated forms and resources will be distributed to staff and available in public spaces for patients to access easily. Any needed changes for electronic referrals will be updated in the EMR system (Athena).	Director of Family and Social Services, Social Work Manager Marketing Team (public areas for handouts to be restocked).
Create patient-facing outreach opportunities to highlight the WIC program in different areas.	Director of Family and Social Services Outreach team	At least four different outreach opportunities for patient education per year / created/ distributed/ advertised – Examples may include bulletin boards, social media posts, patient outreach events	Each quarter, at least one – Aug 2025 Nov 2025 Feb 2026 May 2026
Social Workers will screen all clients that they visit with for WIC enrollment opportunities.	Social Work Staff	Note Audits	Quarterly
Staff will request a "warm hand-off" to WIC staff when possible to help initiate enrollment	Any staff member	Audits of referrals for the quarter	Quarterly/ Staff feedback and WIC staff feedback

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Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Clinical Data Analyst			
Project Goal: Increase the number of adolescent well-child visits to a goal of 85%.			
Project Objective: Increase the number of well-child visits for adolescents from a baseline of 61% to 65% by July 2025, to 70% by January 2026, to 75% by July 2026, and to 80% by January 2027, and to 85% by July 2027 to meet the goal of 85%.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
A raffle will be held for all adolescent patients seen before the start of the school year (summer) for a backpack with school supplies.	Scheduling staff (front office & call center), clinical schedule availability, QI department for monthly monitoring, and pediatricians.	MCH Adolescent well-child visit metric will be monitored monthly by the QI committee.	June through September 2025 for the first year and summer for the following years.
Provider incentives for pediatricians on this metric for meeting goals.	Pediatric providers, financial resources, and the QI department for monthly monitoring.	MCH Adolescent well-child visit metric will be monitored monthly by the QI committee.	Ongoing
Appointment access (templates) will be monitored and adjusted as needed to accommodate well-child visits.	QI department for monthly monitoring and appointment template availability.	An appointment access dashboard will be created and monitored monthly by the QI committee and COO.	Ongoing
Utilize new EMR capabilities to send proactive reminders such as emails and text messages.	IT, QI department	MCH Adolescent well-child visit metric will be monitored monthly by the QI committee.	Ongoing
Templates will not be booked for well-child visits greater than 8 weeks out to reduce no-shows and increase the chance of patients being seen.	Scheduling staff (front office & call center, clinical managers for templates.	The appointment access dashboard will track no-show rates.	Ongoing

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Quality Improvement Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Clinical Data Analyst			
Project Goal: To increase the breastfeeding rate among post-partum patients to a goal of 53%.			
Project Objective: Increase the number of breastfeeding post-partum patients from a baseline of 35% to 38% by July 2025, to 45% by January 2026, to 50% by July 2026, and to 53% by January 2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Education for providers, nurses, and MAs on proper documentation of breastfeeding for reporting will be provided at clinical staff meetings, and reminders/training materials will be sent in weekly clinical newsletters.	Clinical staff (providers, nurses, MAs), QI department for training and training materials.	MCH breastfeeding metrics will be monitored monthly and reported to the CQI committee.	Ongoing.
WIC referrals to breastfeeding peer counselors will be increased for all breastfeeding mothers.	WIC staff and prenatal staff for referrals.	MCH breastfeeding metrics will be monitored monthly and reported to the CQI committee.	Ongoing.

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Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

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Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

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Attachment 4- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Director of Family and Social Services			
Enabling Services Focus Area: Increasing referrals to qualifying children and families for home visiting programs.			
Project Goal: To increase strengthening factors for families through connections with supportive services and early supports.			
Project Objective: Increase the number of home visiting referrals for families, pregnant and postpartum women, and adolescents 21 and under made by GSCH staff. GSCH will double its baseline number set in June 2025 by the end of 2027. (Baseline numbers will be available at the start of the grant cycle in July)			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Reach out to all local home visiting programs to confirm the most up-to-date referral process and outreach materials to have on hand for patients.	The Director of Family and Social Services will reach out directly to each program.	Updated forms and information will be shared with all teams that may interact with patients directly. Education at staff meetings, primary care team meetings, and regular staff education updates will be provided to remind staff of workflows.	Outreach to HV agencies for updated materials – July 2025 Outreach and education will be given to staff on the referral process, program updates, and importance by December 2025. (also ongoing)
Update workflow for referrals – Make sure everything is up to date in the EMR system and that referral workflows for all agencies are up to date.	Director of Family and Social Services Clinical Team as needed Informatics Manager	Updated workflows and staff reminders will be added to the monthly clinical workflow group as a reminder to staff.	December 2025 and ongoing monthly through the grant cycle
Increase availability for FRC staff to be on-site at the Somersworth location for warm handoffs at least 1 or 2 days a week.	Director of Family and Social Services COO Facilities Manager	Work with facilities management and new COO to create space for integrated family resource center (FRC) staff, programming, and warm handoffs when available to help increase interest from families on-site at GCH.	December 2025 Ongoing (this may need to be looked at for a while as space is an ongoing issue).
Increase staff awareness of the newborn navigator role	Director of Family and Social Services	Work newborn navigation meeting into office visit in 3rd	Starting in July 2025 – with the "test team."

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	Newborn Navigator Department Managers as needed	trimester prenatal and 5-day weight check for babies. As needed, the newborn navigator will assess and make referrals/ warm handoffs to the home visiting program.	December 2025 – at least one day per week doing visits on-site at the health center(s)
Create events, activities, and outreach that directly interact with potential families, showcasing home visiting program and benefits.	Director of Family and Social Services Patient Service Manager Marketing Team COO	At least four events/ activities/promotional opportunities each year showcasing the home visiting programs and positive interactions and highlights of home visiting.	At least one event/ activity/ marketing opportunity each quarter starting in July 2025.

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Enabling Services Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Director of Family and Social Services			
Enabling Services Focus Area: Increasing the number of post-partum birth visits in our prenatal program within 12 weeks of birth.			
Project Goal: To increase the number of women who complete prenatal care within 12 weeks of birth and receive post-partum medical follow-up and screening as indicated by best practice who gave after July 1, 2025, and following through the grant cycle.			
Project Objective: To increase the number of post-partum women who complete prenatal care within 12 weeks after birth from baseline (data will be available at the start of the project using 2024 data and increase by 40% by the end of the grant project)			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
New access project for templating and appointment availability in medical scheduling.	COO Front Office Manager Prenatal Nurses (for scheduling) Social workers as needed for outreach	Overhaul patient scheduling system and provider templates, creating additional access to appointments for patients.	July 2025 – Active May need adjustments throughout the project
Work with the Prenatal Team to educate patients during prenatal care on the importance of post-partum visits.	Prenatal Team Chief Nursing Officer	Discuss metrics at monthly team meetings. Brainstorm ways to adjust and address barriers.	July 2025- add to team meeting agenda to discuss Add to monthly team meeting going forward
Work with Newborn Navigator to help partner with the team to remind, advocate for, and act as an intermediary between the team and the patient to improve access to care and remove barriers.	Newborn Navigator Prenatal Team	The Prenatal team will communicate with newborn navigator post-partum patients so that outreach can be done when appropriate. The navigator will discuss post-partum visits and assist with linking to resources in health centers or home visits to remove barriers. Navigator will work with the health center to schedule post-partum appointments in real time for the patient if needed.	July 2025- Newborn Navigator will get communication from team on pending prenatal patients due to deliver and will attempt to establish communication prior to birth. December 2025 – Newborn Navigator will work with the team on high-risk post-partum patients, reach out to them, and inquire about post-partum visits if needed or any possible barriers to coming for a visit.

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			Ongoing -2025-2026 – add additional steps as needed.
Social Workers will call each post-partum patient to check in after delivery and assist in barrier removal and reminders of appointments if needed.	Social Work Team Prenatal Team Director of Family and Social Services	Chart Audits to ensure outreach calls are being made.	December 2025 – All patients will receive at least two attempts at outreach post-birth.

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report—	

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Attachment 5- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Clinical Data Analyst			
Project Goal: Increase post-partum depression screening rates to a goal of 96%.			
Project Objective: Increase post-partum depression screening rates from a baseline of 64% to 70% by July 2025, to 80% by January 2026, to 85% by July 2026, and to 90% by January 2027, and to 96% by July 2027 to meet the goal of 96%.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Mothers will be screened at their baby's well-child visits for post-partum depression up to age 6 months.	Front office (gives screeners), Medical Assistant for data entry, and provider for follow-up on results of screeners.	MCH post-partum depression screening measure will be monitored monthly and reported to the CQI committee, CEO, and CMO.	Ongoing.
Ensure proper documentation of screenings for capturing data for reporting.	QI department to audit reports for accuracy, prenatal department for proper documentation, and capturing missed opportunities.	Progress is to be reviewed monthly by the continuous quality improvement (CQI) Committee, CEO, clinical director, and board of directors.	Ongoing.
Prenatal providers will be incentivized on this measure.	The QI department will track performance, and the finance department will process incentives.	Progress will be reviewed monthly by the continuous quality improvement (CQI) Committee, CEO, CFO, clinical director, and board of directors.	Ongoing.
Explore utilizing the EMR/Patient portal to do pre-screenings before post-partum visits.	The QI department will work with the IT department to implement pre-screeners.	MCH post-partum depression screening measure will be monitored monthly and reported to the CQI committee, CEO, and CMO.	June 2025

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Quality Improvement Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Clinical Data Analyst			
Project Goal: Increase the rate of post-partum visits within 12 weeks of delivery to goal.			
Project Objective: Increase the rate of post-partum visits from baseline.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Create an EMR report to gather baseline data, set goals, and track progress.	EMR, QI department.	MCH metrics will be monitored monthly and reviewed by the CQI committee.	May 2025.
Prenatal nurse will reach out to patients to set up post-partum visits within 12 weeks of delivery and set up any wrap-around services such as social workers.	Prenatal nurse.	MCH metrics will be monitored monthly and reviewed by the CQI committee.	Ongoing.
Social workers will reach out to patients experiencing barriers to visits to arrange transportation, etc.	Social workers and prenatal nurse.	MCH metrics will be monitored monthly and reviewed by the CQI committee.	Ongoing.

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Attachment 6 - Performance Measures

1. Definitions

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

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

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

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

1.4. **NQF** – National Quality Forum

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

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

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

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

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

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

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

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

2.2. **Preventive Health: Lead Testing**

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

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

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

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

Age 2 Measure

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

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

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

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

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

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

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

2.4. **Preventive Health: Depression Screening**

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

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

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

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

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

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

2.4.2. Maternal Depression Screening

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

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

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

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

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

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

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

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

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

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

2.6. **Preventive Health: Tobacco Screening**

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

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

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

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

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

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit

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

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

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

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

2.7.1.4. Definitions:

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

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

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

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

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

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

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

2.8 Developmental Screening Measure

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

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

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

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SFY26-27 Component A&B Performance Measures
Appendix H
Performance Measures

2.9 Postpartum Visit Measure

Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.

2.9.1. Numerator: Number of women who has a postpartum visit on or between 7 and 84 days after delivery.

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

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Attachment 7- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

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

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Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

Organization Name							
		1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2026-12/31/2026	7/1/2026-6/30/2027
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

	Agencies' Rate						
	Agencies' Range						
4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
9. Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **65587**

Certificate Number: **0007174779**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5th day of May A.D. 2025.

David M. Scanlan

Secretary of State

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

CERTIFICATE OF AUTHORITY

I, Jennifer Glidden, Chair, of Greater Seacoast Community Health hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Greater Seacoast Community Health.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 27, 2025 at which a quorum of the Directors/shareholders were present and voting.

   VOTED: that Jocelyn Caple, MD, MBA

   Is duly authorized on behalf of Greater Seacoast Community Health to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and amendments, revisions, or modifications thereto, which may in his/her judgement be desirable or necessary to effect the purpose of this vote.

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

Dated: 5/13/2025

DocuSigned by:
C358C10198084CE...

Jennifer Glidden
Chair

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

GOODCOM-01 AGOULD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150 Clark Insurance, a Marsh & McLennan Agency, LLC company One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: Allison.Gould@MarshMMA.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Tri-State Insurance Company of Minnesota — 31003
INSURED Greater Seacoast Community Health 311 Route 108 Somersworth, NH 03878	INSURER B : A.I.M. Mutual Insurance Companies — 33758
	INSURER C : AIX Specialty Insurance Co — 12833
	INSURER D :
	INSURER E :
	INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [X] OCCUR			ADV5564228-11	10/10/2024	10/10/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			ADV5564228-11	10/10/2024	10/10/2025	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE			ADV5564228-11	10/10/2024	10/10/2025	AGGREGATE	$ 5,000,000
	[ ] DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory In NH)	N / A		WMZ-800-8008412-2025	1/1/2025	1/1/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Medical Professional			L3V-A671986-10	1/1/2025	1/1/2026	Each Incident	1,000,000
C	Medical Professional			L3V-A671986-10	1/1/2025	1/1/2026	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Margin Ruth

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Our mission

To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

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BerryDunn

Greater Seacoast Community Health

FINANCIAL STATEMENTS

and

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

December 31, 2023 and 2022

With Independent Auditor's Report

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheets as of December 31, 2023 and 2022, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2023 and 2022, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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Supplementary Information

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 20, 2024 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 20, 2024

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GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 6,592,894	$ 7,625,600
Patient accounts receivable	1,315,414	863,791
Grant and other receivables	893,205	1,119,148
Pledges receivable	63,050	239,644
Inventory	80,935	90,506
Other current assets	201,680	125,808
Total current assets	9,147,178	10,064,497
Investments	2,304,036	2,015,773
Assets limited as to use	1,350,630	1,226,379
Property and equipment, net	7,340,603	7,616,848
Operating lease right-of-use assets	-	147,812
Finance lease right-of-use asset	4,170,016	4,488,743
Total assets	$ 24,312,463	$ 25,560,052

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 327,555	$ 499,242
Accrued payroll and related expenses	907,310	978,636
Patient deposits	178,160	174,576
Deferred revenue	80,930	123,901
Current portion of long-term debt	29,209	28,560
Current portion of operating lease liabilities	-	77,672
Current portion of finance lease liability	248,861	332,620
Total current liabilities	1,772,025	2,215,207
Long-term debt, less current portion	176,142	205,351
Operating lease liabilities, less current portion	-	71,151
Finance lease liability, less current portion	4,069,173	4,229,137
Total liabilities	6,017,340	6,720,846
Net assets		
Without donor restrictions	16,398,719	17,000,149
With donor restrictions	1,896,404	1,839,057
Total net assets	18,295,123	18,839,206
Total liabilities and net assets	$ 24,312,463	$ 25,560,052

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2023 and 2022

	2023	2022
Operating revenue and support		
Net patient service revenue	$ 11,150,749	$ 11,951,067
Grants, contracts, and contributions	9,477,864	8,817,627
Other operating revenue	523,615	570,271
Net assets released from restriction for operations	162,640	253,415
Total operating revenue and support	21,314,868	21,592,380
Operating expenses		
Salaries and wages	13,118,826	13,700,751
Employee benefits	2,371,573	2,693,634
Contracted services	760,301	1,055,318
Program supplies	2,093,214	1,793,207
Information technology	725,345	656,842
Occupancy	795,981	973,134
Other	1,359,090	1,496,242
Depreciation and amortization	773,303	699,958
Interest expense	93,867	91,352
Total operating expenses	22,091,500	23,160,438
Operating loss	(776,632)	(1,568,058)
Other revenues, gains (losses) and expenses		
Investment income	120,364	63,583
Change in fair value of investments	186,366	(326,453)
Contribution expense	(348,971)	-
Total other revenues, gains (losses) and expenses	(42,241)	(262,870)
Deficiency of revenue over expenses	(818,873)	(1,830,928)
Grants received for capital acquisition, placed in service	168,522	949,352
Net assets released from restriction for capital acquisition, placed in service	48,921	1,829,857
(Decrease) increase in net assets without donor restrictions	$ (601,430)	$ 948,281

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2023 and 2022

	2023	2022
Net assets without donor restrictions		
Deficiency of revenue over expenses	$ (818,873)	$ (1,830,928)
Grants received for capital acquisition, placed in service	168,522	949,352
Net assets released from restriction for capital acquisition, placed in service	48,921	1,829,857
(Decrease) increase in net assets without donor restrictions	(601,430)	948,281
Net assets with donor restrictions		
Contributions	96,767	208,519
Investment income	32,322	32,911
Change in fair value of investments	139,819	(261,292)
Net assets released from restriction for operations	(162,640)	(253,415)
Net assets released from restriction for capital acquisition, placed in service	(48,921)	(1,829,857)
Increase (decrease) in net assets with donor restrictions	57,347	(2,103,134)
Change in net assets	(544,083)	(1,154,853)
Net assets, beginning of year	18,839,206	19,994,059
Net assets, end of year	$ 18,295,123	$ 18,839,206

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ (544,083)	$ (1,154,853)
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation and amortization	773,303	699,958
Amortization of operating lease right-of-use assets	38,064	137,455
Change in fair value of investments	(326,185)	587,745
Grants and contributions for long-term purposes	(168,522)	(949,352)
Decrease (increase) in		
Patient accounts receivable	(451,623)	82,498
Grant and other receivables	225,943	(293,143)
Pledges receivable	(22,572)	(22,978)
Inventory	9,571	(6,263)
Other current assets	(75,872)	(45,613)
Increase (decrease) in		
Accounts payable and accrued expenses	(79,188)	(93,179)
Accrued payroll and related expenses	(71,326)	(145,247)
Patient deposits	3,584	3,285
Deferred revenue	(42,971)	(95,438)
Operating lease liabilities	(39,075)	(136,444)
Net cash used by operating activities	(770,952)	(1,431,569)
Cash flows from investing activities		
Capital acquisitions	(270,830)	(1,168,282)
Proceeds from sale of investments	1,090,321	887,888
Purchase of investments	(1,176,650)	(955,814)
Net cash used by investing activities	(357,159)	(1,236,208)
Cash flows from financing activities		
Grants and contributions received for long-term purposes	367,688	1,111,852
Payments on long-term debt	(28,560)	(27,925)
Payments on finance lease liability	(243,723)	(219,153)
Net cash provided by financing activities	95,405	864,774
Net (decrease) increase in cash and cash equivalents	(1,032,706)	(1,803,003)
Cash and cash equivalents, beginning of year	7,625,600	9,428,603
Cash and cash equivalents, end of year	$ 6,592,894	$ 7,625,600
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 93,867	$ 91,352
Right-of-use asset obtained in exchange for finance lease liability	-	4,780,910
Property and equipment included in accounts payable	-	92,499

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

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Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center and Goodwin Community Health, providing healthcare services to individuals living within the greater seacoast area.

1. Summary of Significant Accounting Policies

Basis of Presentation

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

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

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

Use of Estimates

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

Income Taxes

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

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

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

Revenue Recognition and Patient Accounts Receivable

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

Performance obligations are determined based on the nature of the services provided by the Organization.

The Organization measures the performance obligations as follows:

- Medical, behavioral health, dental and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract 340B pharmacy program services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.
- In-house pharmacy services are measured when the prescription is dispensed to the patient at one of the Organization's in-house pharmacies.

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. Payer concentrations are disclosed in Note 3.

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A summary of payment arrangements follows:

Medicare

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

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services, including dental services, provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. The Medicaid rate was legislatively mandated to be updated which resulted in an increase in the rate from $215 to $257 effective October 1, 2023.

Commercial Payers

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

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately $588,341 and $688,027 for the years ended December 31, 2023 and 2022, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants and local support.

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

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340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization operates an in-house pharmacy and contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

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

Patient Accounts Receivable

Effective January 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.

Grant and Other Receivables, and Deferred Revenue

Grant and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). For the years ended December 31, 2023 and 2022, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 69% and 73%, respectively, of the total of grants, contracts, and contributions.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants from HHS that have not been recognized at December 31, 2023 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
American Rescue Plan Act Funding for Health Centers	$ 110,054	March 31, 2024
Health Center Program	1,320,236	April 30, 2024
FY 2023 Early Childhood Development	171,442	August 31, 2024
FY 2023 Bridge Access Programs	24,787	December 31, 2024

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

Investments and Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 10.

The Organization reports investments at fair value. Investments include donor endowment funds and assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the deficiency of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

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Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than $5,000 is charged to expense upon purchase.

Right-of-Use Assets and Lease Liabilities

The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant, or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Organization separately identifies lease and non-lease components, such as maintenance costs, in calculating the right-of-use (ROU) assets and lease liabilities for its facility and equipment leases. The Organization has elected the practical expedient to not separate lease and non-lease components and classifies the contract as a lease if consideration in the contract allocated to the lease component is greater than the consideration allocated to the non-lease agreement.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date.

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

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. Lease expense for operating leases is recognized on a straight-line basis over the lease term. For finance leases, ROU assets are amortized, with the expense included in depreciation and amorization, and interest costs are expended on the lease liabilities throughout the lease term.

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The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheet. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Patient Deposits

Patient deposits primarily consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Pledges receivable are due in 2024.

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

Deficiency of Revenue Over Expenses

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

Contribution Expense

In July 2023, the substance abuse recovery and treatment program, named SOS Recovery Community Organization (SOSRCO) that the Organization operated as a program became an independent 501(c)(3) non-profit organization. Operating leases and grant contracts associated with SOSRCO were transferred from the Organization. Additionally, the Organization transferred leasehold improvements of $196,782 and made a cash contribution of $152,189 to SOSRCO. The contributed assets are reported as contribution expense on the accompanying statements of operations.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 20, 2024, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and investments. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 113 and 124 at December 31, 2023 and 2022, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, were as follows at December 31:

	2023	2022
Cash and cash equivalents	**$ 6,592,894**	$ 7,625,600
Investments	**2,304,036**	2,015,773
Patient accounts receivable	**1,315,414**	863,791
Grant and other receivables	**893,205**	1,119,148
Pledges receivable	**63,050**	239,644
Assets limited as to use	**1,350,630**	1,226,379
Less donor restricted assets	**(1,896,404)**	(1,839,057)
Financial assets available for current use	**$10,622,825**	$11,251,278

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable consisted of the following at December 31:

	2023	2022	2021
Patient accounts receivable	$ **1,046,306**	$ 757,642	$ 673,736
In-house pharmacy receivables	**200,268**	61,671	76,347
Contract 340B pharmacy receivables	**68,840**	44,478	196,206
Total patient accounts receivable	$ **1,315,414**	$ 863,791	$ 946,289

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

	2023	2022
Governmental plans		
Medicare	**14 %**	15 %
Medicaid	**45 %**	34 %
Commercial payers	**30 %**	35 %
Patient	**11 %**	16 %
Total	**100 %**	100 %

Patient deposits amounted to the following at December 31:

	2023	2022	2021
Patient deposits	$ **178,160**	$ 174,576	$ 171,291

Net patient service revenue by payer and program is as follows for the years ended December 31:

	2023		
	Medical, Behavioral Health and Dental Services	**Pharmacy Services**	**Total**
Governmental payers			
Medicare	$ **759,016**	$ **-**	$ **759,016**
Medicaid	**4,130,532**	**359,543**	**4,490,075**
Commercial payers	**3,273,636**	**1,459,261**	**4,732,897**
Patient	**-**	**200,743**	**200,743**
Net direct patient service revenue	**8,163,184**	**2,019,547**	**10,182,731**
340B contract pharmacy revenue	**-**	**968,018**	**968,018**
Net patient service revenue	$ **8,163,184**	$ **2,987,565**	$ **11,150,749**

	2022		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 775,698	$ -	$ 775,698
Medicaid	5,287,937	329,783	5,617,720
Commercial payers	2,947,918	872,636	3,820,554
Patient	217,213	149,542	366,755
Net direct patient service revenue	9,228,766	1,351,961	10,580,727
340B contract pharmacy revenue	-	1,370,340	1,370,340
Net patient service revenue	$ 9,228,766	$ 2,722,301	$ 11,951,067

4. Pledges Receivable

Pledges receivable consisted of the following at December 31:

	2023	2022
Capital projects that are in service	$ 37,000	$ 215,666
Donor restricted for program services	26,050	23,978
Total	$ 63,050	$ 239,644

5. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following at December 31:

	2023	2022
Long-term investments	$ 2,304,036	$ 2,015,773
Assets limited as to use	1,350,630	1,226,379
Total investments	$ 3,654,666	$ 3,242,152

Assets limited as to use are restricted for the following purposes at December 31:

	2023	2022
Assets held in trust under Section 457(b) deferred compensation plans	$ 73,483	$ 59,631
Assets with donor restrictions	1,277,147	1,166,748
Total	$ 1,350,630	$ 1,226,379

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value at December 31:

	2023			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 419,626**	**$ -**	**$ -**	**$ 419,626**
Municipal bonds	**-**	**144,978**	**-**	**144,978**
Exchange traded funds	**1,279,551**	**-**	**-**	**1,279,551**
Mutual funds	**1,810,511**	**-**	**-**	**1,810,511**
Total investments	**$ 3,509,688**	**$ 144,978**	**$ -**	**$ 3,654,666**

	2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 45,255	$ -	$ -	$ 45,255
Municipal bonds	-	139,194	-	139,194
Exchange traded funds	1,360,349	-	-	1,360,349
Mutual funds	1,697,354	-	-	1,697,354
Total investments	$ 3,102,958	$ 139,194	$ -	$ 3,242,152

Municipal bonds are valued based on quoted market prices of similar assets.

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6. Property and Equipment

Property and equipment consisted of the following:

	2023	2022
Land	$ 718,427	$ 718,427
Building and improvements	6,499,881	6,499,881
Leasehold improvements	1,409,419	1,589,382
Furniture, fixtures, and equipment	3,178,442	2,954,785
Total cost	11,806,169	11,762,475
Less accumulated depreciation	4,465,566	4,155,627
	7,340,603	7,606,848
Projects in progress	-	10,000
Property and equipment, net	$ 7,340,603	$ 7,616,848

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

Depreciation expense amounts to $454,576 and $407,791 for the years ended December 31, 2023 and 2022, respectively.

7. Long-Term Debt

Long-term debt consists of the following at December 31:

	2023	2022
2.25% promissory note payable to New Hampshire Health and Education Facilities Authority through July 2030, paid in monthly installments of $2,794, including interest. Note is uncollateralized.	$ 205,351	$ 233,911
Less current portion	29,209	28,560
Long-term debt, less current portion	$ 176,142	$ 205,351

Maturities of long-term debt for the next five years and thereafter are as follows at December 31:

2024	$ 29,209
2025	29,873
2026	30,552
2027	31,247
2028	31,957
Thereafter	52,513
Total	$ 205,351

8. Leases

The Organization has entered the following lease arrangements:

Finance Lease

The Organization has a facility lease through 2037. The lease contains an annual escalating clause of 3 percent beginning in 2027 and has no renewal periods. Termination of the lease generally is prohibited unless there is a violation under the lease agreement.

Operating Leases

The Organization had four facility leases that expire from 2024 through 2025. These leases generally contained renewal options and annual escalating clauses of 3 percent. The leases were transferred to another organization in 2023.

Lease Cost

Lease cost, which approximates lease payments, for the years ended December 31, 2023 is as follows:

	2023	2022
Finance lease		
Amortization of right-of-use asset	$ 318,727	$ 292,167
Interest on lease liability	88,897	85,748
Operating leases	37,330	137,455
Short-term lease expense	42,394	56,228
Total	$ 487,348	$ 571,598

Other Information

	2023	2022
Weighted-average remaining lease term:		
Finance lease	13 years	14 years
Operating leases	n/a	2 years
Weighted-average discount rate:		
Finance lease	2.00%	2.01%
Operating leases	n/a	1.04%

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Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the finance lease agreement for the years ending December 31, are as follows:

2024	$ 332,620
2025	332,620
2026	332,620
2027	341,767
2028	352,020
Thereafter	3,250,292
Total future undiscounted lease payments	4,941,939
Less present value discount	623,905
Total lease liability	4,318,034
Current portion of lease liability	248,861
Lease liability, net of current portion	$ 4,069,173

9. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

	2023	2022
Specific purpose (temporary in nature)		
Program services	$ 229,655	$ 235,858
Construction of new facility	363,552	412,473
Passage of time (temporary in nature)		
Pledges receivable	26,050	23,978
Earnings from endowment investments	407,469	297,070
Held in perpetuity (permanent in nature)		
Endowment	869,678	869,678
Total	$ 1,896,404	$ 1,839,057

Net assets released from net assets with donor restrictions were as follows at December 31:

	2023	2022
For operations		
Satisfaction of purpose - program services	$ 37,420	$ 144,063
Passage of time - pledges receivable	63,478	48,000
Passage of time - endowment earnings	61,742	61,352
	162,640	253,415
For capital acquisition, placed in service		
Satisfaction of purpose - purchase of capital assets	48,921	1,829,857
Total	$ 211,561	$ 2,083,272

10. Endowment

Interpretation of Relevant Law

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

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Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2023 and 2022.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The Organization's endowment consists of assets with donor restrictions only and had the following related activities at December 31:

	2023	2022
Endowments, beginning of year	$ 1,166,748	$ 1,456,481
Investment income	32,322	32,911
Change in fair value of investments	139,819	(261,292)
Spending policy appropriations	(61,742)	(61,352)
Endowments, end of year	$ 1,277,147	$ 1,166,748

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11. Functional Expenses

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature.

Expenses related to providing these services are as follows:

	2023			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 11,062,135	$ 1,561,970	$ 494,721	$ 13,118,826
Employee benefits	2,016,814	275,723	79,036	2,371,573
Contracted services	494,344	255,388	10,569	760,301
Program supplies	2,093,214	-	-	2,093,214
Information technology	616,842	84,330	24,173	725,345
Occupancy	676,912	92,542	26,527	795,981
Other	1,155,786	158,011	45,293	1,359,090
Depreciation and amortization	657,626	89,905	25,772	773,303
Interest expense	79,826	10,913	3,128	93,867
Total	$ 18,853,499	$ 2,528,782	$ 709,219	$ 22,091,500

	2022			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 11,752,215	$ 1,476,954	$ 471,582	$ 13,700,751
Employee benefits	2,290,698	313,166	89,770	2,693,634
Contract services	833,825	204,594	16,899	1,055,318
Program supplies	1,793,207	-	-	1,793,207
Information technology	558,586	76,366	21,890	656,842
Occupancy	827,565	113,138	32,431	973,134
Other	1,272,422	173,955	49,865	1,496,242
Depreciation and amortization	595,253	81,378	23,327	699,958
Interest expense	77,687	10,621	3,044	91,352
Total	$ 20,001,458	$ 2,450,172	$ 708,808	$ 23,160,438

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12. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2023 and 2022, the Organization contributed $245,423 and $260,713, respectively, to the plan.

The Organization has established an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization contributed $6,000 to the plan during the year ended December 31, 2023. The Organization did not contribute to the plan during the year ended December 31, 2022. The balance of the deferred compensation plan amounted to $73,482 and $59,631 at December 31, 2023 and 2022, respectively.

13. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2023, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

14. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was $1,425,107 and $1,310,202 for the years ended December 31, 2023 and 2022, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

15. Litigation

From time-to-time, certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover costs over $50,000 per case. In the opinion of management, there are no matters that will materially affect the Organization's financial statements.

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SUPPLEMENTARY INFORMATION

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2023

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 445,118
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,676,272
Total AL 93.224			2,121,390
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,544,156
COVID-19 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		14,169
Total AL 93.527			3,558,325
Total Health Center Program Cluster			5,679,715
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		35,888
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	500589/90077028	17,019
Public Health Emergency Preparedness	93.069	500731/90077410	17,236
Total AL 93.069			34,255
Immunization Cooperative Agreements	93.268	500731/90023800	21,090
Immunization Cooperative Agreements	93.268	500731/90023010	12,111
Total AL 93.268			33,201
Bi-State Primary Care Association, Inc.			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	31,413
State of New Hampshire Department of Health and Human Services			
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	49,326
Total AL 93.391			80,739

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Continued)

Year Ended December 31, 2023

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
State of New Hampshire Department of Child and Family Services			
Promoting Safe and Stable Families	93.556	500734/42107306	19,970
Temporary Assistance for Needy Families	93.558	500891/45030206	164,889
Stephanie Tubbs Jones Child Welfare Services Program	93.645	500734/42106802	4,059
Social Services Block Grant	93.667	500734/42106603	68,830
State of New Hampshire Department of Health and Human Services			
National Bioterrorism Hospital Preparedness Program	93.889	500589/90077700	6,288
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	102-500731/90080081	14,957
Block Grants for Prevention and Treatment of Substance Abuse	93.959	500589/92057502	92,715
Block Grants for Prevention and Treatment of Substance Abuse	93.959	500589/92057506	61,412
Block Grants for Prevention and Treatment of Substance Abuse	93.959	500589/90001022	14,883
Block Grants for Prevention and Treatment of Substance Abuse	93.959	010-092-33800000-500589/92057502	106,322
Total AL 93.959			275,332
Preventive Health and Health Services Block Grant	93.991	074-	15,343
State of New Hampshire Department of Child and Family Services			
Maternal and Child Health Services Block Grant to the States	93.994	500731/90004009	5,333
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	500731/90080112	68,714
Total AL 93.994			74,047
Total U.S. Department of Health and Human Services			6,507,513
U. S. Department of Agriculture			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	102-500734	467,485
U.S. Department of Housing and Urban Development			
Pass-Through			
City of Portsmouth New Hampshire			
Community Development Block Grants/Entitlement Grants	14.218	n/a	9,250

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended December 31, 2023

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Treasury:			
Pass-Through			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	69,651
Total Expenditures of Federal Awards, All Programs			$ 7,053,899

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2023

1. Summary of Significant Accounting Policies

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

2. De Minimis Indirect Cost Rate

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

3. Basis of Presentation

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

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

Board of Directors
Greater Seacoast Community Health

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheet as of December 31, 2023, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 20, 2024.

Report on Internal Control over Financial Reporting

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

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

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

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Board of Directors
Greater Seacoast Community Health

Report on Compliance and Other Matters

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

Purpose of this Report

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

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 20, 2024

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BerryDunn

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

Board of Directors
Greater Seacoast Community Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Greater Seacoast Community Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended December 31, 2023. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2023.

Basis for Opinion on the Major Federal Program

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

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

Responsibilities of Management for Compliance

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

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Auditor's Responsibilities for the Audit of Compliance

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

In performing an audit in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

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

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

Report on Internal Control over Compliance

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

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Board of Directors
Greater Seacoast Community Health

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 20, 2024

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Findings and Questioned Costs

Year Ended December 31, 2023

Section 1. Summary of Auditor's Results

Financial Statements

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

Federal Awards

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

Identification of major programs:

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

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

Section 2. Financial Statement Findings

None

Section 3. Federal Award Findings and Questioned Costs

None

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GREATER SEACOAST COMMUNITY HEALTH
Goodwin Community Health | Families First | Lilac City Pediatrics

Board of Directors - Calendar Year 2025

Name/Address	Occupation
Chair Jennifer Glidden [redacted]	Program Specialist USDA
Vice Chair Jody Hoffer Gittell [redacted]	Professor Brandeis University
Treasurer Jim Sepanski [redacted]	Financial Executive Retired
Secretary Christine Perkins [redacted]	CPA Wipfli
Laura Belsky [redacted]	Nurse Retired
Andrea Borowiecki [redacted]	VP, Charitable Giving and Community Engagement Rockland Trust
Salih "Bora" Ileri [redacted]	Production Manager Retired
Tim McNamara [redacted]	Healthcare Executive Retired
Allison Mulligan [redacted]	Self Employed
Kathy Scheu [redacted]	Medical/Laboratory Product Sales Retired
Jeffrey Segil, MD [redacted]	OB/GYN Wentworth-Douglass Hospital
Marrielle Van Rossum [redacted]	Attorney Devine, Millimet & Branch
Dennis Veilleux [redacted]	Accounting Manager Relyco

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BAILEY MORRISON

[redacted]

APPLICATION INFORMATION

REQUISITION NUMBER - 1436
DATE APPLIED - 13 Jul 2022
SOURCE - Indeed
JOB TITLE - Family Center Program Assistant
RECRUITER - Rick Barton
HIRING MANAGER - Jo Ann Clement

PERSONAL INFORMATION

[redacted]

PERSONAL MOBILE -
[redacted]

ADDRESS
[redacted]
UNITED STATES

EDUCATIONAL BACKGROUND

(Unsaved Data : Information shown here is parsed from resume.)

01/01/2018 - 01/01/2019
University of Southern Maine
Major - planning
Minor -

Bachelor's Degree in Social Work
University of Maine
Major - Social Work
Minor - Political Science

EMPLOYMENT HISTORY

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

(Unsaved Data : Information shown here is parsed from resume.)

Nest Cafe 01/01/2021 - 07/13/2022
Barista
Orono ME
OK to contact this employer? -

RESPONSIBILITIES

Handles customers interactions and resolves any issues with orders/miscommunications
Handles customer transactions
Works and communicates with a team to ensure orders are done correctly
Makes every menu item and prep food

University of Maine Tutoring Program 01/01/2020 - 12/31/2021
Student Aid
OK to contact this employer? -

RESPONSIBILITIES

Assisted in assigning students to tutoring groups for various classes
Used professional communication skills digitally and electronically to students and staff
Sorted requests for tutoring from students
Assisted in processing payroll for a staff of 65 employees
Special Projects: Sorted old files and digitalized the files into a database.

SKILLS

No information available

LICENSES & CERTIFICATIONS

No information available

MEMBERSHIPS

(Unsaved Data : Information shown here is parsed from resume.)

Issued By - The Tulip Project

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

Expires On -

Issued By - Camp Sunshine Pumpkin Festival -L.L. Bean

Expires On -

Issued By - Solidarity Harvest at Food and Medicine

Expires On -

Issued By - Welcome to Housing January through

Expires On -

RESUME

RESUME.PDF

POSTING QUESTIONS AND RESPONSES

QUESTION	KNOCKED OUT STATUS

Q1. Are you able to provide at least three professional references?

A1. Yes

Q2. Do you have a High School Diploma or GED?

A2. Yes

Q3. Do you have any relatives working at the Greater Seacoast Community Health or on our Board of Directors?

A3. No

Q4. How were you referred to the Greater Seacoast Community Health?

A4. I found a listing on indeed.

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

BRITTANY RICHARDS

[redacted]

APPLICATION INFORMATION

REQUISITION NUMBER - 1617
DATE APPLIED - 04 Nov 2024
SOURCE - ZipRecruiter

JOB TITLE - Medical Assistant
RECRUITER - Steve Harris
HIRING MANAGER - Shannon Lubbe

PERSONAL INFORMATION

[redacted]

ADDRESS
[redacted]
UNITED STATES

EDUCATIONAL BACKGROUND

(Unsaved Data : Information shown here is parsed from resume.)

[redacted] Completed on 12/01/2017

Great Bay Community College
Major - Medical
Minor -

High School Diploma [redacted] Completed on 06/01/2012

Dover High School
Major -
Minor -

EMPLOYMENT HISTORY

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

(Unsaved Data : Information shown here is parsed from resume.)

Goodwin Community Health 10/01/2020 - 04/01/2021
Medical Assistant
OK to contact this employer? -

RESPONSIBILITIES

- o Responsible for setting up exam rooms for examinations
- o Collect a full set of vitals from every patient (height, weight, blood pressure, ect.) and enter it into an EMR
- o Relay information from patient to doctor as well from doctor to patient
- o Collect POC (Urines, Blood Glucose, Lead) from patients in need of services and entered lab results into EMR.
- o Preformed vision and hearing tests on patients in need of services.
- o Asssisted providers and set up procedure room for minor office procedures such as PAPs, COPOLs, IUD insertion and removals, Nexplanon insertions and removals, ect.

2

Appledore Medical Group 03/01/2018 - 04/01/2019
Float Medical Assistant
OK to contact this employer? -

RESPONSIBILITIES

- o Responsible for setting up exam rooms for examinations
- o Collect a full set of vitals from every patient (height, weight, blood pressure, ect.) and enter it into an EMR
- o Relay information from patient to doctor as well from doctor to patient
- o Responsible for scanning all patient documents into ECW

Working Class Tattoo

07/01/2016 - 11/01/2016
Receptionist
OK to contact this employer? -

RESPONSIBILITIES

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

- Schedule client appointments
- Take down client information
- Fill out and assist clients with filling out proper paperwork
- Cash clients out

Walmart 03/01/2016 - 07/01/2016
Cashier
OK to contact this employer? -

RESPONSIBILITIES

- Responsible for taking customer payments in cash, check or card
- Assist customers with any questions, comments, or concerns
- Accountable for scanning all of the customers items

Credit Collection Services 06/01/2015 - 11/01/2015
Phone Representative
OK to contact this employer? -

RESPONSIBILITIES

- Responsible for calling clients and explaining past due bills
- Accountable for accepting payments
- Helped clients establish affordable payment arrangements to pay off past due bills

McDonalds 06/01/2011 - 04/01/2014
Shift Manager
OK to contact this employer? -

RESPONSIBILITIES

- Responsible for all employees on shift
- Responsible for seeing adequate maintenance of the equipment is carried out

- Accountable for keeping track of outlets inventory
- Create an accurate floor plan each shift for employees to follow

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SKILLS

No information available

LICENSES & CERTIFICATIONS

(Unsaved Data : Information shown here is parsed from resume.)

Medical Assistant

Expires On -

MEMBERSHIPS

No information available

RESUME

DC3DEAF3.PDF

POSTING QUESTIONS AND RESPONSES

QUESTION	KNOCKED OUT STATUS

Q1. Are you able to provide at least three professional references?

A1. Yes

Q2. Do you have a High School Diploma or GED?

A2. Yes

Q3. Do you have any relatives working at the Greater Seacoast Community Health or on our Board of Directors?

A3. No

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Christopher Pond

[redacted]

[redacted]

Key Strengths:

- 13 years of experience working with families, adults and children in various environments
- Ability to develop relationships with each individual
- Knowledge of community resources and benefits
- Strong skills using Microsoft Office – Word, Excel, PowerPoint

Experience:

Goodwin Community Health/Greater Seacoast Community Health

Social Work Manager — Sept. '20- Present

- Supervise a team of social workers and CHW across multiple sites
- Manage schedules and time off for team
- Lead monthly team meetings
- Act as a liaison to outside organizations that interact closely with the SW Dept.
- Organize and implement new services and changes within the SW Dept.
- Resolve Staff/ Patient crisis that may arise
- Complete any other managerial tasks in a timely manner
- Provide integrated SW services to patients across all programs within the health center, as described below.

Social Work Lead — Sept. '18 – Sept. '20

- Provide coverage for Social Work and Prenatal Manager when out of office
- Manage time off request and department schedules
- Assist in hiring all SW Dept. Staff
- Provide training for all new SW hires across a spectrum of programs at multiple sites
- Manage weekly SW referral data and assign to responsible staff
- Assist SW/ PN Manager with department projects

Social Worker — June '15 –Sept. '18

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Christopher Pond

[redacted]

- Collaborate with PC, BH, MAR, PN Providers to provide care as part of an integrated team
- Assist vulnerable patients in accessing local resources and supports for housing, food, SUD, benefits, support groups
- Maintain and document all visits and patient interaction within CHAN Electronic Medical Records
- Perform PN Intakes and follow at risks patients by completing Plan of Safe Care
- Facilitate peer support group – Empowering Whole Health

Community Partners *July '12 – June '15*

Case Manager/ Functional Support Specialist

- Coordinate clinical care with clients, families, and other community providers
- Provide office, community and in-home clinical services to adults with severe mental illness
- Support adults with severe mental illness access community resources, including housing, benefits, vocational and substance abuse services
- Maintain documentation in established medical records in accordance with NH Bureau of Behavioral Health and Community Partners
- Provide Crisis Intervention services, as needed
- Illness Management and Recovery (IMR), ANSA and CPI trained

Chances *Aug. '11- Oct. '13*

Intern/Case Manager-Volunteer/ Family Mediator

- Interact with a diverse group of youth in a diversion program
- Co-facilitate classes/sessions of Insight, Challenge, Anger Management, Fire Setters, Boys and Girls Group, and Family Mediation
- Perform intakes and manage cases of clients, with weekly interaction via phone or in person
- Communicate with outside agencies as needed

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Christopher Pond

[redacted]

[redacted]

Farmington Children's Center/Strafford County Head Start *Aug. '07 – June '12*

Teacher's Aide/Substitute

- Assist lead teacher with daily planning and activities
- Report and file any accidents or signs of abuse
- Develop relationships with a diverse group of families
- Work with kids of all ages and learning abilities

Community Partners *Aug. '10 - Nov. '10*

Adult Daily Living Instructor

- To assist a client with intellectual disabilities learn life skills including budgeting, ADL's, personal hygiene, physical health and employment
- To track the progress of the client over time
- Integrate the client into community settings

Volunteer Experience:

Farmington 500 Boys and Girls Club *Dec. '10- Dec'12*

Head Coach 10U

- Teach kids 10 and under the skills and knowledge of basketball

Farmington 500 Boys and Girls Club *Aug. '10- Nov. '10*

Asst. Coach 6U

- Teach kids 6 and under the skills and knowledge of soccer

Education:

Granite State College *Jan. '09- Mar. '12*

BS Criminal Justice – Minor Human Services

- *Dean's List 2009-2012*
- *Magna Cum Laude*

Adams State University *Expected Spring 2027*

MA Clinical Mental Health Counseling

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Delia Byrne
[redacted]

EDUCATION

University of Massachusetts Boston, Boston, MA. **Spring 2022-2023**
- Nursing, Accelerated Bachelor of Science

Assumption College, Worcester, MA. **May 2019**
- Bachelor of Arts, Human Services and Rehabilitation Studies
- Cum Laude
- Dean's List **Spring 2016, 2017, 2019**
- Spanish National Honor Society **Spring 2018-2019**
- Undergraduate Research Symposium **Spring 2016**
  - Presented research to the Assumption community on the Women of Worcester using a PowerPoint presentation

The National University of Ireland, Galway, Ireland **Fall 2017**
- Study Abroad

PROFESSIONAL EXPERIENCE

Medical-Surgical Nurse - Portsmouth Regional Hospital, Portsmouth, NH. **September 2023-Present**
- Evaluates medical needs, and provides safe individualized care to 6-7 pre- and post-surgery patients each shift
- Collaborates with interdisciplinary team members to ensure comprehensive and coordinated patient care
- Administers medications, monitors vital signs, and performs interventions to ensure patient comfort and recovery
- Provides emotional support and guidance to patients and families during difficult times
- Communicates proactively with the care team to ensure patient needs are being met
- Provides education and resources on how to safely manage diagnoses

Patient Care Assistant – Spaulding Rehabilitation, Charlestown, MA. **January 2023-April 2023**
- Assess vital signs, performs glucose checks, and bladder scans
- Assists patients with daily hygiene including showers, baths, oral care, toileting, and incontinence care
- Safely transfers and ambulates patients utilizing correct positioning, body mechanics, and assistive devices
- Accurately documents vital signs, intake and output, and all essential data

Clinic Coordinator –Dana Farber Cancer Institute, Boston, MA. **May 2021-March 2022**
- Responsible for the accurate scheduling of complex appointments for hematology-oncology patients
- Efficiently performs all check-in and checkout responsibilities while answering phone calls and emails in a timely manner
- Ability to multitask and work well under pressure in a high-volume setting

Intern, Thom Early Intervention Program, Worcester, MA. **Spring 2019**
- Works together with nurses, occupational therapists, physical therapists and speech pathologists to support early intervention services and help families obtain the goals they set for their children

CERTIFICATION

American Heart Association Basic Life Support (CPR and AED) **Spring 2022-Present**

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Heather Langlais
[redacted]

Experience:

Healthcare Resource Centers, Somersworth New Hampshire January 2014-currently employed
Registered Nurse/Clinical nurse (40 hours/week)

-Provides ongoing assessments with daily dosing protocols as ordered
-Implementing impairment assessments when necessary
-Managing provider day with medical staff and following through with the coordinated care (EKG paperwork with f/u, processing of new orders, scheduling/rescheduling appointments etc.)
-Acceptful of new assignments without hesitation
-Adapts easily to changes, remaining calm in stressful situations, willing to provide backup and or support (emergencies, vacations, absences etc)
-Helpful in guiding new nurses and other team members of company protocols/procedures
-Essential communication between all team members to ensure positive patient outcomes
-Patient teaching, prescription documentation, scheduling of labs, applying alerts as needed for safety & informational concerns

Kennebunk Center for Health & Rehabilitation Kennebunk, Maine July 2013-August 2013
Registered Nurse (32 hours/week)

-Assessments with documentation, admission & discharging of patients
-Medication administration, wound care, patient /family teaching of health concerns

Greenwood Nursing Center Sanford, Maine November 2013-September 2015
Registered Nurse (per diem- every other weekend)

-EMR documentation and medication administration
-Providing dependable exceptional care to residents (skilled & unskilled)
-Educating family/residents as needed with care, concerns, and health decisions
-Insulin coverage, minor wound care, nebulizer treatments, catheter insertion/removal

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Heather Langlais
[redacted]

Waterboro Village Pediatrics Waterboro, Maine April 2010-August 2013
Registered Nurse (32 hours/week)

-Charting growth & development (infants through adulthood)
-Administration of vaccinations
-Telephone triage & documentation of pediatric concerns
-Parent/patient teaching when indicated (vaccines, illnesses, medication administration etc)
-Lead/hemoglobin testing, allergy & asthma shots, processing of lab orders & physical forms
-Medicare/WIC prior authorization forms
-Ordering and stocking of supplies

Greenwood Nursing Center Sanford, Maine March 2009-May 2010
Registered Nurse (32 hours/week)
**Same as previously noted minus EMR for documentation & medication administration

John & Lorraine Rockwell Kennebunk, Maine April 2006-September 2008
Home Health Caregiver (private duty)

-Provided dependable exceptional care
-Implemented daily personal tasks (bathing, dressing etc)
-Assisted with household tasks (cooking, cleaning and errands etc)
-Collaboration with other caregivers to provide a safe environment

Varney Crossing Nursing Home North Berwick, Maine January 2005-January 2007
Certified Nursing Assistant (36 hours & per diem)

-Provided dependable compassionate care by implementing partial and or total care for residents (bathing, feeding, dressing etc)
-Assisted healthcare members accomplishing goals to improve quality of care given
-Written documentation, stocking of supplies, effective reporting to oncoming shifts/nurses for continuation of care

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Heather Langlais

[redacted]

Education:
Associate of science in nursing December 2008 Southern Maine Community College

Certified Nursing Assistant 2003, Massabesic Adult Education

York County Child Care Association Certification 1999, Sanford, Maine

Sanford High School, 1992

Certifications:

American Red Cross Adult CPR/AED, expires September 2019

** References available upon request

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JESSICA GARLOUGH

[redacted] [redacted]

DETAILS

[redacted]

SKILLS

- Problem Solving
- Time Management
- Customer Service
- Leadership
- Leadership Skills
- Adaptability
- Ability to Work in a Team
- Communication Skills
- Attention to Detail

PROFILE

Experienced in managing employee and community programs, and dedicated to successfully directing business operations while maintaining a mission driven purpose. Adept in making key decisions and working with other professionals to achieve goals and solve problems. Bringing forth an empathetic and professional attitude, committed to providing patients with the best care possible. A strong leader who works well under pressure and with other medical professionals.

EMPLOYMENT HISTORY

Director of Family and Social Services at Greater Seacoast Community Health, Somersworth, NH
October 2020 — March 2021

Oversight and direct management of prenatal programs for both Somersworth and Portsmouth locations.

Oversight of Family Resource Center, with programming at both sites.

Oversight of Comprehensive Family Support Program, which includes home visiting, parent programming and DCYF coordination.

Oversight of social work department for both Portsmouth and Somersworth locations.

Ensure compliance in all aspects.

Highly involved in all aspects of departments including budgetary compliance, marketing, staffing, strategic planning and employee issues.

Responsible for initial and ongoing training of staff, devising plans for optimal training opportunities and increased education for staff.

Direct staff supervision and mentorship.

Prenatal and Social Work Manager at Goodwin Community Health , Somersworth, NH
June 2014 — October 2020

Responsible for the direct over site of both the social work and prenatal departments.

Family Planning and Social Work Manager at Goodwin Community Health , Somersworth, NH
November 2012 — June 2014

Social Worker and Mental Health Coordinator at Goodwin Community Health , Somersworth, NH
June 2006 — November 2012

EDUCATION

Bachelor of Arts in Psychology, Southern New Hampshire University , Manchester, NH
August 1997 — May 2001

Major:Psychology Minor : Sociology

200 plus hours of clinical hours in social work

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Lauren Haley

[redacted]

SKILLS

Customer Service, Human Services, Time Management, Adaptability, Critical and Rational Thinking, Telephone Communication

EXPERIENCE

Cello's Farmhouse Italian, Candia NH - *Server*

APRIL 2018 - JANUARY 2019

- Customer Service
- Delivering a higher standard of Italian food.
- Wine service
- Knowledge of spirits and craft beers
- Opening and closing duties.

Seacoast Mental Health Center, Portsmouth NH - *Outreach Specialist*

AUGUST 2016 - MARCH 2018

- Provided case management services to clients in the community with severe and persistent mental illness.
- Experience working with populations that are experiencing schizophrenia, bipolar disorders, personality disorders, depression, anxiety and homelessness.
- Targeted Case Management
    - Experience with Medicaid, Medicare, Social Security, and NH housing applications and processes.
- Experience working with an Electronic Health Record.

Cork N' Keg, Raymond NH - *Server*

NOVEMBER 2015 - MARCH 2016

- Customer Service
- Providing fast and efficient service to a variety of customers.
- Opening and closing duties.

YMCA Camp Lincoln, Kingston NH - *Counselor*

SEASONAL - 2014 & 2015

- Supervising campers ages 3-15.
- Planning and managing weekly activities.
- Lifeguarding
- Extensive team building/training with co-counselors.

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Market Basket, Epping NH - *Cashier/Grocery Clerk*

SEPTEMBER 2011 - JANUARY 2015

- Customer Service
- Working in small groups to complete time sensitive tasks.

EDUCATION

University of New Hampshire, Durham NH - *Psychology*

AUGUST 2012 - MAY 2016

- Bachelor's Degree in Psychology
    - Minored in Sociology
- Graduated Cum Laude
- Studied Abroad at Regent's University, London.
- Completed an internship it the Dover Teen Center.
    - Mentored at risk youth ages 11-18 in Dover NH.

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MADISON FISHER

[redacted]

APPLICATION INFORMATION

REQUISITION NUMBER - 1618
DATE APPLIED - 10 Dec 2024
SOURCE - Indeed

JOB TITLE - Social Worker
RECRUITER - Steve Harris
HIRING MANAGER - Christopher Pond

PERSONAL INFORMATION

[redacted]

ADDRESS

[redacted]

EDUCATIONAL BACKGROUND

(Unsaved Data : Information shown here is parsed from resume.)

BA 09/01/2020 - 09/01/2023
Southern New Hampshire University
Major - Psychology and Human Services
Minor -

08/01/2016 - 12/01/2019
NHTI
Major - Human Services & Education
Minor -

Certification
Red Cross Authorized Training Center

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Major -
Minor -

Dover High School and Regional Career Technical Center
Major -
Minor -

EMPLOYMENT HISTORY

(Unsaved Data : Information shown here is parsed from resume.)

Relief Parenting Respite and Resource Center 10/01/2023 - 12/11/2024
Director of Childcare & Group
OK to contact this employer? -

RESPONSIBILITIES

Responsibilities:

Engaging and supporting students in multi age classroom.
Overseeing day to day operations.
Mentoring and supporting staff.
Communicating with parents.
Developing and implementing curriculum.
Following safety procedures.
Maintains Records.
Remaining in compliance with licensing.
Facilitating support groups.
Instructing child development and safety classes for parents.
Providing referrals.

Madison Fowler

Growing Places 08/01/2021 - 11/01/2022
Lead Teacher
OK to contact this employer? -

RESPONSIBILITIES

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Responsibilities:

Engaging and supporting students in infant and toddler classrooms.
Communicating with parents and coworkers.
Developing and implementing curriculum.
Following safety procedures.
Attending staff meetings and professional development.
Encouraging a love and respect for nature.

NHCPR 06/01/2019 - 08/01/2021
Instructor/ Office Assistant
OK to contact this employer? -

RESPONSIBILITIES

Responsibilities:

Teaching Safe Sitter® curriculum to middle school-aged children.
Instructing CPR and First Aid.
Customer service and proper documentation.
Data entry and maintaining office records.
Answering phone and emails.
Test Proctor for Pearson VUE testing.

Me & Ollie's Café 02/01/2016 - 10/01/2017
Key Holder/Supervisor
OK to contact this employer? -

RESPONSIBILITIES

Responsibilities:

Shift leader, cash register, food preparation, baking
Customer service
Cleaning, closing/opening store

Me & Ollie's Café 10/01/2016 - 03/01/2017
Youth Support Specialist
OK to contact this employer? -

RESPONSIBILITIES

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Responsibilities:

Proper documentation and reporting, meeting deadlines

Vocational Support, job coaching, direct support for youth with disabilities

Supporting individual in IEP goals and encouraging independence .

Facilitating activities that address individual's goals

Maintaining open communication with supervisors

AirZone 09/01/2014 - 11/01/2015

Team Member/ Supervisor

OK to contact this employer? -

RESPONSIBILITIES

Responsibilities:

Facilitating and scheduling birthday parties, answering phone, filing

Working cash register, cleaning

Monitoring children, communicating with parents

The Children's Workshop 09/01/2010 - 06/01/2014

Teaching Assistant/ Event Support

OK to contact this employer? -

RESPONSIBILITIES

(Closed)

Responsibilities:

Classroom and behavioral support, creating and implementing lesson plans, paperwork, cleaning

Communicating with parents, students, and co- workers

Responsible for assisting in planning, coordinating, and executing birthday parties with themes such as science, painting,

and cooking.

SKILLS

No information available

LICENSES & CERTIFICATIONS

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CPR Instructor Certified (Red Cross Authorized Training Center)

Expires On -

Community First Responder Certification

Expires On -

Licensed Nursing Assistant (Previous)

Expires On -

Licensed Nursing Assistant

Expires On -

First Aid, CPR & AED Certified

Expires On -

License/Certifications

Expires On -

Nursing Assistant

Expires On -

CPR and First Aid

Expires On -

AED Certified

Expires On -

CPR

Expires On -

MEMBERSHIPS

(Unsaved Data : Information shown here is parsed from resume.)

Supervisor

Issued By - AirZonel Team Member

Expires On -

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8/4 @9am 10am

MEGAN J. COLE

EXPERIENCE

2003–Present Home Depot, Inc. Somersworth, NH

Head Cashier

- Maintained high quality customer service, accuracy, and expedience.
- Supervised employees and created training, sales, and progress reports.
- Two time Cashier of the Month and eight Customer Service Awards.

2002-2003 StaffMark, LLC. Waltham, MA

Office Administration

- Reception and marketing assistant for a start up technology company.
- Organized trade shows including transportation, hotels, and registration.
- Mailing, filing, maintained customer contact database, processed reports.

2000-2002 Genetics Institute Andover, MA

Process Technician

- Monitor and chart cell culture and purification systems and alarms.
- Manual and computerized sanitization of RODI and WFI systems.
- Completed all cGMP and clean room SOP training per FDA regulations.

EDUCATION

1996-2000 Shawsheen Valley High School Billerica, MA

- Business Information Services and Accounting

SKILLS

Microsoft Office including Excel, Word, Powerpoint, Access, and Outlook.. Data Entry, typing, phones, filing, ordering and inventory.

Lm 11/4
11/10 @1:00 pm Rock.

References available on request.

MEGANJCOLE@YAHOO.COM
14A WEST HIGH STREET• SOMERSWORTH, NH 03878 • (978) 761-1766

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Robin Barber

[redacted]

PROFILE

Highly skilled professional with more than 30 years practical experience in primary care, home health and hospital environment.
Computer skilled, ability to manage heavy daily patient volume including appointment scheduling and patient referral. Proficient in all documenting, record maintenance and paperwork to ensure accuracy and patient confidentiality.
CPC certification through AAPC.

EXPERIENCE

GOODWIN COMMUNITY HEALTH — **AUGUST 2016-PRESENT**

10 hours weekly as Telephone Triage Nurse in family practice. Responsibilities include reviewing test results and provider recommendations with patients, triage using Clear Triage Software under direction of providers, assessment of walk in patients to asses plan of care, medication preparation and administration, immunization administration, .
20 hours a week working in Quality Department- duties include over seeing the Home Blood Pressure Management program, outreach to patient to assist in problems related to monitoring Blood Pressure at home and problems related to managing Hypertension. Extensive outreach regarding Colo-Rectal Screening, outreach to patients with Diagnosis of Diabetes with an Hgb A1c or greater than 9, review of Missed Care Ops reporting from NH Medicaid and private payers, chart review for Quality measures included in HRSA and UDS requirements, assisting the coding and billing department in researching proper diagnosis code for lab billing issues.

WENTWORTH HOME , DOVER NH — **JULY 2016-PRESENT**

Per Diem Charge Nurse. Responsibilities include medication administration for 23 residents, vital signs and assessment, coordinating with residents PCP regarding changes in care, oversee facility needs that arise during shift, supervising CNA's.

DERMATOLOGY AND SKIN HEALTH, DOVER NH — **AUGUST 2015-FEBRUARY 2016**

Responsibilities include preparing patients for provider visits, assisting with simple surgical procedures, educating patients in care of surgical wound, telephone triage, preparing medical record for prescription refills, maintaining office medical equipment.

HOME CARE NURSE, CORNERSTONE VNA, ROCHESTER NH — **JUNE 2014-OCTOBER 2014**

Provided in home skilled nursing care. Responsibilities included but not limited to full patient assessment, wound care and wound vacuums, venipuncture, Protime and blood glucose monitoring, patient education related to Chronic and Acute conditions, coordinating patient care with provider's office, coordinating and scheduling additional nursing visits.

OFFICE NURSE, WENTWORTH DOUGLASS HOSPITAL, DOVER NH — **2000-2015**

Responsibilities included preparing patients for provider visit, reviewing medical records to assess for services due related to Health Maintenance and Chronic Medical Diagnosis, triage and reviewing test results with patients under the direction of a provider, patient education in regards to Chronic Disease Management, immu-

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nization administration, assisting with simple surgical procedures, venipuncture, CLIA waived POC testing, NH State pediatric immunization ordering, maintaining medical supply inventory, medical record review for Quality Measures set in place by the Corporation.

TELEMETRY/ OFFICE NIURSE, FRISBIE MEMORIAL HOSPITAL, ROCHESTER NH **1990-2000**

Telemetry Nurse- Primary Care nursing for patients requiring cardiac monitoring, daily assessment, medication administration, patient education, analyzing cardiac rhythm strips, discharge planning.
Office Nurse- Preparing patient for provider visit, telephone triage, POC testing, assisting provider with simple surgical procedures, reviewing test results and provider recommendations with patient.

EDUCATION

Saratoga Warren County Vocation School, Saratoga Springs NY
LPN

REFERENCES AVAILABLE UPON REQUEST

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Shannon Rae Gillan

[redacted]

PROFESSIONAL CREDENTIALS

Professional Licensure — Registered Nurse, New Hampshire 075983-21

Certification — Clinical Nurse Leader (American Association of Colleges of Nursing) 10660267
2018
BLS (American Heart Association)
2020
ACLS (American Heart Association)
2020

EDUCATION

Institution	Discipline	Dates Attended	Degree
University of New Hampshire College of Health and Human Services Durham, New Hampshire	Nursing	6/16-9/18	MSN-CNL, 2018
University of New Hampshire College of Health and Human Services Durham, New Hampshire	Nursing	9/13-5/17	BSN, 2017

PROFESSIONAL EXPERIENCE

July 2017- November 2018 — Registered Nurse
Exeter Hospital, Medical-Surgical/Telemetry
Exeter, New Hampshire

November 2018-February 2020 — Clinical Lead RN
Families First, Primary Care
Portsmouth, New Hampshire

February 2020-July 2021 — Registered Nurse, per diem
Wentworth-Douglass Hospital, Medical-Surgical/Telemetry
Dover, NH

July 2021-Present — QI/QA Manager
Greater Seacoast Community Health
Somersworth, NH

PROFESSIONAL & COMMUNITY SERVICE

Student Tutor
Fall 2016- Winter 2016
Fundamentals of Nursing, Pharmacology & Pathophysiology

Flu Clinic, Fall 2015

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PROFESSIONAL MEMBERSHIP & HONORS
National Student Nurses' Association, 2014- Present

University of New Hampshire Student Nurses' Organization, 2014- 2018

Sigma Theta Tau, 2016- Present
Eta Iota Chapter

Summa Cum Laude
Overall GPA: 4.0

CONTINUING EDUCATION & PRESENTATIONS
CFHA Conference: Behavior Health Integration in Primary Care
Denver, CO, Fall 2019

Nurse Residency Program
Exeter Hospital, Exeter, New Hampshire
Summer 2017-Summer 2018

Promoting a Culture of Mobility Through a Nurse-Driven Mobility Algorithm: A Quality Improvement Project
Portsmouth Hospital, Spring 2018

Basic Arrhythmia
Spring 2020

Benefits of Early Mobilization Protocols in the Intensive Care Unit
Elliot Hospital, Spring 2017

PRACTICE COMPETENCY
Quality improvement: root cause analysis, PDSA cycles, quality auditing, LEAN
Care management
High risk population care coordination
Just culture
Patient centeredness
Leadership/management skills
Proper delegation
Time management, prioritization, multitasking
Professional verbal/nonverbal communication with peers and patients
Creation of care plans
Peer reviews, competencies
Organized, timely
Critical thinking/problem solving
Word, Outlook, PowerPoint, Excel
Docucare, Spring 2013-Fall 2017
Epic, Spring 2020
MEDITECH, Fall 2016-Fall 2018
EKG, Spring 2015- Present
Centricity, Fall 2018-current

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LM for Ikea. Weekend Friday 19th 10/12

Shannon Lubbe



Skills

Hello, I'm a new graduate with my license and new the healthcare field. I have had amazing experiences in my clinical rounds, from giving all the different types of injections(PPDs, Insulin, Heparin, Lovenox) testing blood sugars, Wound dressing changes, Straight catheterization, medication administration (PO, Ophthalmic, Inhalants, G-Tube, nebulizer), head to toe assessments, and care plans.

Experience

March 2013- July 2017

Foss Manufacturing, Hampton, NH - *Retail Operator*

- Operating machines Safely
- Inspecting Material for flaws
- Following specification for packaging and shipping.
- Using efficient time management skills and self directed skills

November 2006- June 2009

Mcdonalds, Rochester NH - *Shift Manager*

- Making sure all employees follow food safety regulations and personal hygiene procedures
- Positioning employee for maximal efficacy of production
- Handling conflict between staff and customers

Education

August 2017-July 2018

Salter School of Nursing and Allied Health, Manchester, NH- *LPN*

- LPN Degree- High Honors

References

Abdul Sesay. Clinical Instructor. EM 10/30

abulsesay@comcast.net, 978-328-2603

Dawn LaPorte. Clinical instructor and DON at Salter School of Nursing.

dlaporte@salterschool.com 603-622-8400 EM 10/30

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Ports?
10/19 interview
9AM

Shannon Lubbe

[redacted]

Skills

Hello, I'm a new graduate with my license and new the healthcare field. I have had amazing experiences in my clinical rounds, from giving all the different types of injections(PPDs, Insulin, Heparin, Lovenox) testing blood sugars, Wound dressing changes, Straight catheterization, medication administration (PO, Ophthalmic, Inhalants, G-Tube, nebulizer), head to toe assessments, and care plans.

Sept6 - LPN

Experience

March 2013- July 2017

Foss Manufacturing, Hampton, NH - *Retail Operator*

- Operating machines Safely
- Inspecting Material for flaws
- Following specification for packaging and shipping.
- Using efficient time management skills and self directed skills

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dlaporte@salterschool.com. 603-622-8400 EM 10/30 LM 11/2 ✓

offer

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YVETTE POOLE

1-443-3060039

APPLICATION INFORMATION

REQUISITION NUMBER - 1283
DATE APPLIED - 29 Jan 2021
SOURCE - Indeed
JOB TITLE - Social Worker
RECRUITER - Karla Ashenhurst
HIRING MANAGER - Christopher Pond

PERSONAL INFORMATION

E[redacted]
HOME PHONE -
[redacted]

ADDRESS
[redacted]

EDUCATIONAL BACKGROUND

(Unsaved Data : Information shown here is parsed from resume.)

B.S. in Community Health Education **Completed on 05/01/2003**
University of Maryland
Major - Community Health Education
Minor -

EMPLOYMENT HISTORY

(Unsaved Data : Information shown here is parsed from resume.)

State of NH DHHS **06/01/2020 - 12/01/2020**
Child Protective Services Worker
Rochester NH

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OK to contact this employer? -

RESPONSIBILITIES

Possesses basic knowledge of the principles of case management in order to manage a caseload,
prepares and develops Solution Based case plans in conjunction with the family to ensure that objectives and tasks are being achieved, that court orders are being complied with, when applicable, in accordance
with State and Federal Statute.

- Establishes and develops relationships with children and their families in home and arranges and provides services to prevent further abuse/neglect and to enable the child to remain safely in his/her
home and maintains contact according to policy.
- Establishes and maintains relationships with children in placement and their families and arranges
and provides services to enable children to return home, and makes other alternative permanent plans
if appropriate under the direction of the supervisor. Maintains contact with these children and families
according to policy including transporting children and families as necessary.
- Develops, recommends, implements, monitors, and evaluates family treatment and case plans in collaboration with other community stakeholders. Also responds to crisis situations in regards to a variety
of case management situations, under the guidance and direction of the supervisor.
- Completes all required documentation, including case plans, court reports and all necessary Bridges
documentation of case related activities.
- Facilitates effective and timely permanency through concurrent planning that supports children, families and caregivers, and assures that connections are maintained and that children do not leave care
without a viable permanent connection.
- Ensures that children and youth in placement obtain the preparation, resources and positive youth
development they need to establish connections with caring adults and become healthy, self sufficient
and successful adults.
- Works under direct and close supervision and receives regularly scheduled weekly supervision.
- Completes Core Training requirements, including mentoring, according to policy.

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Alexandria City Public Schools 01/01/2019 - 06/01/2020
English Learner Bilingual Parent Resource Coordinator
Alexandria VA
OK to contact this employer? -

RESPONSIBILITIES

Provides oversight of the registration and assessment process in the EL Office. Coordinates with registrars and assessors to maintain the flow of new and pending registrations, and provides guidance
and decision-making regarding student documentation, grade placement, and other questions and concerns that arise.
• Manages the staff of the Welcome Center through establishment and maintenance of norms, individual
performance goals, and a culture of continuous feedback and improvement.
• Develops and maintains systems and structures to improve the efficiency of services offered at the Welcome Center. Uses a variety of tools to document parent interactions and services provided.
• Develops and maintains up-to-date newcomer resource materials and fact sheets on Alexandria City
services for families, such as adult ESL classes, early childhood services, and child & adult medical and immunization services.
• Coordinates with community agencies and school personnel to ensure that families have the resources
they need to support their children's education. Maintains on-going, positive relationships with school-
based staff and other service providers.
• Meets one-to-one with families on an as-needed basis, to answer questions, problem-solve, and assist
families in navigating the school system.
• Develops and delivers workshops, trainings and presentations for targeted audiences, including ACPS
staff, parents and community agencies.
• Collaborates with the ACPS Family and Community Engagement (FACE) Center to support outreach and family engagement, and with other central office staff to facilitate coordination of registration processes.
• Stays abreast of recent developments in the area of registration, assessment, and student transcript
analyses, and incorporates best practices from other school districts.

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Anne Arundel County Public Schools 08/01/2010 - 12/31/2018
International Student Registrar
Annapolis MD
OK to contact this employer? -

RESPONSIBILITIES

Inform parents/guardians of needed documents for student registration and other pertinent county school information

• Evaluate school records to determine appropriate grade placement, schedule recommendations, and credits awarded in county schools

• Complete forms needed to enroll immigrant or ELL students and prepared ESOL folder insert for student
cumulative folder

• Administer the W-APT and ACCESS for Ells assessments to determine eligibility for ESOL services and progress

• Provide information and referrals to parents regarding community resources, such as health services,
transportation, childcare, etc.

• Provide orientation to school system by reviewing the Parent/Student handbooks and answering questions regarding the U.S. educational system during registration

• Communicate with school system personnel regarding registration, grade placement, etc. of ELL students

• Manage student information to include student information systems, databases and files on general
population and ELL students to encompass last 7 years of records

• Conduct professional development trainings of hourly interpreters

• Gather and present information, data, and trends on international students and families to Anne Arundel
County Public Schools staff

Anne Arundel County Public Schools 10/01/2007 - 08/01/2010
Bilingual Family and Community Outreach Facilitator
Annapolis MD
OK to contact this employer? -

RESPONSIBILITIES

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Assist schools with creating a welcoming environment for language minority families and communicating with them in a meaningful way about academic programs, services, and their children's
progress
• Assist language minority families in helping their children improve their academic achievement and becoming active participants in the education of their children
• Interpret for school conferences, e.g. parent-teacher conferences, reinstatement conferences, and home visits; informing the school and/or community agencies of the needs and concerns of language
minority families
• Translate simple documents such as notes, fliers, and newsletters for language minority families
• Facilitate and/or lead parent workshops
• Maintain connections with community resources and provide information to language minority families
about the availability and use of these resources
• Administer appropriate diagnostic testing, as needed, to determine eligibility for ESOL services and math placement

Nighttime Pediatrics 08/01/2006 - 08/01/2008
Medical Receptionist/Welcome Desk Representative
Gambrills MD
OK to contact this employer? -

RESPONSIBILITIES

Responsible for answering multi-line telephone system, redirecting calls as necessary, scheduling appointments, and entering patient data into computer system
• Greeting patients upon arrival and ensuring required forms are filled out completely
• Verifying insurance eligibility, scanning insurance and id cards, filing, and faxing appropriate documents
• Monitor and maintain patient flow in clinic and communicate delays to appropriate staff and patients
• Fill patient prescriptions, collect co-payments, and payments on balances
• Prepare bank deposit, audit patient charts, log amount of patients seen, prescriptions filled, and amount
deposited

SKILLS

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

No information available

LICENSES & CERTIFICATIONS

(Unsaved Data : Information shown here is parsed from resume.)

Medical terminology

Expires On -

MEMBERSHIPS

No information available

RESUME

YVETTE_POOLE.PDF

POSTING QUESTIONS AND RESPONSES

QUESTION	KNOCKED OUT STATUS

Q1. Are you able to provide at least three professional references?

A1. Yes

Q2. Do you have a High School Diploma or GED?

A2. Yes

Q3. Do you have any relatives working at the Greater Seacoast Community Health or on our Board of Directors?

A3. No

Q4. How were you referred to the Greater Seacoast Community Health?

A4. Indeed

Docusign Envelope ID: E48F196D-8915-4EB9-8268-D829BA4B31DC

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: **Greater Seacoast Community Health**

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Bailey Morrison	Social Worker	$55,110.85	$55,110.85
Brittany Richards	Medical Assistant	$30,082.00	$46,280.00
Christopher Pond	Social Work Manager	$51,324.00	$73,320.00
Delia Byrne	Prenatal Nurse	$72,384.00	$72,384.00
Heather Langlas	Prenatal Nurse	$45,864.00	$45,864.00
Jessica Garlough	Director of Family and Social Services	$51,009.92	$103,122.03
Lauren Haley	Social Worker	$57,813.60	$57,813.60
Madison Fisher	Social Worker	$32,448.00	$32,448.00
Megan Atkins	QI Data Analyst	$56,680.00	$56,680.00
Robin Barber	QI Nurse	$51,867.13	$51,867.13
Shannon Gillan	Director of Quality & Population Health	$24,385.43	$99,999.95
Shannon Lubbe	Nurse	$77,438.40	$77,483.40
Yvette Poole	Social Worker	$56,702.67	$56,702.67

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-05)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name HealthFirst Family Care Center, Inc.		1.4 Contractor Address 841 Central Street Franklin, NH 03235	
1.5 Contractor Phone Number 603-366-1070	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $326,254
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Signed by: Ted Bolognani 104BDBE5E2E649C... Date: 5/29/2025		1.12 Name and Title of Contractor Signatory Ted Bolognani Chief Executive Officer	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... Date: 5/29/2025		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: DocuSigned by: Robyn Guarino 748734844941460... On: 5/31/2025			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: Initial TB
Date: 5/29/2025

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.

Initial

Contractor Initials TB

Date 3/29/2025

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.

Initial

Contractor Initials TB

Date 5/29/2025

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.

Initial
TB
Contractor Initials
Date 5/29/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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
Maternal and Child Health (MCH) Integrated Care

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH

1.1.2. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.3. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

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

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

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals

served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

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

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age, in accordance with Attachment 1 – Enabling Services Initative Work Plans for Children and Adolescents, and Attachment 2 – Quality Improvement Initative Work Plans for Children and Adolescents, attached hereto and incorporated by reference herein:

1.4.1. Enabling Services Initiative 1: Obtaining SDOH information during Well Child visits for infants, children, adolescents (up to age 21), and women.

1.4.2. Enabling Services Initiative 2: Screening for children not enrolled in WIC and referring eligible patients to WIC for enrollment services.

1.4.3. Quality Improvement Initiative 1: Scheduling adolescent Well Child visits following episodic or acute visits, for adolescents 12 through 21 years of age.

1.4.4. Quality Improvement Initiative 2: Increasing screening for clinical depression in patients 12 through 21 years of age and creating follow up plans for patients with a positive screen.

1.5. The Contractor must provide eligibility determination services, including the following:

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

1.5.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

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

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

1.6. The Contractor must ensure services are provided by a New Hampshire licensed:

1.6.1. Medical Doctor (MD);

1.6.2. Doctor of Osteopathic Medicine (DO);

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

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

1.7. The Contractor must provide services in an office-based setting which may include:

1.7.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.7.2. Hospital Associated Community Health Centers;

1.7.3. School Based Health Clinics; and

1.7.4. Mobile Care Delivery Services.

1.8. The Contractor must monitor, update and implement the Work Plans for each enabling services initiative in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

1.9. The Contractor must monitor, update and implement the Work Plans for each QI initiative in accordance with Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

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

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

1.10.2. MCH Biannual Primary Care Coordinators' Meetings up to two times

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.11. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

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

1.13. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

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

1.14.1. Is provided to the Department no later than thirty business days from the date of hire; and

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

1.15. The Contractor must notify the Department in writing when:

1.15.1. Any critical position is vacant for more than thirty business days.

1.15.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

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

1.17. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.18. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral

solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.19. Performance Measures

1.19.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.19.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.20. Reporting

1.20.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.20.1.1. Uniform Data System (UDS) outcomes.

1.20.1.2. Performance Measure outcomes.

1.20.1.3. Work Plan for each Enabling Service Initiative.

1.20.1.4. Work Plan for each QI Initiative.

1.20.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.20.2.1. Program initiatives status and/or completion dates; and

1.20.2.2. An impact statement on the success of the initiative(s),

which must include supporting documentation that includes aggregated and de-identified information.

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;

1.21.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) 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 [Initial] he

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.

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 fulfilment 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. 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 & 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 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.

1.24.2. Workspace Requirement

1.24.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. 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 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 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 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. 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, Initial 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 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-Contractors); 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-Contractors).

3.3. **Credits and Copyright Ownership**

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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, 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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

   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.

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	*HealthFirst Family Care Center, Inc.*	
Budget Request for:	*MCH Integrated Care*	
Budget Period:	*July 1, 2025 to June 30, 2026*	
Indirect Cost Rate (if applicable)	10.00%	
Line Item	**Program Cost - Funded by DHHS - SFY 26**	**Program Cost - Funded by DHHS - SFY 27**
1. Salary & Wages	$123,581	$123,581
2. Fringe Benefits	$24,716	$24,716
3. Consultants	$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
5.(a) Supplies - Educational	$0	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$0	$0
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies - Office	$0	$0
6. Travel	$0	$0
7. Software	$0	$0
8. (a) Other - Marketing/Communications	$0	$0
8. (b) Other - Education and Training	$0	$0
8. (c) Other - Other (specify below)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$148,297	$148,297
Total Indirect Costs	$14,830	$14,830
Subtotals	$163,127	$163,127
	TOTAL	**$ 326,254**

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Contractor Initials: _____
5/29/2025
Date: _____

New Hampshire Department of Health and Human Services
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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 suc tion;

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

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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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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.

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.

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: YTWWQQPM5A99

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

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: HealthFirst Family Care Center

5/29/2025
Date:

Signed by: Ted Bolognani 104BDBE5E2E649C...
Name: Ted Bolognani
Title: Chief Executive Officer

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

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Date 5/29/2025

or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

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

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

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

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

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

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

16. The Contractor must ensure that all End Users:

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

    b. safeguard this information at all times.

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

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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

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 bi

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 F

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	HealthFirst Family Care Center
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: Ted Bolognani 104BDBE5E2E649C...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Ted Bolognani
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	Chief Executive Officer
Title of Authorized Representative	Title of Authorized Representative
5/29/2025	5/29/2025
Date	Date

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Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: HealthFirst Family Care Center Name and Role of Person(s) Completing Work Plan: Population Health Program Supervisor			
Enabling Services Focus Area: Adverse Childhood Experiences (ACEs)			
Project Goal: To identify and manage the effect of childhood adversity and traumatic events with the goal to improve health outcomes and to provide support for patients, their families and our community.			
Project Objective: To increase PEARLS screenings for ACES from our baseline of 35% to 45% by June 30, 2026, and to 55% by June 30, 2027 in all patients aged 4 months to 18 years.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop and finalize a standardized workflow for PEARLS screening across all sites. Design a consistent, step-by-step workflow that defines how and when the PEARLS screener is administered during well-child and adolescent visits.	• Director of Nursing • Population Health Program Supervisor • EMR Specialist • Medical Director • Assistant Medical Director of Pediatrics • Director of Patient Services • Behavioral Health Director	Workflow approved by Population Health Steering Committee to prepare for education and implementation	October 31, 2025
Deliver training sessions on the PEARLS tool and new standardized workflow, including documentation and referral workflows. All new staff will be trained during onboarding.	• Director of Nursing • Population Health Program Supervisor • EMR Specialist • Medical Director • Assistant Medical Director of Pediatrics • Clinical Staff – Nurses, Medical Assistants, • Senior Lead Nurse	100% of applicable staff trained, tracked via training attendance logs.	November 30, 2025
Build report to monitor screening completion rates and follow-up plans	• CHAN • EMR Specialist	Monthly tracking and reporting to Population Health Steering Committee	October 31, 2025, and monthly

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	• Population Health Program Supervisor • Assistant Medical Director of Pediatrics • Medical Director • Director of Nursing • Senior Lead Nurse	• Denominator: Child/Adolescent at 4 months, 3 years, 6 years, 9 years, 12 years, 15 years and 18 years who had a well-child visit during the measurement year. • Numerator: patients in the denominator who were screened for ACES o Note: of those screened, how many were positive	
Educate the clinical staff on Trauma Informed Care, ACES, and the value of assessing patients using the PEARLS screening tool at age-appropriate visits, and with an appropriate referral if indicated by a positive screening.	• Population Health Program Supervisor • Clinical Team (Providers, Nurses and MA's) • Assistant Medical Director of Pediatrics • Director of Nursing • Medical Director • Senior Lead Nurse	Present educational materials at the Clinical Team meeting. This will be evaluated by clinical staff verbalizing understanding of the presentation.	December 31, 2025, and yearly thereafter

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted?	

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• Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success.	

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If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success.	

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If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Enabling Services Work Plan Agency Name: **HealthFirst Family Care Center** Name and Role of Person(s) Completing Work Plan: **Population Health Program Supervisor**			
Enabling Services Focus Area: Social Determinants of Health (SDOH)			
Project Goal: Develop and implement a comprehensive strategy to identify and address key social determinants of health within the community, resulting in improved health outcomes and reduced disparities among all patients aged 0-21 years.			
Project Objective: To increase screenings using the PRAPARE tool for SDOH from our baseline of 60% to 70% by June 30, 2026, and to 80% by June 30, 2027 in all patients aged 0-21 years.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Train staff including MAs, Nurses, CRSs, and providers on workflows and referral pathways to CRS.	• EMR Specialist • Director of Nursing • Senior Lead Nurse • Clinical Team (Providers, Nurses, and MAs) • Assistant Medical Director of Pediatrics	100% of staff trained, using attendance log	September 30, 2025
Report to monitor performance, stratify data, and identify disparities.	• CHAN • EMR Specialist • Population Health Program Supervisor • Director of Nursing	Monthly reports to track trends and performance to population health steering committee; identify positive needs (e.g. housing, transportation, food insecurity, etc.) • Denominator: How many patients between 0-21 years had a medical visit in measurement year. • Numerator: How many of the patients in the denominator who screened o Note: of those screened, how many were positive and	November 30, 2025, and monthly

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		include which SDOH need	
Ensure that every positive SDOH screening receives referral to CRS. Develop method to track referral completion.	• Director of Patient Services • Director of Nursing • Population Health Program Supervisor • CRS • CHAN • EMR Specialist	Monthly reports to Population Health Steering Committee on referral initiation for positive SDOH needs • Denominator: How many patients between 0-21 years of age had a positive screen. • Numerator: How many of the patients in the denominator were referred to the CRS.	April 30, 2026
Implement PRAPARE screening tool to be completed by the patient at time of check-in via electronic device.	• Director of Nursing • Medical Director • EMR Specialist • CHAN • Director of Patient Services	Integrate the EHR system to allow patients to complete the PRAPARE screening tool over an electronic device upon check-in for their appointments which will then sync into the patients' charts in real time.	November 30, 2025

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline?	

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• Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year.	

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Work Plan Revisions submitted: _____Yes _____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update	

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SFY27 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: **HealthFirst Family Care Center** Name and Role of Person(s) Completing Work Plan: **Population Health Program Supervisor**			
Quality Improvement Focus Area: Adolescent Well Visits			
Project Objective: The objective is to increase adolescent well-child visits for patients aged 12-21 years from our baseline of 58% to 65% by June 30, 2026 and to 72% by June 30, 2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Generate monthly reports of patients who are due or overdue for adolescent well-child visits.	• Population Health Coordinator • EMR Specialist • CHAN • Population Health Program Supervisor • Director of Patient Services	Monthly report review – monitor: • Numerator: Number of adolescents, ages 12 through 21 years of age who had at least 1 comprehensive well-care visit/CPE during the measurement year. • Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.	July 2025 and monthly
Design and launch digital outreach campaigns tailored to adolescents	• Population Health Coordinator • EMR Specialist • Population Health Program Supervisor • Director of Patient Services • Medical Director • Director of Nursing	Monthly campaigns via Athena Communicator	September 2025 and monthly
Monitor monthly performance of adolescent well-visits completed (compliant)	• Population Health Program Supervisor • Population Health Coordinator • Director of Patient Services	Monthly performance report for completed adolescent well visits, reporting to the population health steering committee	August 2025 and monthly

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	• Medical Director • Assistant Medical Director of Pediatrics • Director of Nursing	• Numerator: Number of adolescents, ages 12 through 21 years of age who had at least 1 comprehensive well-care visit/CPE during the measurement year. • Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.	
Manual outreach to engage patients in for visits.	• Population Health Coordinator • Director of Patient Services • Patient Services Team • Site supervisors • MA Leads • Clinical Team (Providers, Nurses and MA's) • Director of Nursing • Medical Director	Monthly report to Population Health Steering Committee to monitor response rate and appointment scheduling.	July 2025 and quarterly thereafter

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Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update	

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SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

Docusign Envelope ID: 343858C2-B515-474E-958F-A20145102A7D

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Quality Improvement Work Plan Agency Name: **HealthFirst Family Care Center** Name and Role of Person(s) Completing Work Plan: **Population Health Program Supervisor**			
Quality Improvement Focus area: Depression Screening and Follow Up in Adolescents Aged 12-21 Years			
Project Objective: The objective is to increase depression screenings using a validated tool (PHQ-2/-9) for patients aged 12-21 years with follow up if patients have a positive PHQ-2/-9 from our baseline of 65% to 72% by June 30, 2026, and to 80% by June 30, 2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Train providers, MAs, and nurses on PHQ-2/-9 administration, trauma-informed communication, and documentation of follow-up care.	• Director of Nursing • Clinical Team (Providers, Nurses, & MAs) • EMR Specialist • Assistant Medical Director of Pediatrics	100% of clinical staff and providers trained, based on attendance log.	August 30, 2025
Implement depression screenings using the PHQ-2/-9 screening tool to be completed by the patient at time of check-in via electronic device.	• Director of Nursing • Medical Director • EMR Specialist • CHAN • Director of Patient Services	Integrate the EHR system to allow patients to complete the PHQ-2/9 screening tool over an electronic device upon check-in for their appointments which will then sync into the patients' charts in real time.	March 31, 2026
Monitor the newly integrated depression screening and follow up order set within the EMR.	• Population Health Program Supervisor • Population Health Coordinator • EMR Specialist • CHAN • Director of Patient Services • Director of Nursing • Medical Director	Monitor the newly integrated depression screening and follow up order set to evaluate if the use is increasing the PHQ-2/-9 screening rate and follow up plans by monitoring MA/Provider usage. Report monthly findings to the Population Health Steering Committee.	July 2025 and monthly thereafter
Monitor Depression Screening Performance & Follow-Up	• Population Health Program Supervisor	Monitor depression screening and report to Population Health Steering Committee:	July 2025 and monthly thereafter

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	• CHAN • Director of Nursing • Medical Director	• Denominator - All patients ages 12-21 years old by the end of the measurement year who had at least 1 medical visit during the measurement year. • Numerator: Patients ages 12-21 years old who are screened for clinical depression using PHQ-2/-9 AND if positive, a follow-up plan documented. o Numerator equals screened negative PLUS screened positive who have documented follow-up plan	

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	

Docusign Envelope ID: 343858C2-B515-474E-958F-A20145102A7D

January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

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Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

Attachment 4 -
Performance Measures

1. Definitions

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

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

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

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

1.4. **NQF** – National Quality Forum

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

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

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

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

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

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

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

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

2.2. Preventive Health: Lead Testing

This measure will be broken down into two age-based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

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

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

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

Age 2 Measure

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

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

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

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

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

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

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

2.4. **Preventive Health: Depression Screening**

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

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

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

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

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

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

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

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

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

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

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

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

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

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

2.6.1.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

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

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

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

2.8 Developmental Screening Measure

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

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

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

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Attachment 5- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

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Attachment 6 - DTT SFY26-27 - Reporting Template

Organization Name							
		1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2026-12/31/2026	7/1/2026-6/30/2027
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						

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Attachment 6 - DTT SFY26-27 - Reporting Template

AND if positive, a follow-up plan is documented on the date of the positive screen.	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8: Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

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Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

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

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that HEALTHFIRST FAMILY CARE CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 23, 1996. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **248976**

Certificate Number: **0007174982**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5th day of May A.D. 2025.

David M. Scanlan

Secretary of State

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HEALTHFIRST

CERTIFICATE OF AUTHORITY

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

I am a duly elected Clerk/Secretary/Officer of **HealthFirst Family Care Center, Inc.**
(Corporation/LLC Name)

2. The following is a true copy of an e-vote taken at a meeting of the Board of Directors/shareholders, duly called and held on **May 27, 2025**, at which a quorum of the Directors/shareholders was present and voting. (Date)

VOTED: That **Ted Bolognani, President & CEO** is duly authorized on behalf of **HealthFirst Family Care Center** to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

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

Dated: 5/29/25

Signature of Elected Officer
Name: **Michael Stanley**
Title: Board Chair

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HEALFIR-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150
Clark Insurance, a Marsh & McLennan Agency, LLC company
One Sundial Ave Suite 302N
Manchester, NH 03103

CONTACT NAME:
PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854
E-MAIL ADDRESS: info@clarkinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Citizens Ins Co of America	31534
INSURER B : AmTrust Financial Services,Inc.	
INSURER C : AIX Specialty Insurance Co	12833
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
HealthFirst Family Care Center, Inc.
841 Central St
Franklin, NH 03235

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			OBVA044172	7/1/2024	7/1/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			OBVA044172	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			OBVA044172	7/1/2024	7/1/2025	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SWC1501551	7/1/2024	7/1/2025	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	Professional Liab			L3V D302912 08	7/1/2024	7/1/2025	Each Incident	1,000,000
C	Professional Liab			L3V D302912 08	7/1/2024	7/1/2025	Aggregate	3,000,000

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

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Margie Ruth

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HealthFirst Mission Statement - Through dedication, respect, and compassion for our patients and one another, we aim to inspire hope and to advance the health and well-being of our patients, community, and staff.

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BerryDunn

HEALTH FIRST

FINANCIAL STATEMENTS

and

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

September 30, 2024 and 2023

With Independent Auditor's Report

Docusign Envelope ID: 343858C2-B515-474E-958F-A20145102A7D

BerryDunn

BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Board of Directors
HealthFirst Family Care Center, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheet as of September 30, 2024, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of September 30, 2024, and the results of its operations, changes in its net assets and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 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 20, 2024, expressed an unmodified opinion on those financial statements.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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Board of Directors
HealthFirst Family Care Center, Inc.

Supplementary Information

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 25, 2025 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

BDMP Assurance, LLP

Manchester, New Hampshire
February 25, 2025

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HEALTHFIRST FAMILY CARE CENTER, INC.

Balance Sheets

September 30, 2024 and 2023

ASSETS

	2024	2023
Current assets		
Cash and cash equivalents	$ 1,497,103	$ 2,856,309
Short-term certificates of deposit	723,440	1,456,049
Patient accounts receivable	778,574	492,511
Grants receivable	94,605	216,383
Other current assets	444,824	29,799
Total current assets	3,538,546	5,051,051
Long-term certificates of deposit	64,335	58,448
Assets limited as to use	222,095	212,913
Operating lease right-of-use assets	3,492,226	592,402
Property and equipment, net	3,302,433	2,766,998
Total assets	$10,619,635	$ 8,681,812

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 504,149	$ 414,527
Accrued payroll and related expenses	553,954	618,025
Due to third-party payers	483,055	483,055
Deferred revenue	28,924	24,426
Current portion of operating lease liabilities	240,031	41,347
Current portion of long-term debt	283,467	72,169
Total current liabilities	2,093,580	1,653,549
Operating lease liabilities, less current portion	3,358,561	559,029
Long-term debt, less current portion	2,103,489	1,712,717
Total liabilities	7,555,630	3,925,295
Net assets		
Without donor restrictions	2,294,856	4,318,010
With donor restrictions	769,149	438,507
Total net assets	3,064,005	4,756,517
Total liabilities and net assets	$10,619,635	$ 8,681,812

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

Docusign Envelope ID: 343858C2-B515-474E-958F-A20145102A7D

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Operations and Changes in Net Assets

Years Ended September 30, 2024 and 2023

	2024	2023
Operating revenue		
Net patient service revenue	$ 7,332,414	$ 6,064,553
Grants, contracts and contributions	2,881,692	4,329,192
Other operating revenue	328,034	112,824
Interest income	161,502	74,265
Loan forgiveness	102,046	-
Total operating revenue	10,805,688	10,580,834
Operating expenses		
Salaries and wages	6,966,027	5,272,940
Employee benefits	1,432,864	1,158,797
Program supplies	1,325,808	1,268,618
Contracted services	898,824	1,389,859
Occupancy	679,032	223,581
Information technology	503,682	527,697
Other	861,037	735,486
Depreciation	80,102	69,101
Interest	81,466	59,245
Total operating expenses	12,828,842	10,705,324
Deficiency of revenue over expenses and decrease in net assets without donor restrictions	(2,023,154)	(124,490)
Net assets with donor restrictions		
Grants received for capital acquisition, purchased but not in service	330,642	438,507
Change in net assets	(1,692,512)	314,017
Net assets, beginning of year	4,756,517	4,442,500
Net assets, end of year	$ 3,064,005	$ 4,756,517

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

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HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Functional Expenses

Years Ended September 30, 2024 and 2023

	2024		
	Healthcare Services	Support Services	Total
Salaries and wages	$ 6,095,816	$ 870,211	$ 6,966,027
Employee benefits	1,253,867	178,997	1,432,864
Program supplies	1,325,808	-	1,325,808
Contracted services	719,981	178,843	898,824
Occupancy	594,206	84,826	679,032
Information technology	440,761	62,921	503,682
Other	753,474	107,563	861,037
Depreciation	70,095	10,007	80,102
Interest	71,289	10,177	81,466
Total operating expenses	$ 11,325,297	$ 1,503,545	$ 12,828,842

	2023		
	Healthcare Services	Support Services	Total
Salaries and wages	$ 4,558,275	$ 714,665	$ 5,272,940
Employee benefits	1,001,740	157,057	1,158,797
Program supplies	1,268,618	-	1,268,618
Contracted services	1,197,695	192,164	1,389,859
Occupancy	193,278	30,303	223,581
Information technology	456,176	71,521	527,697
Other	635,803	99,683	735,486
Depreciation	59,735	9,366	69,101
Interest	51,215	8,030	59,245
Total operating expenses	$ 9,422,535	$ 1,282,789	$ 10,705,324

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

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HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Cash Flows

Years Ended September 30, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Change in net assets	$ (1,692,512)	$ 314,017
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	80,102	69,101
Amortization of operating lease right-of-use assets	258,600	35,101
Loan forgiveness	(102,046)	-
Grants received for capital acquisition	(330,642)	(438,507)
(Increase) decrease in the following assets		
Patient accounts receivable	(286,063)	111,375
Grants receivable	121,778	330,455
Other current assets	(415,025)	(29,799)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	173,694	209,415
Accrued payroll and related expenses	(64,071)	(56,055)
Deferred revenue	4,498	(45,428)
Operating lease liabilities	(160,208)	(27,127)
Provider Relief Fund refundable advance	-	(74,234)
Net cash (used) provided by operating activities	(2,411,895)	398,314
Cash flows from investing activities		
Purchase of certificates of deposit	-	(500,000)
Proceeds from redemption of certificates of deposit	759,072	-
Capital expenditures	(699,609)	(1,098,468)
Reinvestment of certificates of deposit interest	(32,350)	(20,521)
Net cash provided (used) by investing activities	27,113	(1,618,989)
Cash flows from financing activities		
Grants received for capital acquisition	330,642	438,507
Proceeds from issuance of long-term debt	775,750	-
Principal payments on long-term debt	(71,634)	406,028
Net cash provided by financing activities	1,034,758	844,535
Net decrease in cash and cash equivalents	(1,350,024)	(376,140)
Cash and cash equivalents, beginning of year	3,069,222	3,445,362
Cash and cash equivalents, end of year	$ 1,719,198	$ 3,069,222

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

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HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Cash Flows (Concluded)

Years Ended September 30, 2024 and 2023

	2024	2023
Composition of cash and cash equivalents, end of year		
Cash and cash equivalents	$ 1,497,103	$ 2,856,309
Assets limited as to use	222,095	212,913
	$ 1,719,198	$ 3,069,222
Supplemental cash flow disclosures		
Cash paid for interest	$ 81,466	$ 59,245
Capital acquisitions included in accounts payable and accrued expenses	$ -	$ 84,072
Operating right-of-use assets obtained in exchange for new operating lease liabilities	$ 3,158,424	$ 586,285

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

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Organization

HealthFirst Family Care Center, Inc. (the Organization) is a not-for-profit corporation organized in the State of New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing high-quality primary healthcare, treatment, prevention, and education services required by the residents in the Twin Rivers Region of New Hampshire, commensurate with available resources, and coordinating and cooperating with other community and regional healthcare providers to ensure the people of the region the fullest possible range of health services.

Effective November 1, 2023, the Organization completed an operations transfer pursuant to an operations transfer agreement signed in April 2023, assuming the operations of Mascoma Community Healthcare, Inc. (MCH), a New Hampshire non-profit corporation. As part of the agreement, the Organization entered into a lease agreement for the clinic facility in Canaan, New Hampshire and hired the employees of MCH as of transfer date. There were no assets or liabilities transferred as part of the agreement. During 2024, the Organization experienced provider credentialing and enrollment challenges which resulted in the inability to bill and be paid for certain services provided by the providers at the Canaan facility.

1. Summary of Significant Accounting Policies

Basis of Presentation

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

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

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

Use of Estimates

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

Income Taxes

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

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts, certificates of deposit with an original maturity of three months or less and petty cash funds. Certificates of deposit are set to autorenew for the same term upon maturity. Those with original maturity dates greater than three months but less than 12 months are reported as short-term and those with original maturity dates greater than 12 months are reported as long-term.

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

Revenue Recognition and Patient Accounts Receivable

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

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

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

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

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

A summary of payment arrangements follows:

Medicare

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

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. The rate was legislatively increased from $238.53 to $287.09 effective October 1, 2023.

Commercial Payers

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

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $231,919 and $190,606 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.

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

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with 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.

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Grants

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

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has 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 receives a significant amount of grants from the Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2024 and 2023, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 78% and 88%, respectively, of grants, contracts and contributions revenue.

The Organization has been awarded cost reimbursable grants that have not been recognized at September 30, 2024 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 833,229	February 28, 2025
Rural Communities Opioid Response-Implementation	334,129	August 31, 2025

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, and assets designated by the Board of Directors for specific projects or purposes as discussed further in Note 4.

Right-of-Use Assets and Lease Liabilities

U.S. GAAP requires lessees to recognize a lease liability and a right-of-use asset for all leases with terms greater than 12 months on its balance sheet. Whether an arrangement contains a lease is evaluated at the inception of the arrangement. The Organization estimates its lease liability at the present value of future rent payments required under a lease using the imputed rate when identifiable or a risk-free rate for a term approximating the lease term, including options to extend or terminate the lease that the Organization is reasonably certain to exercise. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate.

The Organization's right-of-use asset initially is equal to its lease liability, adjusted for any lease incentives received or lease payments made. Lease expense is recorded on a straight-line basis over the term of a lease. Leases of 12 months or less at inception are not included in the Organization's right-of-use assets and lease liabilities.

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Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

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

Donated Pharmaceuticals

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended September 30, 2024 and 2023 was $277,275 and $545,829, respectively.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses, which include employee benefits, occupancy, depreciation, interest, and other operating expenses, are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

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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.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through February 25, 2025, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and certificates of deposit. The Organization had average days cash and cash equivalents and certificates of deposit on hand (based on normal expenditures) of 65 and 150 at September 30, 2024 and 2023, respectively.

Financial assets available for general expenditure were as follows at September 30:

	2024	2023
Cash and cash equivalents	$ 1,497,103	$ 2,856,309
Short-term certificates of deposit	723,440	1,456,049
Patient accounts receivable, net	778,574	492,511
Grants receivable	94,605	216,383
Financial assets available	$ 3,093,722	$ 5,021,252

The Organization has certain board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors. The Organization has other assets limited to use under certain loan agreements which are available for general expenditure within one year for maintenance and repairs on the Organization's buildings upon obtaining approval from the lenders. Accordingly, these assets have not been included in the qualitative information above.

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3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following at September 30:

	2024	2023	2022
Patient services	$ 679,138	$ 391,789	$ 527,063
Contract 340B pharmacy program	99,436	100,722	76,823
Total patient accounts receivable	$ 778,574	$ 492,511	$ 603,886

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:

	2024	2023
Governmental plans:		
Medicare	5 %	24 %
Medicaid	52 %	26 %
Commercial payers:		
Anthem/Blue Cross Blue Shield	17 %	8 %
All other	15 %	19 %
Patient	11 %	23 %
Total	100 %	100 %

Net Patient Service Revenue

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

	2024	2023
Governmental plans:		
Medicare	$ 299,906	$ 743,965
Medicaid	2,675,756	2,053,540
Commercial payers:		
Anthem/Blue Cross Blue Shield	723,148	437,780
All other	1,117,752	606,308
Patient	499,480	51,316
Total direct patient service revenue	5,316,042	3,892,909
Other patient revenue	376,308	451,322
Contract 340B pharmacy revenue	1,640,064	1,720,322
Net patient service revenue	$ 7,332,414	$ 6,064,553

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:

	2024	2023
Repairs and maintenance on the real property collateralizing loans with the United States Department of Agriculture, Rural Development (Rural Development)	$ 110,411	$ 108,750
Board-designated for		
Working capital	40,000	40,000
Capital improvements	71,684	64,163
Total board-designated	111,684	104,163
Total	$ 222,095	$ 212,913

5. Property and Equipment

Property and equipment consisted of the following at September 30:

	2024	2023
Land	$ 427,679	$ 427,679
Building and improvements	2,703,307	2,585,474
Furniture and equipment	193,281	193,283
Total cost	3,324,267	3,206,436
Less accumulated depreciation	1,099,141	1,019,039
	2,225,126	2,187,397
Construction in progress	1,077,307	579,601
Property and equipment, net	$ 3,302,433	$ 2,766,998

Construction in progress relates to the renovation of the Organization's clinic in Laconia, New Hampshire. The total estimated project cost is $838,658 and is anticipated to be completed by December 31, 2024. The project is primarily funded by federal grants. The Organization has architect and contractor contracts in place with a remaining balance to be paid at September 30, 2024 of approximately $82,427.

The Organization also has a planned construction project for the Organization's clinic in Franklin, New Hampshire with an estimated project cost of $3,462,000 and anticipated completion in the fall of 2025. The project is planned to be primarily funded by federal grants, of which $2,236,500 has been awarded to date. The Organization currently has a contract for architect services billed on an hourly basis.

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

6. Leases

The Organization has entered into the following lease arrangements:

Long-Term Operating Leases

The Organization has operating leases for clinic facilities with maturities ranging from December 2025 through February 2035. Certain leases contain renewal options and escalation clauses which range from 2.6% to 4%. Termination of the leases are generally prohibited unless there is a violation under the lease agreement. The weighted-average discount rate and weighted-average remaining lease term in years for operating leases as of September 30, 2024 and 2023, were 4.65% and 9.25 years and 4.05% and 10.96 years, respectively.

Short-Term Leases

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

Lease Cost

Lease cost, which approximates lease payments, for the years ended September 30 is as follows:

	2024	2023
Long-term operating leases	$ 450,252	$ 50,145
Short-term leases	12,261	6,401
Total	$ 462,513	$ 56,546

The Organization received rental income in the amount of $148,466 for the year ended September 30, 2024. There were no sublease agreements in 2023.

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

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

2025	$ 400,896
2026	411,947
2027	431,225
2028	450,118
2029	471,926
Thereafter	2,325,871
Total future undiscounted lease payments	4,491,983
Less present value discount	893,391
Total operating lease liabilities	3,598,592
Current portion of operating lease liabilities	240,031
Operating lease liabilities, net of current portion	$ 3,358,561

7. Long-Term Debt

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

	2024	2023
4.125% promissory note payable to Rural Development through March 2037, paid in monthly installments of $8,186, including interest. The note is collateralized by all tangible property owned by the Organization.	$ **956,079**	$ 1,013,563
6.5% promissory note payable to local banking institution, through July 2048, paid in monthly installments of $3,188, including interest. The note is collateralized by real estate.	**459,704**	467,431
3.375% promissory note payable to Rural Development, through May 2052, paid in monthly installments of $1,384, including interest. The note is collateralized by all tangible property owned by the Organization.	**297,469**	303,892

	2024	2023
Interest free note payable to State of New Hampshire, Department of Health and Human Services for $775,750 to support the operations of the Organization's Canaan facility. $275,750 is payable in 36 equal payments of $7,660 beginning July 31, 2025. The remaining $500,000 will be forgiven over five years, provided the Canaan facility remains in operations and the Organization raises contributions and support of an equal amount to support Canaan operations.	673,704	-
Total	2,386,956	1,784,886
Less current portion	283,467	72,169
Long-term debt, less current portion	$ 2,103,489	$ 1,712,717

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

	Total Maturities	Less Forgivable Notes	Future Cash Outlays
2025	$ 283,467	$ 185,454	$ 98,013
2026	274,429	104,167	170,262
2027	227,892	54,167	173,725
2028	204,195	50,000	154,195
2029	92,860	4,167	88,693
Thereafter	1,304,113	-	1,304,113
Total	$ 2,386,956	$ 397,955	$ 1,989,001

8. Net Assets

Net assets without donor restrictions are designated for the following purposes at September 30:

	2024	2023
Undesignated	$ 2,183,172	$ 4,213,847
Board-designated (see Note 4)	111,684	104,163
Total	$ 2,294,856	$ 4,318,010

Net assets with donor restrictions are designated for the following purposes at September 30:

	2024	2023
Grants received for capital acquisition, purchased but not in service	$ 769,149	$ 438,507

9. Benefit Plans

The Organization has a defined contribution plan covering eligible employees. The Organization contributed $94,729 and $153,050 for the years ended September 30, 2024 and 2023, respectively.

Effective June 1, 2024, the Organization began providing health insurance to its employees through a captive self-insurance plan. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the captive self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid. Expenses related to the plan amounted to $395,463 for the year ended September 30, 2024.

10. Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 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.

11. Litigation

From time-to-time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's financial statements.

12. Financial Improvement Plan

The Organization incurred a deficiency of revenue over expenses of $(2,023,154) for the year ended September 30, 2024. Factors contributing to the deficiency include a conversion of the Organization's electronic health record and billing system and the addition of the Canaan facility which resulted in payer enrollment and provider credentialing challenges. These two factors resulted in reduced collections and increased write-offs of uncollectible balances. In addition, the Organization experienced increased costs related to the Canaan facility providers ramped up services at the new location.

Financial stability is the most significant challenge the Organization will face in the coming years and in an effort to avoid a similar loss in fiscal year 2025, management has initiated the following strategic projects:

Revenue Increases and Generation

- Management is looking at any and all grant opportunities for operational support
- Management is reviewing provider productivity and schedules for efficiency and increased production
- Management is reviewing billing and collections with the new system and working every opportunity to increase revenue, including improved work of denials, improved review of contracts and review of rates

In addition to the plans outlined above, in October 2024, the Organization was awarded a $775,241 grant from the State of New Hampshire, Department of Health and Human Services, to assist with stabilizing operating losses. This grant will be recorded as revenue in fiscal year 2025.

Cost Savings

- Management is looking at any and all cost savings opportunities
- Planned reductions to certain employee benefits
- Hiring and wage freezes

The Organization has an unaudited excess of revenue over expenses of $96,447 for the three months ended December 31, 2024 which includes a pro rata share of the grant from the State of New Hampshire of $132,200.

Management believes the above initiatives will improve the financial stability of the Organization.

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SUPPLEMENTARY INFORMATION

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HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2024

Federal Grantor/Pass-Through Grantor Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 1,660,862
Grants for New and Expanded Services Under the Health Center Program	93.527		33,749
COVID-19 Grants for New and Expanded Services Under the Health Center Program	93.527		15,604
Total AL 93.527			49,353
Total Health Center Program Cluster			1,710,215
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912		439,647
Grants for Capital Development in Health Centers	93.526		80,642
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	26,585
Total U.S. Department of Health and Human Services			2,257,089
U.S. Department of Agriculture			
Direct			
Community Facilities Loans and Grants	10.766		1,567,455
Total Expenditures of Federal Awards			$ 3,824,544

The accompanying notes are an integral part of this schedule.

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HEALTHFIRST FAMILY CARE CENTER, 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

HealthFirst Family Care Center, Inc. (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

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

4. Community Facilities Loans and Grants

The awards included in the Schedule under Community Facilities Loans and Grants include the following:

Direct loans	$ 1,317,455
Project grants	250,000
Total	$ 1,567,455

The Organization has direct loans outstanding through the U.S. Department of Agriculture (USDA). As required, the Schedule reflects the outstanding balances as of October 1, 2023 of $1,317,455. The balances outstanding at September 30, 2024 was $1,253,548.

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BerryDunn

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
HealthFirst Family Care Center, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheet as of September 30, 2024, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 25, 2025.

Report on Internal Control over Financial Reporting

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

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

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

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Board of Directors
HealthFirst Family Care Center, Inc.

Report on Compliance and Other Matters

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

Purpose of this Report

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

BDMP Assurance, LLP

Manchester, New Hampshire
February 25, 2025

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BDMP Assurance, LLP

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

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited HealthFirst Family Care Center, Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

Basis for Opinion on Each Major Federal Program

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

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

Board of Directors
HealthFirst Family Care Center, Inc.

Responsibilities of Management for Compliance

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

Auditor's Responsibilities for the Audit of Compliance

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

In performing an audit in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

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

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

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Board of Directors
HealthFirst Family Care Center, Inc.

Report on Internal Control over Compliance

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

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

BDMP Assurance, LLP

Manchester, New Hampshire
February 25, 2025

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HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2024

Section 1. Summary of Auditor's Results

Financial Statements

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

Federal Awards

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

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
10.766	Health Center Program Cluster Community Facilities Loans and Grants

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

Section 2. Financial Statement Findings

None

Section 3. Federal Award Findings and Questioned Costs

None

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HEALTHFIRST FAMILY CARE CENTER, INC.

Summary of Prior Audit Findings

Year Ended September 30, 2024

Finding Number: **2023-001**

Condition Found: The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount program.

Recommendation: We recommended management review the current process for approval of applications and update the process as deemed appropriate. We also recommended management provide additional training to the individuals involved in the approval process. We further recommended management consider increasing the number of transactions reviewed as part of the Organization's internal monitoring procedures.

Status: Resolved

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HEALTHFIRST BOARD OF DIRECTORS

- Michael Stanley, Board Chair
- Michelle Lennon, Vice Chair
- Jennifer Ach, PT
- Scott Burns
- Myla Everett
- Melissa Howard
- Susan Lunt
- Matthew Mackwood, MD
- Dawn Sanchez
- Robert St. Jacques, Sr.
- Dennis Swett
- Peter Thurber
- Bill Warren
- James Wells
- Susan Wnuk
- Stephanie Wolff

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Michael B. Watto, DO, MPH
Family Medicine

Education and Training

Residency – Martin Army Community Hospital Training, Fort Benning, GA
Family Medicine

Professional – Kansas City University, Kansas City, MO
Doctor of Osteopathic Medicine

Graduate – University of Texas Medical Branch, Galveston, TX
Master of Public Health

Undergraduate – Penn State University, University Park, PA
Bachelor of Science, Mathematics

Leadership and Additional Responsibilities

Medical Director, HealthFirst Family Care Center, 01/2023 - present
Medical Director, Health Services, Plymouth State University, 09/2015 – 01/2023
President of the Medical Staff, Speare Memorial Hospital, 07/2019 – 01/2023
Vice President of the Medical Staff, Speare Memorial Hospital, 07/2017 - 06/2019
Medical Director, Speare Primary Care, 04/2017 – 08/2020
Team Physician, Plymouth State University, 08/2016 – 01/2023
Team Physician, The Holderness School, 08/2018 – 01/2023
Affiliate Faculty, Franklin Pierce University, 01/2017 – 01/2023

Licensure and Certification

The American Board of Family Medicine, board certified, 07/2005 – present
New Hampshire Board of Medicine, NH17141, 06/2015 – present
Kansas Board of Healing Arts, 05-30662, 08/2003 – 10/2020

Honors and Awards

New Hampshire Magazine Top Doctor, 2022 and 2023
Preceptor of the Year, Franklin Pierce University Physician Assistant Program, 2021
Bronze Star Medal
Combat Medical Badge
Distinguished Military Graduate

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Professional and Society Memberships

American Academy of Family Physicians
New Hampshire Academy of Family Physicians
American College of Sports Medicine
Society of US Army Flight Surgeons

Volunteer Experience

Youth Lacrosse Coach, Plymouth, NH
Plymouth Elementary School Board Member, Plymouth, NH
Team Physician, All Army Boxing Camp and Championships, Fort Huachuca, AZ
Medical Volunteer, Houston Marathon, Houston, TX
Medical Volunteer, Wings Over Houston Air Show, Houston, TX
Teaching Assistant, Osteopathic Principles and Practice, Kansas City University, Kansas City, MO

Research and Publications

Watto, MB. (2010). General Physical Preparedness of Emergency and Essential Personnel. Master's level research project reviewing the literature regarding essential/emergency personnel fitness and worksite fitness programs.

Estrada A, Leduc PA, Curry IP, Persson JL, Phelps SE, Parrado CM, McGhee JS, Fuller DR, Alderman SM, Watto MB, Tomasulo M, Rowe TL, Viskup BK, Rostad J, Hunt MP, Milam LS, Rouse TN, Woodrum LC. (2006). Air Sickness Prevention in Helicopters: A Comparison of Four Countermeasures. US Army Aeromedical Research Laboratory Report No. 2006-07.

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Kristine G. Santos

Career Objective:

To work as a nurse administrator in a work environment that provides training and opportunity for career advancement and an opportunity to provide nursing service to the local community

Work Experience:

Healthfirst Family Center NH
Director of Nursing - November 2024 – Current
Responsible for the strategic leadership and management of the Nursing, Risk, Compliance, and Population Health functions. In partnership with other Senior Leadership team members, they will participate in developing, implementing, administering, and assessing clinical programs, projects, and procedures. While working with others in the organization, they will develop ways to help achieve the triple aim of increasing patient satisfaction, improving quality of patient-centered care, and reducing the cost of care.

- Responsible for the overall direction of the Nursing, Risk, Compliance, and Population Health functions.
- In conjunction with other Senior Leadership team members, clinical operations to ensure HealthFirst is operating in compliance with applicable state and federal regulations.
- Facilitate the implementation of new programs and procedures resulting from grants and/or changes to federal and state requirements
- Oversee state and HRSA requirements to ensure compliance and timeliness. Compliance responsibilities include, but are not limited to, FTCA application, PCMH renewal, federal and state site visits, Service Area Competition (SAC), Budget Period Renewals (BPR), Unified Data Subset (UDS), and state quality performance submissions
- Oversee the development and maintenance of written policies and procedures to guide daily operations of the Nursing and Population Health Departments to maintain efficient workflow and compliance
- Be an active contributor to the EMR Workgroup to help identify best practices and workflows for efficiency and effectiveness
- Facilitate in creating and maintaining care management systems to identify and track patients requiring chronic disease care management and high utilizers of healthcare systems
- Provide oversight of Medicare Accountable Care Organizations (ACOs) and chronic care management programs related to leading Population Health
- Research and implement processes involving third parties as fiscally appropriate in collaboration with others in leadership, as it pertains to their areas of responsibility
- Work with the Chief Medical Officer in support of quality improvement initiatives related to clinical indicators, productivity, patient satisfaction, and customer service based on data trends and identified opportunities

Clinical Nurse Supervisor - March 2023 to mid-November 2024

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Performs various office and clinical duties to keep our healthcare practice running efficiently. (S)He will work directly with clinicians, nurses, and medical assistants to ensure the clinics' day-to-day activities are completed. (S)He will work closely with clinical staff to help provide efficient department operations and enhance the quality of patient-centered care. (S)He is an integral healthcare team member, helping improve patient outcomes and increasing patient satisfaction.

- Responsible for directing, organizing, and supervising the daily work of clinical staff, including Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified or Registered Medical Assistants (CMAs, RMAs), and Licensed Nursing Assistants (LNAs)
- Involves working at the Franklin, Tilton, and Laconia locations, with the possibility of site expansion
- Needs to have flexibility to work a variety of schedules during vacations or absences, with the rare possibility of late nights up to 7p
- Act as the "go-to" person for day-to-day activities of the clinic, including callouts and arranging coverage
- Create monthly nursing and MA clinical schedules and coordinate staff coverage
- Facilitate monthly Nurse, MA Meetings in Franklin and Laconia
- Help solve problems and exercise critical thinking skills to ensure the daily operations of the clinic are completed
- Ensures completion of annual lab competencies of Nurses and Medical Assistants
- Coordinate nursing efforts to ensure that effective and efficient patient care is being provided and evidence-based practices and nursing standards are adhered to
- Monitor Nurse Desktops for timely response time and accurate documentation
- Participate in the performance evaluation of clinical staff
- Provide feedback, mentoring, leadership, and guidance to all clinical staff
- Help coordinate education programs and training to contribute to the professional development of clinical staff
- Participate in the interview and hiring process of clinical staff
- Responsible for training new employees and participating in their clinical orientation
- Oversee the inventory of medical equipment and supplies
- Promote a productive and supportive work environment
- Monitor patient care for quality, efficiency, and patient-centeredness
- Collaborate with management, interdisciplinary teams, and other stakeholders to develop, implement and evaluate clinical programs and services
- Review patient and staff data to measure the effectiveness of patient care
- Participate in collaborative clinical meetings, such as the CHAN User Group Meeting
- Other duties as assigned

Franklin VNA

[redacted]

Director of Nursing - 05/2021

- Provides guidance and counseling to coordinators and Clinical Supervisors to assist them in continually improving all aspects of home and hospice care services, provided through agency personnel.

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- Oversees the maintenance of patient clinical records, statistics, reports, and records for evaluation and reporting of organization activities.
- Conduct Inter-Disciplinary Team meetings and manage all members of the team, including the scheduling, productivity monitoring, mentoring, one-on-one meetings, pay practices, timekeeping, and expense reports
- Assists Clinical Supervisors in managing clinical teams and planning.
- Provides help in assessment, planning, implementation, and evaluation of patient and family/caregiver care to all clinical personnel as indicated.
- Establishes departmental goals consistent with corporate goals and objectives
- Assists the CEO in preparing and administering the organization's budget.
- Interprets operational indicators to detect census changes and increases or decreases in volume that could
- impact staffing levels, revenues, or expenses.
- Evaluates the performance of Clinical Supervisors.
- Assists Clinical Supervisors to develop skills and techniques in evaluating clinicians' performance.
- Hires, evaluates, and terminates organization personnel.
- Conducts annual evaluations on clinicians, or more frequently if indicated.
- Assures proper maintenance of clinical records in compliance with local, state, and federal laws.
- Coordinates and oversees all direct and indirect patient services provided by clinical organization personnel.
- Provides guidance and counseling to coordinators and clinical supervisors to assist them in continually
- improving all aspects of patient care services, provided through organization personnel.
- Assists clinical supervisors in managing clinical teams and planning.
- Evaluates performance of clinical supervisors.
- Oversees the maintenance of patient clinical records, statistics, reports, and records for evaluation and reporting of organization activities.
- Serves as the administrator on call when scheduled.
- Assures compliance with all local, state, and federal laws regarding licensure and certification of organization personnel.
- In the CEO's absence, the Director of Home & Hospice Clinical Services will become the acting CEO and be vested with the authority to act on behalf of the CEO.

Concord VNA

[redacted]

Home Care RN -Part time 02/2018 to 05/2021

- Provides patient care on a home setting
- Provides comprehensive wound care/wound vac
- Special training: PICC line maintenance, Port access, tube feeding, I-stat machine, pleura drain, ostomy care, IV administration, IV certified, phlebotomy, TPN, and CADD pump
- Communicates with the provider and patient. condition and implement a plan of care and treatment as directed by the MD
- Med reconciliation
- Trained on Oasis documentation
- Knowledge and skills in care for cardiovascular, cardiopulmonary, medical, surgical and

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postoperative patients
- Communicate with other services within the organization effectively and in a timely manner to optimize patient care

Lakes Region General Hospital
[redacted]

Clinical Nurse Vascular and Wound Healing Center 02/2018 to 05/2021

Skills and job Responsibilities:

- Triage Nurse
- Serves as liaison between providers and patients by creating a good, healthy and trusting environment with patients
- Coordinates with other hospitals, nursing homes, wound healing centers, primary care practices, other healthcare facilities, and home health agencies for continuation of patient. care
- Communicates with insurance agencies to obtain authorization for surgical procedures as well as obtain wound care supplies for patients
- Assist vascular surgeons in the outpatient service setting
- Communicate with provider pt needs, medication refills, and reviews treatment plan in timely manner
- Provides patient, caregiver and family education on discharge instructions and treatment
- Provides wound care for patients with chronic ulcers secondary to venous insufficiency, lymphedema, diabetes and other chronic circulatory issues. Assist providers with postoperative wound care, suture and staple removal.

Clinical Lead Nurse Emergency Services 2010 to 02/2018

Skills & Job Responsibilities:

- Triage Nurse – responsible for initially screening patients by ESI levels in order to course patient flow depending on level of acuity.
- Clinical lead 2015 to 2017
- Assumed Clinical Resource Nurse role 2010 to 2015 (Day / Night Shift).
- Coordinates with other hospitals, nursing home & healthcare facilities regarding plan of care of patients being admitted or sent back to respective healthcare facilities.
- Provide patient, caregiver and family education on discharge instruction and treatment.
- Communicate with other health disciplines involved in the patient care to promote team approach treatment
- Responsible for providing initial care for behavioral patient pending evaluation by consultant for discharge or admission to respective facilities
- Acts as a team leader/member for Cardio-Pulmonary Resuscitation Emergency
- Skills Validator – responsible for checking yearly competency packet of coworkers as needed
- Responsible for blood draw for lab test
- IV Certified
- TNCC Certified
- ACLS /BLS Certified
- CPI Certified (Crisis Prevention Intervention)

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- Former SANE – P Certified (Sexual Assault Nurse Examiner) responsible for providing medical care for victims of sexual and domestic assault , with special training to collect forensic evidence and stand as expert witness if needed in court, closely working with the local police department and other organizations such as Coalition of Domestic Violence , New Beginnings, Child Advocacy Center to assist victims of sexual violence
- Former SART (member of Sexual Assault Response Team, Belknap County)
- Attend facility in-service programs
- Assist MD with procedures that require moderate sedation
- Responsible for screening and writing inputs on a pre-op checklist for patients that require emergent surgery, ensuring that the pre-op packet is in the chart and that information is filled up by a surgeon and written consent given by the patient / responsible guardian

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Registered Nurse Telemetry Department 2005 to 2009

Skills & Job Responsibilities:

- TELE Certified
- Lead clinical nurse – Charge nurse
- Evaluate and establish care plan & treatment as needed
- Instructed and educated patients, caregivers, and family members regarding the patient's plan of care, providing not just clinical needs but also emotional support.
- Ensure timely completion of required procedures & timely passing of medication.
- Supervise LNA's & coordinates with co-nurses, MD's & ancillary staff to deliver optimum care to patients
- Responsible for preparing night staff schedule & works as a resource ensuring all needs of patient & staff is addressed each shift
- Responsible for attending in-service programs for skills development, ensuring all required certifications are completed to meet standards of practice

St Francis Nursing Home / Registered Nurse Per Diem 2007

[redacted]

Skills & Job Responsibilities

- IV Certified
- ACLS Certified
- TELE Certified
- BLS
- Evaluate and establish care plan & treatment as needed
- Instructed & educated patients, caregiver & family members concerning patients plan of care. Providing not just clinical needs but also emotional support.
- Ensure timely completion of required procedures & timely passing medication
- Supervise LNAs & coordinates with co-nurses, MD's & ancillary staff to deliver optimum care to patients
- Responsible for preparing night staff schedule & works a s a resource ensuring all needs of patient & staff is addressed each shift
- Responsible for attending in-service programs for skills development, ensuring all required certifications are completed to meet standards of practice

Genesis Elder Care - Kitchen Assistant 2004

[redacted]

Skills & Job Responsibilities

- responsible for clean & timely passing of meals to residents
- Attend & assist patient & LNA's with feeding
- Ensure that the dining room is set up according to patient needs & all utilities are maintained according to the standard of the facility
- assist cook as needed & coordinates with co-workers

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Al Mazroui Medical Supplies - PRO /Executive assistant Al Ain Branch 1999 -2004
Al Ain UAE

Gulf European Establishment – Product Specialist 1997-1999
Al Ain UAE

Skills & Job Responsibilities

- Responsible for maintaining high profile sales records for all clinics & hospital in UAE
- Monitor sales performance & Growth Margins
- Directly coordinates with purchases & end users to ensure order & prompt delivery of goods
- handling booking sales to hospitals & pharmacies & clinics
- Monitor competitors' activities & prepare counter projects to ensure a bigger market

United Development Corp 1995-1997
Manila Philippines

Skills & Job Responsibilities

- responsible for maintaining high-profile sales record for top corporations such as Roche, Bristol Myers Squibb, RFM corporation & more
- Coordinates directly with the production department to ensure that the job is satisfactorily done on the specifications of the customer
- handles & documents accounts receivable
- Monitor sales performance & growth margins
- maintains goodwill to customers, focusing around providing quality products, thus exceeding their expectations by propagating a company vision of excellent customer service

Cyanamid Lederle - Medical Representative 1992-1995
Manila Philippines

Skills & Job Responsibilities

- responsible for the promotion of CHP Products
- Responsible for the dissemination of correct product information
- Handling booking & Sales to hospital & pharmacies
- Monitor sales & updates
- Ensures product stock availability
- conducts product presentations, research & assists in round table discussions with MD's in designated territories

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Education
University of Santo Tomas
[redacted]
Bachelor of Science in Nursing - 1992

Computer Skills
MS Office Application
CERNER Millennium
Allegra
My Unity / Netsmart

Achievements

- Consistent Dean's lister
- Finance Officer Red Cross Youth Program 1991-1992
- Top Account Officer UDC Print & Packaging 1996
- Finance Officer – Cyanamid Lederle 1995
- Budget Achiever Centrum & Incremin 1994

Reference: Available upon request

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Stacey Benoit

[redacted]

Executive Profile

Results-oriented and accomplished healthcare executive with over 30 years of experience in leading and optimizing medical practices. Proven track record of driving operational excellence, implementing strategic initiatives, and fostering a patient-centric approach. A visionary leader with a strong commitment to delivering high-quality patient service, optimizing financial performance, and ensuring regulatory compliance.

Professional Experience

Practice Manager

HealthFirst Family Care Center, Franklin, NH
October 2017 - Present

- Oversee the daily administrative operations of our four office locations. Played an integral part in opening two of these locations by orchestrating office space, recruiting and training staff, evaluation and monitoring the patient flow and access to all services.
- Increased patient satisfaction by 20% through the implementation of strategic planning initiatives including the development of a Patient Experience Committee, patient surveys, and data collection and analytics.
- Successfully implemented electronic health records (EHR), improving data accuracy, and streamlining patient services processes.
- Manage performance of the Patient Services Team which includes Check-In, Check-Out, Referral Coordination, Medical Records, and Community Resource Specialists.
- Analyze and monitor reports reflecting productivity and accountability of Patient Services Department and provider schedules; work with other members of the Leadership Team to respond as appropriate.
- Oversee health information systems and HIPAA privacy regulations.
- Productivity development and maintenance of systems, including appropriate measurement, for • Staff performance. • Co-payments. • Team purchasing and use of consumables.
- Provision of services to the practice. • Hours of operation. • Utilization of physician hours to service patients and clients • Intakes • Record release • No Show rates • Referral volumes
- Development of staff competencies in line with job requirements.
- Develop short-term and long-term goals with staff that alight with the agency's strategic plans.
- Maintain knowledge of and comply with government legislation and regulation.
- Development of organizations system to maximize productivity at the front desk.
- Implementation of telehealth services within a week of the COVID shutdown. Worked with our Behavioral Health and Medical Staff to ensure patients had access to care.

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- Plan and direct the start-up and development of new services/medical providers.

Patient Service Manager

Concord Orthopaedics, Concord, NH
January 1994 – October 2017

- Directed day-to-day operations of a multi-specialty medical practice, ensuring efficient workflow and resource allocation.
- Improved operating room utilization by 15% by implementing performance metrics and KPIs
- Collaborated with medical staff to enhance office protocols, improving patient outcomes and adherence to best practices.
- Implemented workflows and EMR system, resulting in 100% compliance with Meaningful Use requirements and receipt of incentives payments for the 5-year period.
- Strategized development of the Spine Program; evaluation of competition, system efficiency, care models, and patient expectations. Implemented intake & triage protocol, developed outpatient and inpatient care models, developed care coordination team to improve efficiency and patient access from the first visit until discharge.
- Implemented the patient experience program including a metric to measure success, which lead to implementation of a consistent "service recovery" process where we proactively reached out to dissatisfied patients to listen and to better understand what went wrong and created the ability to make promises for making it right leading to improvements in our operations and preventing issues from repeating.
- Implemented automatic call distribution system, creating efficiency with call answer rate and elimination of automatic voicemail options.
- Collaborated with medical providers and leadership to develop strategic operational alignment of managers, supervisors, and frontline staff to produce a return on investment.
- Implemented staff development programs, enhancing team capabilities and morale.
- Established and maintained relationships with key stakeholders, including insurance providers and regulatory agencies.
- Increased revenue 20% by leading initiatives to expand service offerings to workers with injuries and implementation of a managed care team.
- Led the implementation for same day access by opening the acute injury clinic with expanded hours, resulting in an increase in patient satisfaction and improvement with access to care.

Business Office Manager
1999-2004

- Managed, evaluated, coached, and motivated billing and collections staff.
- Developed and implemented policies and procedures that ensure timely and accurate patient billing.
- Ensured all billing practices were compliant with government rules and regulations.
- Oversaw coding, claims submissions, payment posting and collection efforts to ensure the highest level of quality, efficiency and reimbursement was achieved.
- Ensured department goals were met and adhered to.
- Assisted with reviewing and providing input with payor contracts and incentive based programs.
- Oversaw the practice management system master tables to ensure accurate and timely claims submissions, payment posting and collections modules.

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- Responsible for ongoing education and development of training tools for physicians and staff on billing and coding procedures.

Front desk – Team Leader
1996-1998

- Ensured patient satisfaction and quality care outcomes are achieved.
- Communication and facilitation of timely patient flow through the busy physical therapy clinic
- Provided training, coaching, and supervision of administrative team.
- Provided staff development to ensure a positive work environment that motivates staff.
- Set goals that align with the organizations mission and strategic initiatives.
- Performed staff performance evaluations.
- Monthly/Weekly/Daily Reporting to direct manager and physical therapy team
- Collaborated with Front Office leadership team and Managerial team.
- Oversaw day to day tasks of the front desk; from warmly greeting patients, managing phone inquiries, scheduling appointments, completion of registration, to collecting co-payments and addressing overdue balances.
- Daily charge entry of physical therapy services.

Chiropractic Assistant

Interlakes Chiropractic Center, Meredith, NH
June 1991- December 1994

- Greeted visitors or callers, handled their inquiries, or directed them to the appropriate person for assistance.
- Maintained physician schedules, daily scheduling of appointments and confirmation calls.
- Maintained patient health record information according to office policy.
- Prepared patients for their appointments with the physician, collected the chief complaint, applied modalities as ordered by the physician.
- Provided patient education material as ordered by the physician.
- Created and maintained accurate patient demographic and insurance information.
- Assisted patients with financial counseling as appropriate.

Education

Associates of Applied Sciences: Business Management

Lakes Region Community College, Laconia, NH
June 1991

Certifications

- Certified Healthcare Executive (CHE)

Professional Memberships

- Member, National Association of Community Health Center (NACHC)

Skills

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- Strategic Planning
- Financial Management
- Regulatory Compliance
- Team Leadership
- Healthcare Operations
- Patient-Centric Approach
- Stakeholder Management
- Change Management
- Quality Improvement

References

Available upon request.

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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: HealthFirst Family Care Center, Inc.

NAME	JOB TITLE / FTE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Michael Watto	Medical Director	$71,500.00	$325,000.00
Kristine Santos	Director Of Nursing	$26,400.00	$120,000.00
Stacey Benoit	Director of Patient Services	$22,660.00	$103,000.00

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-06)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lamprey Health Care, Inc.		1.4 Contractor Address 207 S. Main Street Newmarket, NH 03857	
1.5 Contractor Phone Number 603-292-7210	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $1,187,724
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: Sue Durkin BBEAC58BA4704D8... Date: 5/30/2025		1.12 Name and Title of Contractor Signatory Sue Durkin CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F8704C7... Date: 5/30/2025		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: DocuSigned by: Robyn Guarino 748734844941460... On: 5/31/2025			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: DS SD
Date: 5/30/2025

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.

Contractor Initials SD
DS
Date 5/30/2025

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.

Contractor Initials SD (DS)

Date 5/30/2025

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.

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Date 5/30/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH

1.1.2. Decreasing the misuse of alcohol, tobacco and other substances among pregnant women;

1.1.3. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.4. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

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

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

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

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

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling service initiatives and quality improvement components for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age:

1.4.1. Enabling Services Initiative 1: Implementing an initiative involving Community Health Workers to increase community awareness of available services for children and adolescents.

1.4.2. Enabling Services Initiative 2: Implementing screenings and referrals for SDOH to identify patients at risk for food insecurity.

1.4.3. Quality Improvement Initiative 1: Identifing children that may be on the autism spectrum and providing intervention to improve outcomes.

1.4.4. Quality Improvement Initiative 2: Supporting the physical and mental health of adolescents, 12 through 17 years of age, by promoting healthy behaviors and addressing potential issues during Well Care visits.

1.5. The Contractor must implement the following enabling service initiative and quality improvement compoments for the provision of integrated healthcare services for prenatal and postpartum women provided within twelve weeks after delivery:

1.5.1. Enabling Services Initiative 1: Identifying and addressing social factors that could impact maternal and infant health through prenatal screenings and referrals for SDOH.

1.5.2. Enabling Services Initiative 2: Creating a multi-disciplinary team to support high risk prenatal patients.

1.5.3. Quality Improvement Initiative 1: Supporting a new mother's physical and emotional recovery by addressing potential complications and providing education, as needed, during the 12-weeks following childbirth.

1.5.4. Quality Improvement Initiative 2: Addressing the impact of post-partum depression in mothers and children by screening for clinical depression during any visit up to 12 weeks following delivery and providing a follow up plan.

1.6. The Contractor must provide eligibility determination services, including the following:

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

1.6.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

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

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

1.7. The Contractor must ensure services are provided by a New Hampshire licensed:

1.7.1. Medical Doctor (MD);

1.7.2. Doctor of Osteopathic Medicine (DO);

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

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

1.8. The Contractor must provide services in an office-based setting which may include:

1.8.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.8.2. Hospital Associated Community Health Centers;

1.8.3. School Based Health Clinics; and

1.8.4. Mobile Care Delivery Services.

1.9. The Contractor must monitor, update and implement the Work Plans for each enabling services initiative in accordance with Attachment 3 - Reporting

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

1.10. The Contractor must develop, define, and implement a minimum of two (2) quality improvement (QI) initiatives, in accordance with Attachment 2 - Quality Improvement Work Plans for Children and Adolescents and Attachment 5 - Quality Improvement Work Plans for Prenatal and Postpartum Women, attached hereto and incorporated by reference herein, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.10.1. One primary care services QI initiative on increasing Adolescent Well Visits for SFY 2026-2027.

1.10.2. A minimum of one additional QI initiative that must focus on one of the remaining performance measures in accordance with Attachment 1 - Enabling Services Work Plan for Children and Adolescents and Attachment 4 - Enabling Services Work Plan for Prenatal and Postpartum Women, attached hereto and incorportated by referenced herein. The Department will designate Postpartum Depression Screening.

1.10.3. Addressing increased postpartum visits within 12 weeks of delivery.

1.11. The Contractor must monitor, update and implement the Work Plans for each QI initiative in accordance with Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

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

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

1.12.2. MCH Biannual Primary Care Coordinators' Meetings up to two times per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.13. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

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

1.15. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

1.16. The Contractor must notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to p[DS] ing

services. The Contractor must ensure notification:

1.16.1. Is provided to the Department no later than thirty business days from the date of hire; and

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

1.17. The Contractor must notify the Department in writing when:

1.17.1. Any critical position is vacant for more than thirty business days.

1.17.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

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

1.19. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.20. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.21. Performance Measures

1.21.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar,

which is attached hereto and incorporated by reference herein.

1.21.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.22. Reporting

1.22.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.22.1.1. Uniform Data System (UDS) outcomes.

1.22.1.2. Performance Measure outcomes.

1.22.1.3. Work Plan for each Enabling Service Initiative.

1.22.1.4. Work Plan for each QI Initiative.

1.22.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.22.2.1. Program initiatives status and/or completion dates; and

1.22.2.2. An impact statement on the success of the initiative(s), which must include supporting documentation that includes aggregated and de-identified information.

1.23. Background Checks

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

1.23.1.1. 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;

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

1.23.1.3. 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.

1.24. Confidential Data

1.24.1. 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.

1.24.2. 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.

1.25. Privacy Impact Assessment

1.25.1. 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:

1.25.1.1. How PII is gathered and stored;

1.25.1.2. Who will have access to PII;

1.25.1.3. How PII will be used in the system;

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

1.25.1.5. Privacy practices.

1.25.2. 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.

1.26. Department Owned Devices, Systems and Network Usage

1.26.1. 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 fulfilment of this Agreement, each End User must:

1.26.1.1. 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;

1.26.1.2. 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;

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

1.26.1.4. 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;

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

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

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

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

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

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

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

1.26.1.9.3. 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."

1.26.1.10. 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:

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

1.26.1.10.2. 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.

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

1.26.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

1.26.1.12. 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.

1.26.2. Workspace Requirement

1.26.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.27. Contract End-of-Life Transition Services

1.27.1. General Requirements

1.27.1.1. 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 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 the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

1.27.1.2. 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.

1.27.1.3. 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 contract said Tools will be inv~~ent~~ried

and returned to the Department, along with the inventory document, once transition of Department data is complete.

1.27.1.4. 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.

1.27.1.5. 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.

1.27.1.6. 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.

1.27.2. Completion of Transition Services

1.27.2.1. 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.

1.27.2.2. 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.

1.27.3. Disagreement over Transition Services Results

1.27.3.1. 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. 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.

1.28. Website and Social Media

1.28.1. 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.

1.28.2. 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.

1.28.3. State of New Hampshire's Website Copyright

1.28.3.1. 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

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

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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

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.

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Exhibit C-1 Budget

New Hampshire Department of Health and Human Services

Contractor Name: *Lamprey Health Care, Inc*

Budget Request for: *Maternal and Child Health (MCH) Integrated Care*

Budget Period: *7/1/2025-9/30/2027*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Component A Program Cost - Funded by DHHS - SFY 26	Component A Program Cost - Funded by DHHS SFY 27	Component B Program Cost - Funded by DHHS - SFY 26	Component B Program Cost - Funded by DHHS - SFY 27
1. Salary & Wages	$246,036	$246,036	$221,204	$221,204
2. Fringe Benefits	$42,072	$42,072	$37,826	$37,826
3. Consultants	$0	$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	$0
5.(a) Supplies - Educational	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0
5.(e) Supplies - Office	$0	$0	$0	$0
6. Travel	$0	$0	$0	$0
7. Software	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$0	$0	$0
8. (b) Other - Education and Training	$0	$0	$0	$0
8. (c) Other - Other (specify below)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0
Total Direct Costs	$288,108	$288,108	$259,030	$259,030
Total Indirect Costs	$24,604	$24,604	$22,120	$22,120
Subtotals	$312,712	$312,712	$281,150	$281,150
			TOTAL	**1187724**

Contractor Initials: SD

Date: 5/30/2025

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 suc ction;

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

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

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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.

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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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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.

New Hampshire Department of Health and Human Services
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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.

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: F7LUA7LXRNP6

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

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Lamprey Health Care, Inc.

5/30/2025
Date:

DocuSigned by:
Sue Durkin
8BEAC58BA4704D8...
Name: Sue Durkin
Title: CEO

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

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or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

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

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

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

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

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

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

16. The Contractor must ensure that all End Users:

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

    b. safeguard this information at all times.

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

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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

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 bu[illegible]

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 F

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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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Date _____

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.I., 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 D778BB63F9704C7...	DocuSigned by: Sue Durkin BBEAC58BA4704D8...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Sue Durkin
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/30/2025	5/30/2025
Date	Date

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5/30/2025
Date

Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Enabling Services Focus Area: Implementing an initiative involving Community Health Workers			
Project Goal: To increase community awareness of available services for children and adolescents at Lamprey Health Care			
Project Objective: For Community Health Workers to raise awareness of the importance of health care for children and adolescents and to educate the community on the services available at Lamprey Health Care			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Attend and provide education on available services at the Seacoast Community Resource Network meeting	Community Health Workers Multiple Community Organizations	Attended quarterly	Quarterly
Attend and provide education on available services at the Nashua Continuum of Care meeting	Community Health Workers Multiple Community Organizations	Attended quarterly	Quarterly
Attend and provide health education presentation at Wellness Fairs at local middle schools and high schools.	Community Health Workers Local Middle and High School Staff and Students	Attended annually	Annually
Attend and provide education on available services at Community Action for Safe Teens (CAST)	Community Health Workers CAST Staff Local Community	Meeting attended	Monthly
Attend and provide health education at local Boys and Girls Club meetings	Community Health Workers Boys & Girls Club Organization	Attended annually	Annually
Present Lamprey Health Care available services at Nashua Public Health meeting	Community Health Workers Nashua Public Health	Presentation completed	Annually
Community Health Workers track attendance on outreach report	Community Health Workers Excel Spreadsheet	Continuous	Ongoing

Review outreach report for Community Health Worker attendance at wellness fairs, etc.	Director of Outreach and Care Coordination Outreach Report	Review done monthly	Monthly and ongoing

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:**	

_____Yes _____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	_____Yes _____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes _____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:**	

____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Enabling Services Work Plan Agency Name: Lamprey Health care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Enabling Services Focus Area: Screening and referrals for Social Determinants of Health (SDOH)			
Project Goal: To identify patients at risk for food insecurity			
Project Objective: Implement the Hunger Vital Signs screening tool for all well-child visits and annual physical exams, regardless of payor type, and provide referrals, as needed			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop process to implement and administer Vital Signs screening tool	Simple Interact (digital patient engagement platform) Director of Information Systems Medical Assistants	Process will be complete	07/01/2025
Determine if pre-visit screener can auto-populate into the visit	Director of Information Systems	Determine auto-populate ability in EMR	07/01/2025
Develop process for provider to review the completed screener and sign the visit note	Chief Executive Officer Chief Operating Officer Chief Medical Officer Director of Nursing	Process will be complete	07/01/2025
Develop list of resources to refer positively screened patients	Director of Outreach and Care Coordination	List developed	07/01/2025
Develop report for quality and process improvement assessment	Data Specialist Community Health Access Network (CHAN) Quality Improvement Manager	Report developed	08/01/2025
Review monthly report for progress and implement process improvements, as needed	Quality Improvement Department Staff Clinical Nurse Managers	Monthly report from EMR	Monthly and ongoing

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Project Goal: To identify children that may be on the autism spectrum and provide timely intervention to improve outcomes			
Project Objective: Meet, or exceed, the goal of 82% of children screened for autism using the M-CHAT tool at least once between the ages of 16 to 30 months			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity).	Timeline for Activity (estimated timeline for the duration of each activity)
Audit monthly report to identify trends for targeted training	Quality Improvement Specialist CHAN Report Excel spreadsheet	Audit complete and trends identified	Immediately
Discuss audit findings at Clinical Nurse Manager meeting and brainstorm on ideas for improvement	Quality, Compliance and Risk Manager Director of Nursing Clinical Chief Executive Officer Chief Operating Officer Nurse Managers	Discussion held during Clinical Nurse Manager meeting. Additional discussion, as needed	Quarterly
Review screening requirements with providers at provider meeting	Chief Medical Officer Quality, Compliance and Risk Manager Providers Teams	Quality, Compliance and Risk Manager attended provider meeting. Additional discussion, as needed	Semi-annually
Provide information on screening documentation at huddles and in the Weekly Update to staff	Quality Improvement Dept. Practice Managers Nurse Managers Director of Nursing	Information included in Weekly Update and during huddles	Daily huddles and weekly update to start after discussion with clinical nurse managers
Provide 1:1 staff training, as needed	Nurse Managers Quality Improvement Specialist Clinical Staff	Training complete	As needed
Provide annual staff training on clinical measure documentation	Quality, Compliance and Risk Manager Quality Improvement Specialist Clinical Staff	Annual training completed	Annually

Review data monthly and provide additional training as needed	Quality, Compliance and Risk Manager Quality Improvement Specialist EMR Report	Review Child Development Report	Monthly and ongoing

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit.	

Work Plan Revisions submitted: _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit.	

Work Plan Revisions submitted: _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Quality Improvement Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Project Goal: Support adolescent physical and mental health by promoting healthy behaviors and addressing potential issues during well-child visits.			
Project Objective: Meet, or exceed, the goal of 68% of adolescents, 12 through 21 years of age, who had a least one comprehensive well-care visit by June 30, 2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop marketing strategies to increase adolescent well visits to include use of social media, teen clinics and video education	Marketing Manager Quality Improvement Manager	Plan is developed and follow up is completed	August 2025
Outreach and provide education to adolescents in the community by visiting schools, the Boys and Girls Club and the YMCA	Community Health Workers (CHWs)	Visits reviewed by Director of Outreach and Care Coordination	Ongoing
Review with, and educate, parents on benefits of well child visits for adolescents	Clinical Care Team Nurse Managers	Check-in with clinical staff and Nurse Managers on consistent education	Ongoing
Use "communicator" feature in our Electronic Medical Record (EMR) to send reminders to parents of overdue well child visits	IT Department Director of Information Systems Athena EMR	Quality Improvement Dept. will review report on number of reminders sent	Monthly review and ongoing
Review adolescent visit data to ensure plan is working	Quality Improvement Dept. staff	Review of Adolescent WCC report for increases in percentage data	Monthly review and ongoing

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

Attachment 4- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Lamprey Health care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Enabling Services Focus Area: Prenatal screening and referrals for Social Determinants of Health (SDOH)			
Project Goal: To identify and address social factors that could negatively impact maternal and infant health			
Project Objective: All prenatal patients will meet with Care Coordinators for evaluation of SDOH needs and receive referrals, as needed			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Outreach and provide education to prenatal patients on the importance of SDOH evaluation	Prenatal Coordinator Prenatal Nurses Quality Improvement Specialist	System in place to provide patient education	08/01/2025
Ensure Prenatal Coordinator and/or prenatal nurses schedule patients with Care Coordinator and verify appointment	Prenatal Coordinator Prenatal Nurses Care Coordinators Quality Improvement Specialist	Monthly meeting between Quality and Prenatal Coordinator standing agenda item evaluate	Ongoing
Care Coordinators to address any social issues and refer patients to community resources	Director of Outreach and Care Coordination Care Coordinators	Director of Outreach and Care Coordination to evaluate 1:1 with Care Coordinators	Ongoing
Develop report for quality and process improvement assessment	Data Specialist Community Health Access Network (CHAN) Quality Improvement Manager	Report developed	08/01/2025
Review monthly report for progress and implement process improvements, as needed	Quality Improvement Department Staff Clinical Nurse Managers	Monthly report from EMR	Monthly and ongoing

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Enabling Services Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Enabling Services Focus Area: High Risk Prenatal Screening Multidisciplinary Team Meeting			
Project Goal: Create a multi-disciplinary team meeting for support of prenatal patients			
Project Objective: To proactively address and support prenatal patients with unmet medical, social and/or service needs			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop multi-disciplinary team to address high risk issues for prenatal patients	Care Coordinators Director of Outreach and Care Coordination Behavioral Health Providers Prenatal Nurses Prenatal Providers	Team determined	07/01/2025
Determine meeting intervals for multi-disciplinary team	Care Coordinators Director of Outreach and Care Coordination Behavioral Health Providers Prenatal Nurses Prenatal Providers	Meeting intervals determined	07/01/2025
Develop pre and post visit planning workflow	Director of Outreach and Care Coordination Care Coordinators	Workflow complete	07/01/2025
Meet with prenatal patients in their third trimester to assess for resource needs	Care Coordinators Prenatal Nurses	Review prenatal roster at each meeting	Ongoing
Refer prenatal patients to WIC and assist with application, as needed	Care Coordinators Prenatal Nurses	Discuss at second or third trimester visits	Ongoing
Complete Edinburgh Postnatal Depression Scale at each postpartum visit	Prenatal Nurses	Completed at postpartum visits	Ongoing

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
July 2026 Project Update	

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 5- Component B Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Project Goal: Support a new mother's physical and emotional recovery by addressing potential complications and providing education, as needed, during the 12-weeks following childbirth.			
Project Objective: Increase the rate of post-partum office visits from 80% to 83% by June 30, 2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Review with prenatal nurses the importance of promoting post-partum office visits	Prenatal Nurses Prenatal Coordinator Quality Improvement Manager	Review completed with all appropriate staff	August 2025
Outreach to post-partum patients for completion of office visit	IT Department Director of Information Systems Athena EMR Community Health Workers Patient Service Representatives	Quality Improvement Dept. will review report on number of reminders sent	Ongoing
Develop strategies to educate perinatal patients on scheduling post-partum visits	Director of Nursing Nurse Managers Prenatal Coordinator Prenatal Nurses Quality Improvement Specialist	Discussions held during Clinical Nurse Manager meeting and 1:1 meetings with Prenatal Coordinator	August 2025
Reduce barriers to patients coming for post-partum visits by assisting with transportation and assuring no financial barrier	Clinical Care Team Care Coordinators	Sliding fee scale usage, taxi voucher tracking logs	Ongoing
Provide annual staff training on the importance of promoting post-partum office visits	Dr. David Deifik, OB/GYN	Annual training completed	10/30/2025
Review data monthly and provide additional training as needed	Quality Improvement Manager Quality Improvement Specialist EMR Report	Review monthly report	Monthly and ongoing

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

SFY26 Outcome (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	___Yes ___No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Quality Improvement Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Quality, Compliance and Risk Manager			
Project Goal: Address the impact of post-partum depression on mother and child			
Project Objective: Meet, or exceed, the goal of 82% of women screened for clinical depression during any visit up to 12 weeks following delivery, and provide follow-up plan, if positive, by June 30, 2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Review with prenatal nurses the clinical measure of post-partum depression screening	Prenatal Nurses Prenatal Coordinator Quality Improvement Manager	Review completed with all appropriate staff	August 2025
Review EMR screenshots document with staff for proper documentation	Quality Improvement Manager Quality Improvement Specialist EMR Prenatal Coordinator Prenatal Nurses	Training completed with all appropriate staff	August 2025
Meet with patients as needed to assist with external referrals for behavioral health needs (e.g. Waypoint for home BH visits)	Care Coordinators	Supervision provided by Director of Outreach and Care Coordination	Ongoing
Provide annual staff training on depression screening (included in Postpartum Complications presentation)	Dr. David Deifik, OB/GYN	Annual training completed	10/30/2025
Review data monthly and provide additional training as needed	Quality Improvement Manager Quality Improvement Specialist EMR Report	Review Post-Partum Depression Screening report	Monthly and ongoing
BH Health staff on site and integrated into care available to assist with care, as needed	BH Team Clinical Team		

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	

July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	

July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

New Hampshire Department of Health and Human Services MCH Integrated Care

Attachment 6 - Performance Measures

1. Definitions

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

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

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

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

1.4. **NQF** – National Quality Forum

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

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

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

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

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

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

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

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

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

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

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

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

Age 2 Measure

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

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

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

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

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

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

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

2.4. **Preventive Health: Depression Screening**

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

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

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

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

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

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

2.4.2. Maternal Depression Screening

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

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

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

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

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

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

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

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

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

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

2.6. **Preventive Health: Tobacco Screening**

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

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

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

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

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

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit

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

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

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

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

2.7.1.4. Definitions:

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

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

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

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

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

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

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

2.8 Developmental Screening Measure

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

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

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

SFY26-27 Component A&B Performance Measures
Appendix H
Performance Measures

2.9 Postpartum Visit Measure

Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.

2.9.1. Numerator: Number of women who has a postpartum visit on or between 7 and 84 days after delivery.

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

Attachment 7- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

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

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

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

Attachment 8 - DTT SFY26-27 -- DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

Organization Name							
		1/1/2025-12/31/2025	**7/1/2025-6/30/2026**	**1/1/2025-12/31/2025**	**7/1/2025-6/30/2026**	**1/1/2026-12/31/2026**	**7/1/2026-6/30/2027**
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						

	Agencies' Rate						
	Agencies' Range						
4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
9. Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that 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.

David M. Scanlan

Secretary of State

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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

Docusign Envelope ID: 9E1F1166-08E9-406E-B037-48FD8E1D8F6F

LAMPHEA-01 JKAMPERSAL

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
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Philadelphia Indemnity Insurance Company — 18058 INSURER B : Atlantic Charter Insurance Company — 44326 INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			PHPK2563602	7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		WCA00545411	7/1/2024	7/1/2025	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

State of 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

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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

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BerryDunn

LAMPREY HEALTH CARE

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

Docusign Envelope ID: 9E1F1166-08E9-406E-B037-48FD8E1D8F6F

BerryDunn

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.

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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.

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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.

BDMP Assurance, LLP

Manchester, New Hampshire
January 28, 2025

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

Consolidated Balance Sheets

September 30, 2024 and 2023

ASSETS

	2024	2023
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	359,558	437,916
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	10,241,575	8,992,563
Total assets	$ 18,795,149	$ 17,387,161

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	134,467	74,458
Total current liabilities	2,580,485	2,688,958
Long-term debt, less current maturities	4,442,126	2,615,291
Total liabilities	7,022,611	5,304,249
Net assets		
Without donor restrictions	11,125,241	11,159,483
With donor restrictions	647,297	923,429
Total net assets	11,772,538	12,082,912
Total liabilities and net assets	$ 18,795,149	$ 17,387,161

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

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

Consolidated Statements of Operations

Years Ended September 30, 2024 and 2023

	2024	2023
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	283,112	312,863
Total operating revenue	23,899,539	21,214,386
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	184,934	102,120
Total operating expenses	24,979,970	22,819,487
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	705,964	111,559
Decrease in net assets without donor restrictions	$ (34,242)	$ (1,451,315)

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

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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

	2024	2023
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	705,964	111,559
Decrease in net assets without donor restrictions	(34,242)	(1,451,315)
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	(705,964)	(111,559)
(Decrease) increase in net assets with donor restrictions	(276,132)	204,865
Change in net assets	(310,374)	(1,246,450)
Net assets, beginning of year	12,082,912	13,329,362
Net assets, end of year	$ 11,772,538	$ 12,082,912

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

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

Consolidated Statement of Functional Expenses

Year Ended September 30, 2024

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
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	1,518,047	110,271	1,628,318	(1,628,318)	-
Total	**$ 19,107,961**	**$ 3,111,695**	**$ 22,219,656**	**$ 2,760,314**	**$ 24,979,970**

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

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

Consolidated Statement of Functional Expenses

Year Ended September 30, 2023

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 10,529,195	$ 647,653	$ 11,176,848	$ 2,150,940	$ 13,327,788
Employee benefits	1,839,710	113,161	1,952,871	535,778	2,488,649
Supplies	1,125,756	8,612	1,134,368	140,808	1,275,176
Purchased services	1,067,039	1,157,156	2,224,195	1,335,388	3,559,583
Facilities	601,026	-	601,026	53,211	654,237
Other	238,915	148,525	387,440	393,662	781,102
Insurance	106,015	14,033	120,048	30,728	150,776
Depreciation	337,544	44,682	382,226	97,830	480,056
Interest	67,391	8,921	76,312	25,808	102,120
Allocated program support	1,462,384	105,489	1,567,873	(1,567,873)	-
Total	$ 17,374,975	$ 2,248,232	$ 19,623,207	$ 3,196,280	$ 22,819,487

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

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

Consolidated Statements of Cash Flows

Years Ended September 30, 2024 and 2023

	2024	2023
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	130,602	(681,459)
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	404,469	(559,251)
Net cash used by investing activities	(656,070)	(1,330,851)
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	(106,548)	(84,868)
Net cash provided by financing activities	2,530,847	411,714

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

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

Consolidated Statements of Cash Flows (Concluded)

Years Ended September 30, 2024 and 2023

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

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

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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.

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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.

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.

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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.

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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.

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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:

	Amount	Available Through
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.

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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.

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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:

	2024	2023
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
Financial assets available	$ 5,652,147	$ 4,292,454

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:

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

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:

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

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

	2024	2023
Gross charges	**$15,617,241**	$15,263,891
340B contract pharmacy revenue	**4,063,610**	2,223,873
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	**485,481**	328,453
Total patient service revenue	**$13,437,715**	$10,280,924

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

	2024	2023
Medicare	**15 %**	22 %
Medicaid	**44 %**	43 %
Commercial payers	**36 %**	31 %
Patient	**5 %**	4 %
	100 %	100 %

4. Assets Limited as To Use

Assets limited as to use are made up of cash and cash equivalents which are to be used for the following purposes at September 30:

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

5. Property and Equipment

Property and equipment consists of the following at September 30:

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

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

6. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through 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:

	2024	2023
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)	1,885,651	1,936,203
Total long-term debt	4,614,689	2,695,113
Less unamortized debt issuance costs	38,096	5,364
Less current maturities	134,467	74,458
Long-term debt, less current maturities	$ 4,442,126	$ 2,615,291

(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 ballon 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 ballon payment is due. The note is collaterized 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%.

(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	3,888,160
Total	$ 4,614,689

8. Derivative Financial Instruments

The Organization participates in certain fixed-payer swap contracts related to underlying, variable rate debt obligations. The purpose of these contracts is to protect the Organization against rising interest rates related to the variable rate debt. These contracts qualify for hedge accounting as a cash flow hedge and are reported at fair value as an asset or a liability. As a perfectly effective cash flow hedge, the change in fair value of the contracts is reported in the change in net assets without donor restrictions. The Organization expects to hold the swap contracts until their respective maturities.

The interest swap contract terms are summarized as follows at September 30:

Entity	Fixed Rate Paid	Variable Rate Received	Notional Amount	2024 Fair Value (Liability) Asset	2023 Fair Value Asset	Termination Date	Counterparty
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	137,955	257,798	10-02-2029	TD Bank
Cumulative unrealized asset				$ 36,613	$ 347,166		

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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:

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

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

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

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

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

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.

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SUPPLEMENTARY INFORMATION

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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	359,558	-	359,558
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	8,988,288	1,253,287	10,241,575
Total assets	$ 15,811,283	$ 2,983,866	$ 18,795,149

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	82,906	51,561	134,467
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	990,331	(990,331)	-
Total liabilities	6,154,054	868,557	7,022,611
Net assets			
Without donor restrictions	9,009,932	2,115,309	11,125,241
With donor restrictions	647,297	-	647,297
Total net assets	9,657,229	2,115,309	11,772,538
Total liabilities and net assets	$ 15,811,283	$ 2,983,866	$ 18,795,149

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

Consolidating Balance Sheet

September 30, 2023

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2023 Consolidated
Current assets			
Cash and cash equivalents	$ 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	437,916	-	437,916
Total current assets	3,799,156	1,113,427	4,912,583
Assets limited as to use	3,134,849	-	3,134,849
Fair value of interest rate swaps	89,368	257,798	347,166
Property and equipment, net	7,535,568	1,456,995	8,992,563
Total assets	$ 14,558,941	$ 2,828,220	$ 17,387,161

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 916,612	$ -	$ 916,612
Accrued payroll and related expenses	1,420,265	-	1,420,265
Deferred revenue	277,623	-	277,623
Due to (from) affiliate	24,092	(24,092)	-
Current maturities of long-term debt	29,001	45,457	74,458
Total current liabilities	2,667,593	21,365	2,688,958
Long-term debt, less current maturities	724,545	1,890,746	2,615,291
Due to (from) affiliate	1,021,406	(1,021,406)	-
Total liabilities	4,413,544	890,705	5,304,249
Net assets			
Without donor restrictions	9,221,968	1,937,515	11,159,483
With donor restrictions	923,429	-	923,429
Total net assets	10,145,397	1,937,515	12,082,912
Total liabilities and net assets	$ 14,558,941	$ 2,828,220	$ 17,387,161

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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	283,112	-	-	283,112
Total operating revenue	23,597,176	530,279	(227,916)	23,899,539
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	123,687	61,247	-	184,934
Total operating expenses	25,036,044	171,842	(227,916)	24,979,970
(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	60,800	(60,800)	-	-
(Decrease) increase in net assets without donor restrictions	$ (212,036)	$ 177,794	$ -	$ (34,242)

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

Consolidating Statement of Operations

Year Ended September 30, 2023

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2023 Consolidated
Operating revenue				
Net patient service revenue	$ 10,280,924	$ -	$ -	$ 10,280,924
Rental income	137,812	227,916	(227,916)	137,812
Grants, contracts and contributions	9,525,554	-	-	9,525,554
Other operating revenue	953,725	3,508	-	957,233
Net assets released from restriction for operations	312,863	-	-	312,863
Total operating revenue	21,210,878	231,424	(227,916)	21,214,386
Operating expenses				
Salaries and wages	13,327,788	-	-	13,327,788
Employee benefits	2,488,649	-	-	2,488,649
Supplies	1,275,051	125	-	1,275,176
Purchased services	3,559,508	75	-	3,559,583
Facilities	881,853	300	(227,916)	654,237
Other operating expenses	779,103	1,999	-	781,102
Insurance	150,776	-	-	150,776
Depreciation	370,175	109,881	-	480,056
Interest expense	48,087	54,033	-	102,120
Total operating expenses	22,880,990	166,413	(227,916)	22,819,487
(Deficiency) excess of revenue over expenses	(1,670,112)	65,011	-	(1,605,101)
Change in fair value of interest rate swaps	21,172	21,055	-	42,227
Net assets released from restriction for capital acquisition	111,559	-	-	111,559
Net asset transfer	704,200	(704,200)	-	-
Decrease in net assets without donor restrictions	$ (833,181)	$ (618,134)	$ -	$ (1,451,315)

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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
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	60,800	(60,800)	-
(Decrease) increase in net assets without donor restrictions	(212,036)	177,794	(34,242)
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	(705,964)	-	(705,964)
Decrease in net assets with donor restrictions	(276,132)	-	(276,132)
Change in net assets	(488,168)	177,794	(310,374)
Net assets, beginning of year	10,145,397	1,937,515	12,082,912
Net assets, end of year	$ 9,657,229	$ 2,115,309	$ 11,772,538

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

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2023

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2023 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (1,670,112)	$ 65,011	$ (1,605,101)
Change in fair value of interest rate swaps	21,172	21,055	42,227
Net assets released from restriction for capital acquisition	111,559	-	111,559
Net asset transfer	704,200	(704,200)	-
(Decrease) increase in net assets without donor restrictions	(833,181)	(618,134)	(1,451,315)
Net assets with donor restrictions			
Contributions	132,705	-	132,705
Grants for capital acquisition	496,582	-	496,582
Net assets released from restrictions for operations	(312,863)	-	(312,863)
Net assets released from restriction for capital acquisition	(111,559)	-	(111,559)
Increase in net assets with donor restrictions	204,865	-	204,865
Change in net assets	(628,316)	(618,134)	(1,246,450)
Net assets, beginning of year	10,773,713	2,555,649	13,329,362
Net assets, end of year	$ 10,145,397	$ 1,937,515	$ 12,082,912

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

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2024

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

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.S. Department of Health and Human Services			
State of New Hampshire Department of Health and Human Services			
COVID-19 Immunization Cooperative Agreements	93.268	102-500731-90023210	1,495
COVID-19 Immunization Cooperative Agreements	93.268	102-500731-90023800	14,101
Bi-State Primary Care Association, Inc.			
COVID-19 Immunization Cooperative Agreements	93.268	n/a	144,130
Total AL 93.268			159,726
State of New Hampshire Department of Health and Human Services			
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	n/a	94,374
First Choice Services, Inc.			
Cooperative Agreement to Support Navigators in Federally-Facilitated Exchanges	93.332	n/a	71,676
State of New Hampshire Department of Health and Human Services			
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-901010-5771	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	28,186
Total AL 93.391			89,313
State of New Hampshire Department of Health and Human Services			
Well-Integrated Screening and Evaluation tor Women Across the Nation (WiseWoman)	93.436	n/a	120,889
State of New Hampshire Department of Health and Human Services			
477 Cluster			
Temporary Assistance for Needy Families	93.558	010-045-61460000-500891	53,582
Bi-State Primary Care Association, Inc.			
Opioid STR	93.788	n/a	251,313
State of New Hampshire Department of Health and Human Services			
National Bioterrorism Hospital Preparedness Program	93.889	074-500589-90077700	2,522
State of New Hampshire Department of Health and Human Services			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92057502	165,903
State of New Hampshire Department of Health and Human Services			
Preventive Health and Health Services Block Grant	93.991	074-500589-90001022	17,536

The accompanying notes are an integral part of this schedule.

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

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended September 30, 2024

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
State of New Hampshire Department of Health and Human Services			
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	50,355
Total AL 93.994			63,221
Total Expenditures of Federal Award - All Programs			$ 7,871,330

The accompanying notes are an integral part of this schedule.

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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.

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BerryDunn

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.

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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.

BBMP Assurance, LLP

Manchester, New Hampshire
January 28, 2025

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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.

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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.

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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.

BDMP Assurance, LLP

Manchester, New Hampshire
January 28, 2025

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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

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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.

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

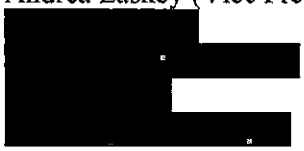
2024-2025 Board of Directors

Raymond Goodman, III (President/Chair)

Term ends 2027
Affiliation: Endicott College
Years of Service: 13[1]

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)

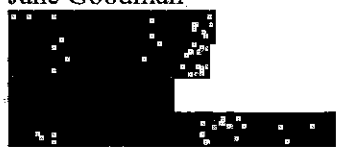
Term Ends 2025
Affiliation: Eastern Bank
Years of Service: 6

Thomas "Chris" Drew

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

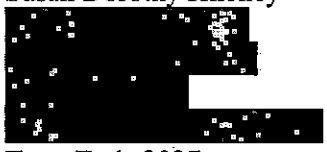
Todd J Hathaway (Secretary)

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.

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Not For External Distribution

LAMPREY HEALTH CARE
Where Excellence and Caring go Hand in Hand

2024-2025 Board of Directors

Carol LaCross
[redacted]
Term Ends 2027
Affiliation: Retired
Years of Service: 37

Jim Ryan
[redacted]
Term Ends 2026
Affiliation: Greater Lawrence Family Health
Years of Service: 2

Colin T. McHugh
[redacted]
colin.mchugh@snhhs.org
Term Ends 2027
Affiliation: Southern NH Health
New

Erika Farrell Taylor
[redacted]
Term Ends 2027
Affiliation: United Health Care
New

John G. Prieto
[redacted]
Term Ends 2027.
Affiliation: Atherton Real Estate Group, LLC
New

Mark Whitney
[redacted]
Term Ends 2027
Affiliation: Retired
New

Arvind Ranade,
[redacted]
Term Ends 2027
Affiliation: SymbioSys Solutions, Inc.
Years of Service: 10

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Anna Labbe

Objective

To obtain a position as a registered nurse.

Credentials

ACLS/BLS, Certified through July 2021.

Registered Nurse, Renewal date 07/02/22

Education

Great Bay Community College, Portsmouth, NH

Associate of Science in Nursing, May 2019

Registered Nurse Experience

IVCU - Portsmouth Regional Hospital, Portsmouth NH (July 2019- present)

- Management of patient's in the acute care setting. Types: Cardiovascular, STEMIs (post cath lab care), pre and post CVOR, Electrophysiology and Device Implants, CHF/arrhythmias, Carotid Endarterectomy, Peripheral Vascular Cases (Endovascular and Open), Post-op transcatheter Aortic Valve Replacement (TAVR), and pre and post procedural PCI

Other Relevant Experience

8 years as a Licensed Nursing Assistant

IVCU - Portsmouth Regional Hospital, Portsmouth NH (May 2018- July 2019)

Carriage Hill Assisted living, Madbury NH (May 2016-June 2019)

Brookdale at Spruce Woods, Durham NH (August 2011-May 2016)

- Providing physical support to assist residents/patients to perform all activities of daily living, including but not limited to: bathing, dressing, grooming, toileting, transfers, walking, etc.
- Answering resident call signals promptly to determine needs.
- Performing duties under the supervision of a registered nurse including but not limited to: Obtaining vital signs, performing EKGs, removing IVs/Foley catheters, collecting specimens (urine, stool, sputum), etc.

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Call
10 4. experience

Annemarie L. Kirk

Objective

To obtain a career as a Medical Assistant in the Portsmouth, NH area.

1986 to present ***Work Experience***

TeamstersCare Health Service & Insurance Plan
[redacted]

Medical Assistant

Clinical Responsibilities: Review health questionnaire with clients and record significant symptoms, perform a variety of biometrics: measure height, weigh clients, determine blood pressure, and record pulse. Obtain specimens, i.e. blood, urine, cultures, hemocult, and analyze specimens or send to lab for analysis. Perform tonometry testing, pulmonary function testing, twelve lead electrocardiogram, and a ten minute audiogram.

Administrative Responsibilities: Transcribe Medical Director's dictated reports of health screening, letters and memos using Microsoft Word. Coordinate second opinions, patient information, scheduling appointments for second opinion consult, acting as a liaison between clients and consultant surgeons, compiling data and entering data of second opinions into Network system. Provide referrals for patients who need primary care and further evaluation. Answering telephones and scheduling Audiology, Dental, and Medical appointment when no front desk coverage. Audit and maintain inventory of supplies necessary for function of the department.

1981-1986 Tewksbury Hospital
Tewksbury, MA

Nurse's Aide

Provide care to chronically ill patients and the elderly.

Education

Bunker Hill Community College
Charlestown, MA

Introduction to Microsoft Word
Introduction of Windows 95

1983-1986 Middlesex Community College
Bedford, MA

Associates in Science/Medical Assisting

1981-1983 Tewksbury Memorial High School

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BEATRICE BISSONETTE

OBJECTIVE

Communicative customer service professional motivated to maintain customer satisfaction and contribute to company success. History of maintaining large amounts of incoming calls and sustaining satisfactory relationships with customers. Offers skill with CRM systems paired with outstanding active listening and multitasking skills.

EXPERIENCE

Customer Service 11/2018- Current

Kohl's- Nashua,NH

Educate customers on special pricing opportunities.

Assist customers with making payments and opening credit.

Field customers complaints and fast track them to problem solutions.

Answering phones and assisting customers with orders.

Processing returns and providing outstanding service to new and long standings customers by active listening to concerns and developing solutions.

Bea's Daycare 9/1990 – 8/1999

Owner, Operator

Assisted children in development of social, communication and problem-solving skills.

Planned, prepared meals and snacks for children to dietary needs and restrictions.

Planned and organized age-appropriate educational crafts and field trips.

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Communicated with parents and guardians about daily activities, behaviors and related issues.

Maintain safe, healthy and comfortable childcare environment.

Hired and trained assistant in task completion and activity management.

Maintain monthly billing, bookkeeping and ordered all supplies.

Dartmouth Hitchcock clinic Hanover,NH

Registration 8/1989 - 9/1990

Performed a variety of customer service functions.

Welcome patients to facility and assisted with registration sign in process.

Entered insurance and all necessary information.

Maintained HIPPA compliance and integrity of hospital/clinic.

Arrive patients for their appointments, provided labels and directions to appointment locations.

William Carter Company – South Burlington,VT

Store Manager -1/1987-1989

Completed daily reports, balanced register drawers and daily deposits.

Managed inventory, Tracking and physical inventory counts to minimize loss.

Received and placed inventory on sales floor.

Created displays for windows and walls.

Trained associates and prepared weekly schedule.

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EDUCATION

Phlebotomy and safety training center - Litchfield, New Hampshire/phlebotomy certificate.

Nashua Adult Learning Center - nashua, New Hampshire/Hiset

Granite State College - NH foster program.

AWARDS AND ACKNOWLEDGEMENTS

Phlebotomy certificate 10/2021

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Cc: MED PH JA 2:50

Beth Deschene

Objective

I am ready to challenge myself in a new position within the organization in order to better myself and the Healthcare Center by using my many years of experience within the Billing and Customer Service areas

Experience

1998-present Lamprey Healthcare Raymond, NH

Coding Specialist/Charge Posting/Billing Representative

- ICD 9 coding of all super bills for Raymond and Nashua, Nashua since 2002.
- Posting and reconciling of all charges for both sites.
- Interfacing and problem solving with other departments and patients
- Processed financial assistance applications

1996-1998

Intake

- Responsible for arriving patients and confirming accuracy of demographics and insurance information.
- Receipt of co-pays/balance payments and reconciliation of daily monies
- ICD 9 coding/posting charges for the Raymond site.

1992-1995

Cashier

- Receipt of co-pays/balance payments and reconciliation of daily monies.
- Problem solving in regards to patients bills.
- ICD 9 coding/posting charges for the Raymond site.

1986-1991 Teledyne Electro-Mechanisms Hudson, NH

Material Planner

- Review requirements for shipments based on hardware availability
- Coordinate shortages with Master Scheduler and vendors to ensure schedule integrity.
- Coordinated and developed a computerized net requirement system.

Education

1989-1991 Franklin Pierce College Nashua, NH

- Business Management ,degree one year from completion.

1979-1982 Roger Williams College Bristol, RI.

- Marine Biology

References

Available upon request.

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Casey Crawford Brighton BSN, RN, DNP-S

EDUCATION

Saint Mary's College of Notre Dame, Notre Dame, IN — **Current**
Doctorate in Nurse Practitioner, Aug 2019

Duke University School of Nursing, Durham NC — GPA 4.0
Bachelor of Science in Nursing, May 2017

University of New Hampshire, Durham NH — GPA 3.7
Bachelor of Arts in Psychology, May 2014

CLINICAL EXPERIENCE

- Assess, educate and treat patients with simple and complex diseases while monitoring closely for changes from baseline
- Advocate for and support patients and families to ensure the best care is received
- Delegate and oversee nursing assistants/techs during daily tasks
- Assist in Codes, STEMIs, Strokes, and Traumas while maintaining a calm atmosphere and attending to all other patients

Registered Nurse, Clinical Nurse II — Aug. 2019-**Current**
Emergency Department
Elliot Hospital, Level 2 Trauma Center, Manchester NH

Registered Nurse, Clinical Nurse II, Per Diem — Jan. 2018-June 2019
Emergency Department
University of North Caroline Rex, Level 2 Trauma Center, Raleigh NC

Registered Nurse, Clinical Nurse II — May 2017-June 2019
Emergency Department
University of North Carolina (UNC), Level 1 Trauma Center, Chapel Hill NC

LICENSE/ CERTIFICATION

North Carolina Registered Nurse (RN), Compact State	May 2017
New Hampshire Registered Nurse (RN), Compact State	May 2019
Basic Life Support (BLS)	Oct. 2023
Advanced Cardiac Life Support (ACLS)	Mar. 2025
Pediatric Life Support (PALS)	May 2025
Trauma Nurse Core Course (TNCC)	Oct. 2025
Crisis Prevention Institution (CPI)	Feb. 2022

LEADERSHIP

Trauma, Documentation and Education Committee Member	July 2017
Clinical Preceptor for EMS/Firefighter/Nursing Students	Mar. 2018
ENA Member	May 2017
Sigma Theta Tau International Honor Society of Nursing	May 2017

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CLINICAL PRECEPTORSHIP-Doctor of Nursing Practice (DNP)

Advanced Health Assessment [30 hours] April 21-Aug. 21
Stephanie Selleck, APRN; Elliot Hospital Urgent Care

Mental Health [60 hours] Aug. 21-Dec. 21
Melinda Chernev, APRN; Elliot Hospital Pathways

Adult Primary Care [120 hours] Jan. 22-April 22
Kaye Jaworowski, APRN; Elliot Hooksett Family Practice

Women's Health [120 hrs] Aug. 22-Dec. 22
Dr. Brenda Stapp, DO & Kristine Fedorchak; APRN, Manchester OB/GYN

Pediatrics [120 hours] Jan. 23-May 23
Dr. Christina Ferreri, DNP; Elliot Pediatrics, Manchester

Adult Primary Care [240 hours] Pending
Kaye Jaworowski, APRN; Elliot Hooksett Family Practice

Total: *690+ hours*

DNP DISSERTATION/THESIS: Human Trafficking Education & the Healthcare Provider

NURS 701: 40 hours, *Topic Exploration* Aug. 2021-Dec. 2021
NURS 702: 40 hours, *Method Exploration* Jan. 2022-April. 2022
NURS 703: 80 hours, *Proposal/Defense* May 2022-Aug.2022
NURS 704: 80 hours, *Implementation* Aug. 2022-Dec. 2022
NURS 705: 80 hours, *Data Analysis* Jan. 2023-May 2023
NURS 706: 80 hours, *Defend & Disseminate* May 2023-Aug. 2023
Total: *400+ hours*

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Colleen Cote

EXPERIENCE

One Sky Community Services Inc.

Portsmouth, NH 03801

Direct Support Professional - In home client care

05/ 2015 - 05/2018 + 2019 - Present

Previous agency - Kimmi Nichols Plaistow. 3-2015 (Family changed agency) Same family.

- Farmsteads New England
Epping NH

September 2018- April 2019

-Catholic Medical Center

LNA -Cardiovascular Surgical Care

1 year

-Exeter On Hampton Care and Rehab.

Exeter, NH.

LNA

6 years

EDUCATION

Essex Agricultural and Technical 1990-1994

Hawthorne, MA 01937

HS Diploma - Animal Science Major

Saint Mary's

Danvers, MA 01923

SKILLS

LNA for 20 years. DSP for 6 Positions held in long term care, rehabilitation, critical care , home care and activities.

Patient /family customer service

Problem solving

Flexibility

Team work

Reliability

Computer knowledge

Willing to learn new things

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Cory-Lynn Smith

To utilize my skills in a professional manner for personal as well as business growth and to become an asset to my employer for long term, trustworthy business relationship so each prospers intrinsically and extrinsically.

Willing to relocate: Anywhere
Authorized to work in the US for any employer

Work Experience

Medical assistant
Medi Weightloss Clinics - Londonderry, NH
August 2020 to Present

• Rooming patients, obtaining vital signs, injections, phlebotomy, EKG and other various medical tests performed. Encouraging and supporting Weightloss goals for patients with positive reinforcement and motivational goals for success. Administrative and clinical duties as well. Sales and counseling as well as marketing and assessments to bring in new patients to the practice with 100% turn around of booking new patient appointments. Built a lasting rapport with patients.

Activity Director
Birch Heights Retirement community - Derry, NH
January 2010 to March 2011

• Position required planning entertainment and daily activities. Communicating effectively with the families of residents within the complex. Community outreach and event planning, trips to museums and art shows. Providing support for residents adjustment and establishing a good rapport, ability to listen with compassion, crafts and events such as fashion shows to group discussions, bingo, exercising, walks. Ability to be creative and see them smile and enjoy the latter years of life.

Medical Assistant
Phillips Healthcare Solutions/Lifeline - Andover, MA
October 2007 to December 2009

• Medical Assistant, via telehealth home monitoring equipment monitored vital signs for elderly and terminally ill patients, delivered excellent Patient/customer service as well as effectively communicated with Home health nurses and aides, duties also entailed troubleshooting lifeline equipment and ensuring/ patient education on proper procedure for glucose monitoring, wt determination and blood pressure readings. Install and de-install of equipment. Assisting with set up via telephone communication, ensuring proper install measuring frequency bands. Keeping records of patients and filing. Logged all phone conversations in detail, performed business metrics for company and delivered information during weekly business meetings.

Optician
Acuity Eyecare - Salem, NH

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April 2006 to October 2007

• Manage proper frame inventory with today's fashions to meet the needs of each individual style. Processed each patient with dignity and professionalism to achieve highest standards of quality for eyewear looks, function, and gratification. On sight lab allowed me to provide fast efficient service and lensometry. Maintained a lens inventory to accommodate simple to modest single vision turn around. Worked with optical labs to find best product options, prices and service to best meet client needs. My experience also extends into front desk operations such as scheduling appointments, working with insurances, filing, proper phone etiquette.

Optician/receptionist

Willow Eyecare - Manchester, NH
May 2004 to April 2006

• Administrative duties included, but not limited to: Appointment scheduling, patient chart upkeep and filing, document interpretation and communication to other medical facilities. Insurance processing, authorizations and interpretation. Patient chart preparation for new, previous and daily appointments. Assisted patients with eyewear selection, contact lens training, i.e., insertion and removals well as care for contact lenses. Maintained inventory of eyeglass frames, contact lenses and other products necessary for business function.

Phlebotomist

Path Labs - Bedford, NH
May 2003 to January 2004

Traveling phlebotomist to area nursing homes throughout New Hampshire. Position required stat calls as well as scheduled calls. Arrived at nursing home at 6am and on call after 1pm. Duties included; blood draws and transport to Bedford Path Lab and Catholic Medical Center. Position also required data entry for requisitions and labels.

Medical Assistant

Main Street Medical - Salem, NH
April 2000 to May 2003

• Clinical position required ability to perform injections, EKG administration and interpretation, documentation of medical charts, phlebotomy, vital signs; pulse and respirations, BP checks, height and weight determination, acuity testing, DOT physical workups, hearing checks, throat cultures, alcohol and drug testing, urine analysis, pulmonary function tests, assisting with minor procedures such as lesion removals/biopsies. Suturing, sigmoidoscopy, calling in prescriptions to pharmacy and providing exceptional care with professionalism and proficiency to all patients. Scheduling drug reps and organizing med supplies and medicine. Rooming patients and setting up for exam and procedures.

Education

Associate's in Psychology

Hesser College - Manchester, NH
2009 to 2011

Associate's in Medical Assisting

Northeast Career School - Manchester, NH
1993 to 1995

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GED
Londonderry High School

Skills

- Sales
- Scheduling
- training
- Billing
- Microsoft Office
- Excel
- Spanish
- Medical Office Experience
- Microsoft Word
- Experience Administering Injections
- Phlebotomy
- Vital Signs
- Patient Care
- Phone Etiquette
- EMR Systems
- Triage
- Venipuncture
- Documentation review
- Medical terminology
- Medication administration
- Blood sampling
- Intake

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Jameson [illegible] Lassor MSN, APRN, FN[illegible]-BC, CNL

([illegible]

Enthusiastic, disciplined, and highly motivated family nurse practitioner with 7+ years of health care experience, pursuing position as a nurse practitioner. Proven ability to provide excellent care across various disciplines and areas of specialty including primary care, quality improvement, population health management, and emergency medicine. Additional extensive clinical experience acquired during course of a graduate studies. Possesses a Masters qualification in nursing as well as a Poster Masters Family Nurse Practitioner Certificate. Committed to serving patients to the best of my ability.

EDUCATION

University of New Hampshire - Durham, NH **Graduated May 2019**
Post-Master's Family Nurse Practitioner Certificate Program
- Member of Honor's Society of Nursing Sigma Theta Tau International
- GPA: 4.00

University of New Hampshire - Durham, NH **Graduated: August 2016**
Master of Science: Direct Entry Master's in Nursing
- Member of Honor's Society of Nursing Sigma Theta Tau International
- GPA: 3.83

University of New Hampshire - Durham, NH **Graduated: May 2013**
Bachelor of Science: Nutritional Sciences/Pre-med
- Member of Alpha Epsilon Delta Academic National Health Pre-Professional Honors society
- GPA: 3.12

PRACTICUM FOR FAMILY NURSE PRACTITIONER

Lamprey Heath Care – Newmarket, NH **Spring - Summer 2018**
- Provided treatment and management of acute and chronic conditions in pediatric and adults
- Developed comprehensive treatment plans including medication selection, imaging, labs, and referrals

Lamprey Health Care – Raymond, NH **Fall 2018 - Spring 2019**
- Provided preventative, acute, and chronic care to patients of all ages and with a focus on pediatrics and adolescents
- Provided STI counseling and screening
- Performed gynecological examinations

North East Dermatology – Dover, NH **Spring 2019**
- Expanded my diagnostic and treatment plan skills of dermatological conditions
- Acquired procedural skills of excisions, biopsies, cryotherapy, suturing, and more.

Core Oncology – Exeter, NH **Spring 2019**
- Refined and expanded on my diagnostic and treatment skills for hematological and oncological conditions

Core Cardiology – Exeter, NH **Spring 2019**
- Refined and expanded on my diagnostic and treatment skills for craniological conditions

PROFESSIONAL EXPERIENCE

Lamprey Health Care Raymond, NH **Pending**
Family Nurse Practitioner
-

Lamprey Health Care – Newmarket, Raymond, Nashua, NH **January 2019 – August 2019**
Quality Improvement Manager
- Analyzed and assessed the health of vulnerable patient populations and implemented targeted interventions to mitigate risk
- Provided education and coordination of "Patient Centered Medical Home" readiness efforts for the organization, participated in corporate performance improvement initiatives, and supported medical executive performance improvement initiatives
- Researched and recommended implementation of "evidence-based" performance measures

Lamprey Health Care – Newmarket, Raymond, Nashua, NH **October 2017 – January 2019**
Chronic Care Management and Population Health Nurse
- Founded and implemented a, "Chronic Care Management", program to provide case management services to high-risk patients

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Lamprey Health Care – Raymond, N **y 2016 – October 2017**
Medical Home Team Nurse/Quality Im, ovement Nurse

- Triaged patient calls, assessing acuity and formulating interventions and coordination of care according to established, evidence-based protocols
- Educated patients regarding chronic conditions, lifestyle modifications, pharmacological regimens, and communities resources
- Ran and monitored reports regarding clinical quality metrics
- Populated dashboards displaying clinical quality metrics

American Ambulance of New England – Somersworth, NH **June 2013 – July 2016**
Advanced Emergency Medical Technician

- Assessed and evaluated nature of illness/injury and devised plan of care on an immediate basis
- Provided life support care in emergent situations
- Assisted paramedics with advanced life support care

Preceptor Experience

Doctor or Nursing Practice **September 2018 – Present**

- Lent leadership overseeing the creation and conduction of a capstone project dedicated to improving the rates of pediatric developmental screening and appropriate follow-up interventions.

Masters of Science in Nursing, Clinical Nurse Leader **January 2018 – July 2018**

- Oversaw the development and completion of a quality improvement project dedicated to proper prescribing methods for opioids.

Professional Affiliations

Sigma Theta Tau

American Nurses Association (ANA) & New Hampshire Nurses Association

CERTIFICATIONS

ANCC Certified Family Nurse Practitioner (FNP)	**June 2019**
Clinical Nurse Leader (CNL)	**June 2016**
Registered Nurse (RN)	**June 2016**
Basic Life Support (BLS) for Health Care Providers	**December 2018**

LICENSURE

Advanced Practice Registered Nurse, Family Nurse Practitioner	**July 2019**
Registered Nurse	**June 2016**

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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

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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.

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- Assisting with front desk responsibilities when needed which includes checking in patients and verifying insurance is updated in the system, all appropriate paperwork up to date, being able to accurately identify what kind of paperwork a patient needed depending on their specific needs.

Patient Services Representative – Jan 2016 – October 2018

- Check patients out, scheduling future appointments, working on any open phone notes or desktop items, answering incoming calls, checking, and returning messages.
- Being able to communicate effectively with clinical to assure that the needs of our patients were being met and expectations set.
- Servicing a population of multiple cultures and being able to adapt to assist the needs of each patient regardless of the cultural differences or ways of understanding. i.e using tablets to translate languages.
- Assisting with front desk responsibilities when needed which includes checking in patients and verifying insurance is updated in the system, all appropriate paperwork up to date, being able to accurately identify what kind of paperwork a patient needed depending on their specific needs.

Medical Assistant – May 2013 - Jan 2016

- Greet and log in patients arriving at office or clinic.
- Show patients to examination rooms and prepare them for the physician.
- Interview patients to obtain medical information and measure their vital signs, weight, and height.
- Record patients' medical history, vital statistics and information such as test results in medical records.
- Help physicians examine and treat patients, handing them instruments and materials or performing such tasks as giving injections and removing sutures.
- Perform routine laboratory tests and sample analyses.
- Checked patient glucose levels (A1C)
- Performed INR to monitor anticoagulation within a patient's blood
- Electrocardiogram (EKG)
- Collect blood, tissue, or other laboratory specimens, log the specimens, and prepare them for testing. Pregnancy tests.
- Prepare and administer medications as directed by a physician including immunizations.
- Schedule appointments for patients.
- Explain treatment procedures, medications, diets and physicians' instructions to patients.
- Authorize drug refills and provide prescription information to pharmacies.
- Properly disposed of contaminated medical supplies
- Set up medical laboratory equipment.
- Prepare treatment rooms for patient examinations, keeping the rooms neat and clean.
- Inventory and order medical, lab, and office supplies and equipment.
- Perform general office duties such as answering telephones, taking dictation and completing insurance forms.

Microtech, Londonderry, NH June 2010 – November 2011

Assembly

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- 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

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JOHN DAVID ANDERSON, MD

RESIDENCY

PEDIATRICS — Morgantown, West Virginia
8/2003 – 7/2006
West Virginia University Hospital

EDUCATION

DOCTOR OF MEDICINE — Morgantown, West Virginia
8/1999 – 7/2003
West Virginia University

POST GRADUATE RESEARCH — Morgantown, West Virginia
Mechanical Engineering
8/1992 – 6/1995
West Virginia University

BACHELOR OF SCIENCE — Morgantown, West Virginia
Aerospace Engineering
- Graduated Summa Cum Laude

8/1998 – 6/1992
West Virginia University

EMPLOYMENT

PEDIATRICIAN *Main Street Pediatrics* — Nashua, New Hampshire
8/2018 – Present

PEDIATRICIAN *Mark Twain Medical Center* — Angels Camp, California
9/2014 – 6/2018

PEDIATRICIAN *Ptarmigan Pediatrics* — Wasilla, Alaska
8/2012 – 7/2014

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EMPLOYMENT (continued)

PEDIATRICIAN *Providence Matanuska Health* Wasilla, Alaska
9/2007 – 3/2011

CHIEF RESIDENT *WVU Hospital* Morgantown, West Virginia
7/2006 – 7/2007

SENIOR PRODUCT ENGINEER Rocket Center, WV
Alliant Techsystems ABL
7/1995 – 9/1998

PROFESSIONAL/COMMUNITY ACTIVITIES

- Newborn Nursery Rounding
- EPIC Physician Builder
- Active member of Testicular Cancer Support Forum
- Longtime volunteer Habitat for Humanity
- Past volunteer Potomac Appalachian Trail Commission

PUBLICATIONS/RESEARCH

- Conference paper presentation:
  Finite Element Model of a Total Hip Prosthesis
- Post Graduate research on damage modelling of composite materials

INTERESTS

- Automobile Hobbyist: Vintage Volkswagens
- Outdoor Enthusiast: Hiking, Camping, Sailing

LICENSURE/CERTIFICATIONS/HOSPITAL

- American Board of Pediatrics: Certification 2006 – present
- EPIC Physician Builder: Certification 5/2020
- EPIC Power User: Training (in process)
- Medical Staff: Southern New Hampshire Medical Center
- New Hampshire State Medical License and DEA
- NRP: Certification 2003 - present

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Katelyn Jacobsen

Earlo

QUALIFICATIONS:

- Works well with others and/or independently
- Great with computers and Microsoft Programs
- Ability to prioritize and remain focused, great organizational skills

EXPERIENCE:

Concord Hospital- Therapeutic Arts Department, Concord, NH 2/2009-4/2009
Intern

- Interacted with patients
- Provided activities to do with the patients
- Provided information for bi-weekly discharge planning

The Division for Child, Youth, & Families, Rochester, NH 1/2010-4/2010
Intern

- Documentation on cases
- Communicated/Retention/ Delegation skills
- Attended all scheduled court hearings
- Provided at home counseling services

Whole Village Family Resource, Plymouth, NH
Intern 10/2010-12/2010

- Assisted families and children with learning activities
- Prepared notes for parent education sessions
- Provided assistance with their weekly soup kitchen

The D'Adamo Institute for Advancement of Natural Therapy, Portsmouth, NH 2004-2007
Housekeeping/Nurses Assistant

- Maintained communication with clients and office staff
- Kept the office and all patient rooms cleaned and readily available
- Assisted with clay therapy, hyperbaric chambers, and detoxifying foot baths when needed

The Sheraton Harbor Side Hotel, Portsmouth, NH 2008-2014
Banquet Server

- Work all scheduled events
- Assist staff in the reception area
- Greet patrons and give direction when needed
- Make sure supplies are stocked for daily functions
- Lead weddings and events when needed

Lamprey Health Care 2014-Present
Team Coordinator Lead

- *Lead Team Coordinators in a productive work flow*
- *Attend weekly management meetings and provide process updates*
- *Maintain provider schedules and coverage, as well as the Team Coordinator schedules*
- *Order all office supplies*
- *Run weekly and monthly reports on the provider scheduling*
- *Provide safety tours for new hires and monthly safety checks for the building*
- *Daily use of ADP, Centricity scheduling, Microsoft Word Programs, EMR*

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VOLUNTEER EXPERIENCE AND TRAINING:

Dover Police Department, Dover, NH
Volunteer

- Irish Festival Sponsor — 9/2004
- Annual Christmas Basket Program — Annually
- Community Undivided Charity — 4/2012

Lutheran Social Services, Concord, NH
Volunteer/Community Service (Spring 2008)

- Organize donations for families

STAR 12 Program: Online Webinars and Live Conferences in the Seacoast Area

- Conference- How to Successfully Make the Transition to Supervisor, Manchester, NH (May 2015)
- Webinar- Leading the Way: Managing Change in the Workplace

EDUCATION:

Dover Senior High School, Dover, NH
Graduated — 9/2003-5/2007

New Hampshire Technical Institute, Concord, NH
Graduated: Associate's of Science in Human Services — 9/2007-5/2010

Plymouth State University, Plymouth, NH — 9/2010-12/2010

Franklin Pierce University, Portsmouth, NH
Graduated: Bachelor's of Science in Human Services — 1/2011-6/2012

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Kelsey A. Desautels

Objective

Seeking long term employment in an organization where I can grow professionally and apply the knowledge that I have gained through my education and work experience.

Education

B.S., Health Management and Policy, May 2014

Graduate of the University of New Hampshire – Durham

- Graduated with Honors as a University Scholar

Graduate of Raymond High School, Raymond, NH June 2010

- Graduated 9th in my class

Relative Course Work

- Statistics
- Health Research
- Financial Management
- Epidemiology
- Social Marketing
- Health Policy
- Health Planning
- Finite Math
- Organizational Management
- Microeconomics
- Health Ethics & Law
- Health Economics

Experience

PMC Medical Group LLC/Granite State Pain Associates- [redacted]

Administrative Assistant - Jan. 2015 - Present

- Assist patients with questions or concerns
- Collect payments and update patient information
- Schedule patient appointments and procedures

UnitedHealthcare - [redacted]

Customer Care Professional – August 2014 – October 2014

- Resolved questions and concerns relating to insurance benefits, claims, and pharmacy
- Helped customers become knowledgeable about their insurance policy
- Updated customer profile information

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Southern NH Area Health Education Center – [redacted]

Intern – May 2013 – July 2013

- Facilitated the Oral Health Dental Home for Children project
- Coordinated the evaluation of the Better Choices Better Health Program
- Updated patient information for Lamprey Health Care using electronic medical records

Lowes – [redacted]

Customer Service Associate/ Weekend Team Associate - June 2011 - April 2013

- Assisted customers with questions and finding items they needed to finish projects
- Responsible for training new Weekend Team Associates
- Guided Kid's Activity Clinics
- Employee of the month May 2012

Skills

- Experienced using Microsoft Excel
- Electronic Medical Records
- Hardworking and dependable
- Punctual
- Excellent time management
- Solid interpersonal skills
- Teaching and training
- Well Organized

Accomplishments/Activities

- Member of the Student Organization for Health Leadership (SOHL)
- Member of the UNH Birding Club
- Member of Slow Food UNH
- Earned GPA of 3.30
- Achieved Employee of the Month at Lowes for May 2012

Interests and Service

- Avid Reader
- Bird Watching
- Kayaking
- Soundtrack/Thematic Music

Availability/References

Available within two weeks of hire

References available upon request

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Kristen De La Rosa

EDUCATION AND AWARDS

Bachelor of Science in Public Health, Rivier University, *Nashua, NH* May 2019
Dean's List Spring 2018 - Spring 2019
Associates of Science in Nursing, Rivier University, *Nashua, NH* May 2023

CERTIFICATIONS AND LICENSURE

Licensed Nursing Assistant, State of New Hampshire July 2022
Registered Nurse, State of New Hampshire June 2023

RELEVANT EXPERIENCE

Elliot Hospital, *Manchester, NH* June 2023 – Present
Registered Nurse

- Complete clinical assessments every 4 hours to ensure proper care and support to patients who are admitted to the Cardiac Intermediate Care Unit
- Ensure patients receive medications on time and reassess pain every 2 hours and as needed
- Repositioning patients every 2 hours and as needed to prevent injury and infection
- Continually documenting clinical assessments and events throughout the shift
- Coordinate with other medical staff including physicians, social workers, case managers, and nurse practitioners regarding the plan of care for every patient

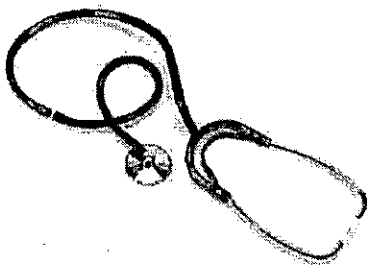
Catholic Medical Center, *Manchester, NH* August 2022 – June 2023
Licensed Nursing Assistant

- Assist up to 20 patients with activities of daily living including linen changes, bathing, dressing, getting in and out of bed, walking, and eating
- Cleaning patients who are incontinent to prevent infection and skin breakdown from urine and stool
- Repositioning patients who are bedbound to prevent pressure injuries and further infection
- Assist other nursing staff with collecting vital signs on patients every 4 hours
- Collect blood sugars on patients who are diabetic prior to meals to ensure proper administration of insulin

Lamprey Health Care, *Nashua, NH* April 2019 – August 2022
Community Health Worker

- Participate in community outreach events in the Greater Nashua area
- Responsible for conducting culturally appropriate outreach, lay health education, and assisting with population management
- Assist patients in understanding their plan of care, coordination of care and assist with general navigation of the health care system
- Help patients in utilizing resources and provide referrals for services to community agencies as appropriate
- Key liaison in successful management of an integrated partnership between Lamprey Health Care and Greater Nashua Mental Health
- Responsible supporting a panel of 300 patients with complex mental health diagnosis with chronic physical health conditions

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CMA 12/14
713

MEGHAN
MULLINS

CERTIFIED MEDICAL ASSISTANT

CMA with 3+ years experience in a multi-physician family medical practice and emergency room settings. Strives to work hard and dedicated to providing premium patient care. Skills include:

— *Medical Office Management*	— *Bookkeeping & Filing*	— *Patient Scheduling*
— *Medical Billing & Coding*	— *Taking Patient Vitals*	— *Patient Education*
— *Data Entry*	— *Injections & Phlebotomy*	— *HIPAA & JCAHO Knowledge*

Objective

To secure a professional medical assistant position in a reputable medical facility where I can continue to develop and enhance my hands-on skills and education in the medical field.

Education

Certified Medical Assistant (CMA), August 31, 2010- *Certification No. 2426942*
Certified in First Aid & CPR, 2008-Present

Professional Experience

Shift Supervisor & Wait Staff- 99 Restaurant
January2007-February 2011

- Hired as a hostess, and moved up the ladder to become on shift manager throughout my time with the company.
- Handle money, customer satisfaction, employee satisfaction and maintaining a busy restaurant.
- Keeping a calm, professional demeanor in a busy and stressful environment.

Certified Medical Assistant, 2010
Served externship for a busy internal medicine practice, Seacoast Medical Associates (Externship) —Salisbury, MA.

- Demonstrated proficiency in taking patient medical histories and vital signs, as well as in performing injections and various diagnostic procedures and ancillary tests (e.g., EKGs, hematology, urinalysis and PTs).

Medical Technician- Lahey Clinic Burlington Emergency Department
February 2011-February 2012

- Ensured the cleanliness, sanitation and maintenance of all facilities, exam rooms and equipment
- Reacted calmly and effectively in emergency situations, and added the personal, caring touch that immediately put patients at ease.

Medical Assistant/Phlebotomist - Lahey Clinic Merrimac & Amesbury Laboratory
February 2012- April 2014

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- Handling front desk, administrative work, booking/rescheduling appointments, refill medications, fax/import/edit documents, entering medical orders, and patient call-backs.
- Seating patients, taking vital sign, phlebotomy, quality control and immunizations.
- Worked in high-volume lab for fasting labs and difficult draws when needed.

Medical Assistant- Bedford Occupational and Acute Care and ExpressMed

May 2014- June 2015

- Working both administrative and clinically for both Occupational Health Services and Urgent Care services.
- Certified Occupational Hearing Conservationist, Federal Drug and Alcohol Testing, and Escreen Drug Tester.
- Ordering supplies, lab supplies, medications, and occupational braces and slings.
- Dispense medications, immunizations, blood work, perform pulmonary function tests, audiology testing, respirator fit testing, EKG's, and emergency services.

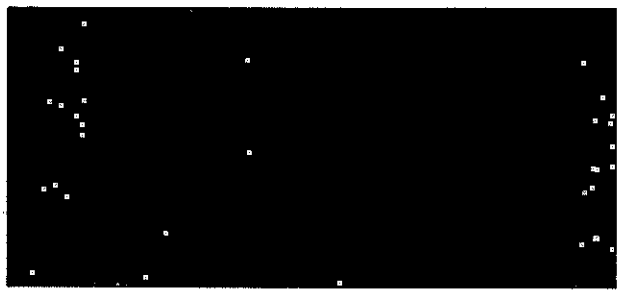
Medical Assistant- Susan Krolewski, MD PLLC

April 2015-Present

- Works in family practice with both pediatric and geriatric patients.
- Vaccine management through NH GOV, knowledge of NHVax and VOMS.
- Workdays include vaccine Administration, general patient health care, prior authorizations, applying insurance claims and clerical support.

Skills

- Excellent knowledge of clerical skills like word, excel, outlook and access.
- Great communication skills, verbally, non-verbally, and written.
- Exceptional customer service and interpersonal skills.
- Quick learner, with a strong desire to learn new tasks and acquire more responsibility.
- Flexible, reliable, and dependable worker. Prompt and hard-working.
- Professional attitude, appearance, and demeanor.
- Access and experience with NH Vaccine management



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SANDRA J. YORK

Information Technology Director

EDUCATION

B.S., Human Services, New England College, Henniker, New Hampshire, 1996

Diploma, Early Childhood Education, Perry Normal School, Boston, MA., 1972

PROFESSIONAL HISTORY

2001 – 2018	Information Technology Director, Families First of the Greater Seacoast, Portsmouth, New Hampshire
1999 - 2001	Information Systems Manager, Families First of the Greater Seacoast, Portsmouth, New Hampshire
1998 - 1999	Office Administrator, Families First of the Greater Seacoast, Portsmouth, New Hampshire
1992 - 1998	Supervisor, Data Processing, Advanced Systems in Measurement and Evaluation, Inc., Dover, New Hampshire
1990 - 1992	Administrative Assistant, Advanced Systems in Measurement and Evaluation, Inc., Dover, New Hampshire
1990	Computer Clerk/Processor, Computer Services Department, Advanced Systems in Measurement and Evaluation, Inc., Dover, New Hampshire
1988 - 1989	Temporary Employee, Advanced Systems in Measurement and Evaluation, Inc., Dover, New Hampshire
1985 - 1988	Teacher, Happy Helpers Preschool Educational Center, Dover, New Hampshire

PROFESSIONAL EXPERIENCE

As Information Technology Director, maintain all hardware within the agency, as well as install and train on all software and phone usage. Continue maintenance of the medical records software and the database integrity. Coordinate HIPAA compliance preparation and oversee the process as Security Officer of the agency. Participate as a member of the Management Team and help develop new and better policies internally.

As Information Systems Manager, continued all aspects of the office administrator duties. New responsibilities include programming and maintaining new phone system, as well as all hardware, software and network for computers. Handle operations for our new facility including tracking for building keys and security cards, parking information, machines, etc. Institute and continue to train and build upon new medical records software for the health center. Supervise and train new staff as well as volunteers.

As Office Administrator, responsible for day to day operations of the family support center, including all scheduling, phone coverage, shopping for supplies, designing publications, working with outside vendors, maintaining database, computer training, organizing staff and supervising volunteers.

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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

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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.

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Stacy Dionne

Objective:

To obtain a position as a Medical Assistant in an office where I can utilize and develop my clinical skills.

Education:

Seacoast Career Schools – May 2004 – Present
Expected Graduation Date – February 2005
Professional Medical Assistant
GPA – 4.00

Skills:

Vital Signs	Injections	Pharmacology
Patient Preparation	Sterilization	Medical Law & Ethics
EKG	CPR/First Aid	Medical Billing
Urinalysis	Anatomy/Physiology	Medical Transcription
Phlebotomy	Medical Terminology	Microsoft Word

Qualifications:

- Ability to work independently as well as with others
- Able to multitask in a fast paced environment
- Experienced with customer service

Work History:

Office Cleaner, Busy Bee Cleaners, Somersworth, NH 2000-2001
General Help, Pizza Factory, Newburyport, MA, 1996-1999

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STEPHANIE M. HALLENBECK

OTHER PROFESSIONAL EXPERIENCE

MGH Institute of Health Professions, Boston, MA, Jan 2013 – Aug 2013
Teaching Assistant for Nursing Process Skills
- Provided customized one-on-one tutoring for nursing students seeking additional help with nursing theory and test taking strategies.
- Participated in clinical lab simulations.

Magellan's International Travel Supplies, Santa Barbara, CA, Apr 2010 – Feb 2012
Merchandise and Inventory Planning Analyst
- Coordinated with merchandising and purchasing teams to develop seasonal merchandise plans, improving adherence to budget and inventory level targets.
- Analyzed end of season results and incorporated new information into future planning.
- Designed, implemented, and managed forecasting tools.
- Collaborated with information technology department on the development of and subsequent roll out of a proprietary merchandise assortment database.
- Educated team members to use newly developed tools and used feedback to further improve database.

English Language Training, Beijing, China, Jun 2009 – Feb 2010
English as a Second Language Teacher
- Provided business English training to managers and other professionals working in a variety of business settings with a focus on presentation skills, business etiquette, understanding culture differences and building vocabulary.
- Designed and taught customized learning programs for students of all ages and fluency levels based on students' language ability, personal goals and learning style.
- Led adult group conversation classes focusing on pronunciation, expanding vocabulary, and speaking naturally.
- Taught preschool aged children through dynamic classroom activities including games, group participation and individual writing exercises.

Putnam Investments, Boston, MA, Jun 2003 – Nov 2008
Middle Office Analyst, Assistant Vice President, Aug 2005 – Nov 2008
- Designed and implemented robust process for managing the pre-trade activity for the emerging markets trading desk, reducing errors and post-trade settlement issues.
- Managed over $100 million in collateral for the emerging markets trading desk.
- Acted as liaison and main point of contact between trading, legal, brokers, accounting, and the back office.
- Provided trading support to traders of various fixed income products.
- Communicated with and supported firm's client services group regarding trading strategies and processes for sensitive Japanese client accounts.
- Oversaw bank loan settlement process that was implemented in previous role as a bank loan trading assistant.

Bank Loan Trading Assistant, Jun 2003 – Aug 2005
- Pioneered bank loan pre- and post- trade process reducing average settlement time of bank loan transactions by maintaining strong relationships with internal and external partners.
- Managed cash balances in four portfolios, accounting for daily loan settlements, client redemptions, dividend and fee payments, and all other cash-impacting activities.
- Developed and maintained Microsoft Access databases to provide detailed weekly reporting and analysis of portfolio holdings and performance.
- Monitored bank loan portfolios on a trade-by-trade basis to ensure portfolio consistently met compliance requirements.

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STEPHANIE M. HALLENBECK, DNP, FNP-BC

LICENSURE

APRN, New Hampshire (pending)
RN, New Hampshire (pending)
RN, Arizona
RN, Massachusetts

CERTIFICATIONS

MAT Waiver Training for APRNs
Basic Life Support (BLS)
Advanced Cardiac Life Support (ACLS)

PROFESSIONAL AFFILIATIONS

Sigma Theta Tau International Honor Society of Nursing
American Association of Nurse Practitioners

PRESENTATIONS

Gallup Indian Medical Center Covid-19 Relief Project: A Service-Learning Immersion, Tucson, AZ, April 2021
9th Annual Interprofessional Rural Health Professions Program Conference

Aiding Healthcare Workers with Burnout and Vaccine Hesitancy, Tucson, AZ, April 2021
9th Annual Interprofessional Rural Health Professions Program Conference

Nursing Innovation and COVID-19, Tokyo, Japan, September 2020
45th International Healthcare Engineering Exhibition
On behalf of Tokyo Nursing Association

Assessment and Pain Management in the U.S. and Japan, Tokyo, Japan, December 2018
NTT Tokyo Medical Center

United States – Japan Nurse Exchange Program: Gaining Cultural Competence, Tokyo, Japan, June 2018
NTT Tokyo Medical Center

LEADERSHIP INVOLVEMENT

Nurse Exchange Program: Japan and United States Air Force, Jun 2018 – Jan 2021
Developed nurse exchange program between Yokota Air Force Base, Japan and Tokyo-area hospitals. Through shadowing a nurse from the opposite country, the program allows nurses to exchange ideas and develop an understanding of each nation's healthcare practices. Designed and delivered presentations on cross-cultural communication and pain management to Japanese healthcare professionals. Facilitated lively discussion on topics presented.

Evidence Based Practice Council co-chair, Jan 2016 – Feb 2017
Co-founded the Evidence Based Practice Council, which is a forum for nurses to discuss current interests in evidence-based practice topics and present ongoing research. Implemented a sleep protocol on an inpatient unit based on research conducted by the council by garnering support from patients, nurses, and medical technicians.

Eglin AFB Inpatient Medical-Surgical Unit Infection Control Coordinator, Jun 2015 – Feb 2017
Obtained 96% compliance with infection control standards during 2016 inspection and actively maintain compliance with standards at all times. Ensure all clinical staff current on latest infection control guidelines and training.

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STEPHANIE M. HALLENBECK, DNP, FNP-BC

TeamSTEPPS/Trusted Care Representative, Jun 2015 – Feb 2017
Obtained advanced training on tools designed for successful communication aimed at improved patient safety. Presented TeamSTEPPS training to new employees at hospital orientation. Acted as a Trusted Care representative on an inpatient unit to demonstrate and encourage usage of the Trusted Care communication tools. Collaborated with other Trusted Care representatives to further improve and develop this initiative.

Eglin AFB Air Force Ball Committee Chair, Jul 2016 – Oct 2016
Oversaw six volunteers and managed $20,000 of ticket sales. Raised $10,000 in donations. Coordinated Air Force Band of the West performance at the event, which hosted 620 attendees.

United States Air Force Commissioned Officer Training, Jan 2014 – Feb 2014
Demonstrated strong leadership and followership aptitude throughout officer training by successfully completing the leadership reaction course and academic assignments and exams.

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Tiara Flanders

Education

CERTIFICATE, 2021, GRANITE STATE COLLEGE

- Addiction studies

CERTIFIICATE, 2007, EMPIRE BEAUTY SCHOOL

DIPLOMA, 2005, PITTSFIELD MIDDLE HIGH SCHOOL

Experience

CUSTOMER SERVICE ASSOCIATE | KENNEBUNK SAVINGS BANK | 2/2022 – CURRENT

- Opening and closing of branch, including main vault and night drop safe
- Handle customers personal and business transactions including multiple deposits, withdrawals, account closings and phone inquiries, according to federal regulations
- Maintain a daily balanced cash drawer of over $8,000
- Upkeeping and creating new customer relations while maintaining bank privacy policies

INTAKE SPECIALIST | SOUTHERN NEW HAMPSHIRE SERVICES | 9/2018 – 2/2022

- Administer federal LIHEAP funding by interviewing clients, collecting and documenting required forms and proofs by state of New Hampshire timing standards
- Find crisis or alternative funding for clients who have run out of LIHEAP funding or for those who don't meet the criteria by working with local agencies and churches
- Maintain a professional and compassionate rapport with clients while keeping any and all information confidential

LEAD HOST/SERVER/COOK | TGI FRIDAYS | 10/2006– 9/2011

- Greet, seat & serve a section of 5 to 10 tables, often also while cooking on the line
- Train incoming servers, hosts and cooks per corporate standards
- Open and close the restaurant as front of house and back of house

Skills & Abilities

VOLUNTEERING

- Newmarket Millspace (Lamprey Arts & Culture Alliance) President 2021 – current

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- Lead monthly board and executive board meetings. Develop community programming, such as exhibiting local musicians during our concert series, hosting charity comedy nights, co-hosting theater productions and hosting a number of Newmarket Rec programs. Maintain the 200-year-old 5000 square foot space by making upgrades such as painting, creating new lounge tables and working closely with Chinburg Properties on large construction jobs. Develop and implement funding and sponsorships including local and national representation. Order bar, office and gallery supplies while maintaining accounts payable and receivable. Redesigning the space to promote local history and culture of Newmarket on a minimum budget.

- Town of Newmarket | Trustee of the Trust Funds
  - Work with the other trustees and Finance Director to develop and maintain investment policies and strategies that benefit the town's funds. Authorize scholarships, town committee and general funding.

- Town of Newmarket | Election official
  - Maintain proper and orderly voting at polling stations. Verify residents' identities and count and verify ballots

- Town of Newmarket | Backyard Bash Committee member
  - Organize and maintain the beer garden for Newmarket's Backyard Bash on behalf of Millspace. Work with the Rec department, police and fire departments and the New Hampshire Liquor Commission to get the permits required for the event. Work with the Rec department and other committee members to recruit other organizations for the event.

AWARDS

- Kennebunk Savings Bank, New Hampshire Branch "Most Nonprofit board hours" 2022
- Kennebunk Savings Bank "100 Club"- 100 hours or more of volunteer hours
- Newmarket Business Association 2023 Volunteer of the Year

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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

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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

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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
Anna Labbe	Registered Nurse	$41,267.20	$82,534.00
Annemarie Kirk	Medical Assistant III - CMA	$16,501.16	$46,965.00
Beatrice Bissonette	Medical Assistant III - Mentor	$21,024.64	$52,562.00
Beth Deschene	Billing/Coding Specialist	$6,947.20	$55,578.00
Casey Brighton	Nurse Practitioner	$23,012.97	$111,777.00
Colleen Cote	Patient Service Representative III	$9,027.20	$45,126.00
Cory Smith	Medical Assistant III	$8,721.44	$49,837.00
Jameson Lassor	Nurse Practitioner	$40,220.01	$183,863.00
Janna Thompson	Nurse Practitioner	$22,357.09	$108,592.00
Jarenis Taveras	Patient Service Representative III	$9,738.56	$48,693.00
John Anderson	Physician - Pedriatrician	$33,420.82	$139,253.00
Katelyn Earle	Quality Improvement Specialist	$2,467.92	$49,358.00
Kelsey Desautels	Medical Information Assistant	$5,200.00	$39,520.00
Kristen De La Rosa	Registered Nurse	$33,263.36	$72,764.00
Meghan Mullens	Medical Assistant III - Mentor	$19,787.04	$56,534.00
Querida Owen	Care Coordinator	$3,064.88	$62,837.00
Sandra York	Data Specialist	$700.34	$70,034.00
Sarah Marino	Care Coordinator	$3,059.68	$45,895.00
Stacy Dionne	Director of Nursing	$13,199.49	$105,596.00
Stephanie Hallenbeck	Nurse Practitioner	$26,300.35	$83,832.00
Tiara Flanders	Patient Service Representative	$7,542.08	$30,168.00
Tracie Gagnon	Medical Information Assistant	$5,525.00	$38,675.00
Wendy Mcgonigle	Care Coordinator	$3,034.72	$60,694.00

FORM NUMBER P-37 (version 2/23/2023)

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-07)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mid-State Health Center		1.4 Contractor Address 101 Boulder Point Dr, STE 1 Plymouth, NH 03264	
1.5 Contractor Phone Number 603-238-3509	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $257,184
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: Robert MacLeod 0CA66BE8985A480... Date: 5/29/2025		1.12 Name and Title of Contractor Signatory Robert MacLeod CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... Date: 5/29/2025		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: DocuSigned by: Robyn Guarino 748734844941460... On: 5/31/2025			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS RJM
Date 5/29/2025

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.

Contractor Initials RJM
Date 5/29/2025

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.

Contractor Initials RJM
Date 5/29/2025

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.

Contractor Initials RJM
Date 5/29/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH

1.1.2. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.3. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

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

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

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals

served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

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

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age, in accordance with Attachment 1 – Enabling Services Initative Work Plans for Children and Adolescents, and Attachment 2 – Quality Improvement Initative Work Plans for Children and Adolescents, attached hereto and incorporated by reference herein:

1.4.1. Enabling Services Initiative 1: Obtaining SDOH information during Well Child visits for infants, children, adolescents (up to age 21), and women.

1.4.2. Enabling Services Initiative 2: Screening for children not enrolled in WIC and referring eligible patients to WIC for enrollment services.

1.4.3. Quality Improvement Initiative 1: Scheduling adolescent Well Child visits following episodic or acute visits, for adolescents 12 through 21 years of age.

1.4.4. Quality Improvement Initiative 2: Increasing screening for clinical depression in patients 12 through 21 years of age and creating follow up plans for patients with a positive screen.

1.5. The Contractor must provide eligibility determination services, including the following:

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

1.5.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

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

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

1.6. The Contractor must ensure services are provided by a New Hampshire licensed:

1.6.1. Medical Doctor (MD);

1.6.2. Doctor of Osteopathic Medicine (DO);

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

1.6.4. Physician Assistant (PA) to eligible individuals in the service area.

1.7. The Contractor must provide services in an office-based setting which may include:

1.7.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.7.2. Hospital Associated Community Health Centers;

1.7.3. School Based Health Clinics; and

1.7.4. Mobile Care Delivery Services.

1.8. The Contractor must monitor, update and implement the Work Plans for each enabling services initiative in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

1.9. The Contractor must monitor, update and implement the Work Plans for each QI initiative in accordance with Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

1.10. The Contractor must attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.10.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.10.2. MCH Biannual Primary Care Coordinators' Meetings up to two times

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.11. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

1.12. The Contractor must provide supporting documentation to the Department that verifies staff hours funded under this Agreement that may include, but is not limited to, timecards.

1.13. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

1.14. The Contractor must notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor must ensure notification:

1.14.1. Is provided to the Department no later than thirty business days from the date of hire; and

1.14.2. Includes a copy of the newly hired individual's resume.

1.15. The Contractor must notify the Department in writing when:

1.15.1. Any critical position is vacant for more than thirty business days.

1.15.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

1.16. The Contractor must actively and regularly collaborate with the Department to enhance contract management and improve results.

1.17. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.18. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral

solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.19. Performance Measures

1.19.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.19.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.20. Reporting

1.20.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.20.1.1. Uniform Data System (UDS) outcomes.

1.20.1.2. Performance Measure outcomes.

1.20.1.3. Work Plan for each Enabling Service Initiative.

1.20.1.4. Work Plan for each QI Initiative.

1.20.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.20.2.1. Program initiatives status and/or completion dates; and

1.20.2.2. An impact statement on the success of the initiative(s),

which must include supporting documentation that includes aggregated and de-identified information.

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;

1.21.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) 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.

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 fulfilment 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. 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 & 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 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.

1.24.2. Workspace Requirement

1.24.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. 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 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 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 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. 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 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-Contractors); 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-Contractors).

3.3. **Credits and Copyright Ownership**

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

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.

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	*Mid-State Health Center*	
Budget Request for:	*Maternal and Child Health (MCH) Integrated Care*	
Budget Period:	*July 1, 2025 - June 30, 2027 (SFY 26 & 27)*	
Indirect Cost Rate (if applicable)	15.00%	
Line Item	**Integrated Healthcare services for children and adolescents - Program Cost - Funded by DHHS - SFY 26**	**Integrated Healthcare services for children and adolescents - Program Cost - Funded by DHHS - SFY 27**
1. Salary & Wages	$84,201	$84,201
2. Fringe Benefits	$27,618	$27,618
3. Consultants	$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
5.(a) Supplies - Educational	$0	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$0	$0
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies - Office	$0	$0
6. Travel	$0	$0
7. Software	$0	$0
8. (a) Other - Marketing/Communications	$0	$0
8. (b) Other - Education and Training	$0	$0
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$111,819	$111,819
Total Indirect Costs	$16,773	$16,773
Subtotals	$128,592	$128,592
	TOTAL	$ 257,184

Contractor Initials: KM
Date: 5/29/2025

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 suc ion;

New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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
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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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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.

New Hampshire Department of Health and Human Services
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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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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.

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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: JAH5TFYL23U8

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here
   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Mid State Health Center

5/29/2025
Date:

DocuSigned by:
Robert MacLeod
0CA66BE8985A490...
Name: Robert MacLeod
Title: CEO

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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

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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.

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.

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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future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:
    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
    b. safeguard this information at all times.
    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;

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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

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 bi[illegible]

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 F

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	Mid State Health Center
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	DocuSigned by: Robert MacLeod 0CA66BE8985A490...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Robert MacLeod
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/29/2025	5/29/2025
Date	Date

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Date 5/29/2025

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Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Mid-State Health Center Name and Role of Person(s) Completing Work Plan: Director of Quality, Compliance, and Patient Relations			
Enabling Services Focus Area:			
Project Goal: Capture SDOH screening data in the EHR on 25% of medical patients			
Project Objectives: 1. Update visit templates to include SDOH screening questions and response documentation. 2. Ensure accurate ICD10 codes are linked to screening template. 3. Create plan template to ensure patients identified with needs are referred for services. 4. Track details of identified needs and services provided to the population.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Create workgroup to focus on EMR improvements.	Chief of Operations Director of Quality, Compliance, and Patient Relations RCM Director Information Specialist Lead Family Medicine Clinician	Director of Quality, Compliance, and Patient Relations will organize group and schedule meetings.	Immediately, meetings to begin July 2025
Plan and implement visit template changes to ensure SDOH screening is documented and codes for tracking are captured	Chief of Operations Director of Quality, Compliance, and Patient Relations RCM Director Information Specialist Lead Family Medicine Clinician	Information Specialist will complete agreed upon template changes and complete testing.	July 1, 2025 - August 31, 2025
Implement SWYC screening tool to ensure age appropriate SDOH screening is completed for pediatric population	Director of Quality Compliance and Patient Relations Pediatrician Lead Family Medicine Clinician Child and Family Coordinator		September 1, 2025 - October 31, 2025

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Plan, Update, and Create written process for SDOH Screening and referral.	Director of Quality, Compliance, and Patient Relations Information Specialist Director of Clinical Support		
Train clinical and patient support staff on updated SDOH Screening and referral process.	Director of Quality, Compliance, and Patient Relations Information Specialist Director of Clinical Support	Director of Quality, Compliance, and Patient Relations will audit 5 charts per week to ensure process is followed.	
Generate reporting to track number of completed screenings, identified needs, and services provided.	Chief of Operations Director of Quality, Compliance, and Patient Relations	Monthly reporting to monitor progress	

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit.	

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Work Plan Revisions submitted: _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a	

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positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Enabling Services Work Plan Agency Name: Mid-State Health Center Name and Role of Person(s) Completing Work Plan: Director of Quality, Compliance, and Patient Relations			
Enabling Services Focus Area: Developmental Screening			
Project Goal: Increase Developmental Screening Rate			
Project Objectives: Complete at least one developmental screening on 65% of patients by age 36 months during SFY 2026. Increase screening rate by 5% each subsequent SFY.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Plan for and implement SWYC developmental screening tool.	Director of Quality, Compliance and Patient Relations Child Development Specialist Pediatrician Family Medicine Lead Director of Clinical Support		July 1, 2025 – December 31, 2025
Continue to train staff regarding the importance of developmental training and procedures for completion and scoring.	Director of Quality, Compliance and Patient Relations Child Development Specialist Pediatrician Family Medicine Lead Director of Clinical Support		July 1, 2025 – Ongoing
Utilize Child Development Specialist to complete in-office screening.	Child Development Specialist		January 1, 2026 – Ongoing

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Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	

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July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update	

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SFY27 Outcome (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Mid-State Health Center Name and Role of Person(s) Completing Work Plan: Director of Quality, Comliance and Patient Relations			
Project Goal: Increasing Adolescent Well Visits			
Project Objective: Ensure 80% of adolescent patients aged 12-21 are receiving preventive well visits each year.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Run overdue Well Visit report monthly	Child and Family Coordinator		July 1, 2025 – ongoing
Task Child and Family Coordinator to complete outreach calls to schedule and remind	Child and Family Coordinator		July 1, 2025 – ongoing

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the	

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Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

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SFY26 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a	

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positive experience based on this enabling service/initiative being in place.	

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Quality Improvement Work Plan Agency Name: Mid-State Health Center Name and Role of Person(s) Completing Work Plan: Director of Quality, Compliance and Patient Relations			
Project Goal: Increase MCHAT Screening Rate			
Project Objective: Complete at least one MCHAT screening on 65% of patients aged 30 months. Increase rate 5% each SFY.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Conduct staff training on the importance of screening, early intervention, and the proper use of MCHAT tool.	Pediatrician Child Development Specialist Director of Quality, Compliance and Patient Relations	Monitor to ensure all clinical staff attend training	July 1, 2025 – Aug 31, 2025
Conduct pre-appointment reminders to families to ensure screening forms are completed and brought to visits	Child and Family Coordinator		July 1, 2025 - ongoing
Track and review screening data monthly	Director of Quality, Compliance, and Patient Relations		Aug 1, 2025 - ongoing

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Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the	

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Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to	

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your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	___Yes ___No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

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Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

Attachment 4 -
Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two age-based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) through twenty-one (21) years old screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients ages twelve (12) through twenty-one (21) years old who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients ages twelve (12) through twenty-one (21) years old by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out into two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.6.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.6.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.6.1.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

2.6.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

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Attachment 5- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

Attachment 6 - DTT SFY26-27 -Reporting Template

Organization Name		1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2026-12/31/2026	7/1/2026-6/30/2027
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						

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Attachment 6 - DTT SFY26-27 -Reporting Template

AND if positive, a follow-up plan is documented on the date of the positive screen.	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

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Attachment 7- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

Organization Name							
		1/1/2025-12/31/2025	**7/1/2025-6/30/2026**	**1/1/2025-12/31/2025**	**7/1/2025-6/30/2026**	**1/1/2026-12/31/2026**	**7/1/2026-6/30/2027**
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

	Agencies' Rate						
	Agencies' Range						
4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

Docusign Envelope ID: CE938549-AB39-4D43-9408-5C2AAD13CDA1

Attachment 8 - DTT SFY26-27 - DTT-MCH Integrated Care SFY 2026-2027 Reporting Template

6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
9. Percent of women enrolled in the agency's prenatal program that had a postpartum visit on or between 7 and 84 days after delivery.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

State of New Hampshire

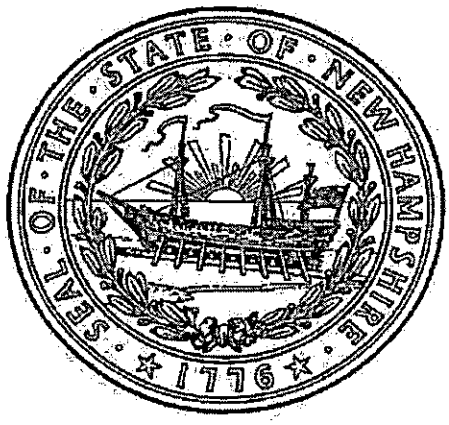
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **285492**

Certificate Number: **0007026263**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of January A.D. 2025.

David M. Scanlan
Secretary of State

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

CERTIFICATE OF AUTHORITY

I, Peter Laufenberg, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Mid-State Health Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 8, 2025, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Robert MacLeod, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Mid-State Health Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/8/25

Signature of Elected Officer
Name: Peter Laufenberg
Title: Board of Directors President

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CERTIFICATE OF LIABILITY INSURANCE

Date: 09/10/24

Administrator:
New England Special Risks, Inc.
19 Oyster Way
Mashpee, Ma. 02649
Phone: (508) 561-6111

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURERS AFFORDING COVERAGE

Insurer A:	Medical Protective Insurance Co.
Insurer B:	AIM Mutual Insurance Co.
Insurer C:	
Insurer D:	
Insurer E:	

Insured:
Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS		
A	**General Liability** ☑ Commercial General Liability ☐ Claims Made ☑ Occurrence ☐ ☐ General Aggregate Limit Applies Per: ☑ Policy ☐ Project ☐ Loc	HN 030313	10/1/2024	10/1/2025	Each Occurrence	$	1,000,000
					Fire Damage (Any one fire)	$	50,000
					Med Exp (Any one person)	$	5,000
					Personal & Adv Injury	$	1,000,000
					General Aggregate	$	3,000,000
					Products - Comp/Op Agg	$	1,000,000
	Automobile Liability ☐ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐				Combined Single Limit (Each accident)	$	
					Bodily Injury (Per person)	$	
					Bodily Injury (Per accident)	$	
					Property Damage (Per accident)	$	
	Garage Liability ☐ Any Auto ☐				Auto Only - Ea. Accident	$	
					Other Than Auto Only: Ea. Acc	$	
					Other Than Auto Only: Agg	$	
	Excess Liability ☐ Occurrence ☐ Claims Made ☐ Deductible ☐ Retention $				Each Occurrence	$	
					Aggregate	$	
						$	
						$	
						$	
B	**Workers Compensation and Employers' Liability**	600-4000079-2021	10/1/2024	10/1/2025	☑ Statutory Limits ☐ Other		
					E.L. Each Accident	$	500,000
					E.L. Disease-Ea. Employee	$	500,000
					E.L. Disease - Policy Limit	$	500,000
A	**Healthcare Professional Liability**	HN 030313	10/1/2024	10/1/2025	Per Incident-$1,000,000 Aggregate-$3,000,000		

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current Insurance for the Insured.

Certificate Holder

State of New Hampshire
Department of Health and Human Services
129 Pleasant St.
Concord, NH. 03301

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative

Lawrence Pilotte

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MID-STATE HEALTH CENTER

midstatehealth.org

The mission of Mid-State Health Center is to provide sound primary care to all, regardless of the ability to pay.

Mailing Address:
101 Boulder Point Dr., Ste 1,
Plymouth, NH 03264

Phone: 603-536-4000

Fax: 603-536-4001

Locations in Plymouth, Bristol, Lincoln, and Littleton, New Hampshire

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Financial Statements

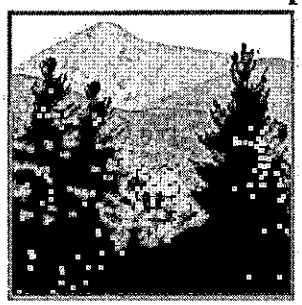
As of and for the Years Ended
June 30, 2024 and 2023

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2024

and

Independent Auditors' Report



MID-STATE
HEALTH CENTER

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MID-STATE HEALTH CENTER AND SUBSIDAIRY

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Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mid-State Health Center and Subsidiary and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mid-State Health Center and Subsidiary's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

TSS Financial Partners, LLP • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-advisors.com

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Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mid-State Health Center and Subsidiary's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Mid-State Health Center and Subsidiary's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating information and schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information and schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

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Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 14, 2024 on our consideration of Mid-State Health Center and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Mid-State Health Center and Subsidiary's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Mid-State Health Center and Subsidiary's internal control over financial reporting and compliance.

TSS Financial Partners, LLP

Lebanon, New Hampshire
November 14, 2024

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Financial Position
As of June 30, 2024 and 2023

	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	$ 2,921,046	$ 3,087,135
Restricted cash	144,744	118,618
Patient services receivable	2,985,185	1,546,815
Government grants receivable	606,541	299,125
Contract and other receivables	529,936	3,078,552
Promises to give	50,000	350,000
Prepaid expenses and other current assets	177,158	217,119
Total current assets	7,414,610	8,697,364
Long-term assets:		
Promises to give	150,000	-
Property and equipment, net	12,565,010	11,828,250
Right-of-use assets	439,347	389,090
Other assets	60,632	42,424
Total long-term assets	13,214,989	12,259,764
Total assets	$ 20,629,599	$ 20,957,128
Liabilities and net assets		
Current liabilities:		
Accounts payable	$ 799,937	$ 738,404
Construction payable	311,688	178,515
Accrued expenses and other current liabilities	1,399,343	1,215,914
Current portion of long-term debt	331,976	323,802
Current portion of right-of-use obligations	229,333	147,758
Total current liabilities	3,072,277	2,604,393
Long-term liabilities:		
Lease deposits	-	7,700
Long-term debt, less current portion	7,005,409	7,332,876
Right-of-use obligations, less current portion	218,474	247,323
Total long-term liabilities	7,223,883	7,587,899
Total liabilities	10,296,160	10,192,292
Net assets:		
Without donor restrictions	10,133,439	10,764,836
With donor restrictions	200,000	-
Total net assets	10,333,439	10,764,836
Total liabilities and net assets	$ 20,629,599	$ 20,957,128

The accompanying notes to financial statements are an integral part of these statements.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

For the Years Ended June 30, 2024 and 2023

	2024	2023
Operating revenues and other support without donor restrictions		
Net patient services revenue	$ 12,672,480	$ 9,522,890
Contract revenue	2,765,606	2,769,654
Other operating revenue	1,786,089	946,846
Government grants	4,073,390	5,335,011
Contributions	147,938	166,520
Net assets released from restrictions for operations	-	20,000
Total operating revenues and other support without donor restrictions	21,445,503	18,760,921
Operating expenses		
Salaries and wages	12,049,814	10,128,890
Employee benefits	2,900,755	2,499,289
Insurance	130,936	93,225
Professional fees	1,919,965	1,801,879
Supplies and expenses	4,458,270	3,338,766
Depreciation and amortization	584,739	480,624
Interest expense	272,421	241,160
Total operating expenses	22,316,900	18,583,833
Operating income (loss)	(871,397)	177,088
Nonoperating income		
Employee retention credits, including interest	-	2,454,610
Employee retention credit professional fees	-	(228,821)
Contributions for capital acquisitions	240,000	435,663
Net assets released from donor restrictions for capital acquisitions	-	981,241
Total nonoperating income	240,000	3,642,693
Increase (decrease) in net assets without donor restrictions	(631,397)	3,819,781
Changes in net assets with donor restrictions		
Contributions	200,000	-
Net assets released from donor restrictions	-	(1,001,241)
Increase in net asset with donor restrictions	200,000	(1,001,241)
Increase (decrease) in net assets	(431,397)	2,818,540
Net assets, beginning of year	10,764,836	7,946,296
Net assets, end of year	$ 10,333,439	$ 10,764,836

The accompanying notes to financial statements are an integral part of these statements.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2023

	Program Services							Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Phys. and Occup. Therapy	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 5,611,751	$ 1,001,916	$ 1,044,343	$ 71,572	$ 464,869	$ 495,314	$ 8,689,765	$ 1,379,022	$ 60,103	$ 10,128,890
Employee benefits	1,390,539	270,270	390,335	18,111	116,698	133,349	2,319,302	167,750	12,237	2,499,289
Insurance	62,977	1,285	4,481	2,993	2,696	-	74,432	18,793	-	93,225
Professional fees	758,916	64,195	164,523	243,391	3,750	66,363	1,650,008	611,880	-	1,801,879
Supplies and expenses	2,364,728	173,949	102,533	48,038	100,503	145,461	2,935,212	399,554	4,000	3,338,766
Depreciation and amortization	394,241	27,462	26,567	6,724	7,435	-	462,429	18,195	-	480,624
Interest expense	202,800	9,835	18,323	-	-	-	230,958	10,202	-	241,160
Total expenses	$ 10,785,952	$ 1,548,912	$ 1,751,105	$ 390,829	$ 695,951	$ 840,487	$ 16,362,106	$ 2,605,396	$ 76,340	$ 18,583,833

The accompanying notes to financial statements are an integral part of these statements

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows

For the Years Ended June 30, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Increase (decrease) in net assets	$ (431,397)	$ 2,818,540
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	584,739	480,624
Amortization of right-of-use assets	206,329	64,183
Contributions for capital acquisitions	(240,000)	(85,663)
Amortization reflected as interest	4,038	8,225
(Increase) decrease in the following assets:		
Patient services receivable	(1,438,370)	349,294
Government grants receivable	(307,416)	(119,386)
Promises to give	150,000	(330,000)
Other receivables	2,548,616	(2,091,077)
Prepaid expenses and other current assets	39,961	(42,316)
Increase (decrease) in the following liabilities:		
Accounts payable	61,533	276,859
Accrued expenses and other current liabilities	183,429	127,557
Refundable advance	-	(481,194)
Lease deposits	(7,700)	-
Right-of-use obligation - operating leases	(156,235)	(55,936)
Net cash provided by operating activities	1,179,319	919,710
Cash flows from investing activities		
Purchases of property and equipment	(1,188,326)	(2,189,058)
Net cash used in investing activities	(1,188,326)	(2,189,058)
Cash flows from financing activities		
Contributions for capital acquisitions	240,000	85,663
Proceeds on long-term debt	-	1,862,653
Payments on long-term debt	(313,316)	(523,113)
Payments on right of use obligation - finance leases	(47,625)	(2,256)
Net cash provided by (used in) financing activities	(130,956)	1,422,947
Net increase (decrease) in cash, cash equivalents and restricted cash	(139,963)	153,599
Cash, cash equivalents and restricted cash, beginning of year	3,205,753	3,052,154
Cash, cash equivalents and restricted cash, end of year	$ 3,065,790	$ 3,205,753

The accompanying notes to financial statements are an integral part of these statements.

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flows (continued)
For the Years Ended June 30, 2024 and 2023

Cash, cash equivalents and restricted cash consisted of the following as of June 30:

	2024	2023
Cash and cash equivalents	$ 2,921,046	$ 3,087,135
Restricted cash	144,744	118,618
	$ 3,065,790	$ 3,205,753

Supplemental Disclosures of Cash Flow Information

	2024	2023
Cash payments for:		
Interest	$ 268,383	$ 232,935

Supplemental Disclosures of Non-Cash Information

	2024	2023
Total purchases of property and equipment	$ 1,321,499	$ 1,796,099
Change in construction payables	(133,173)	423,568
Amount purchased through the issuance of long-term debt	-	(30,609)
Cash purchases of property and equipment	$ 1,188,326	$ 2,189,058

	2024	2023
Total repayments of long-term debt	$ 313,316	$ 2,483,627
Refinanced with long-term debt	-	(1,960,514)
Cash payments on long-term debt	$ 313,316	$ 523,113

The accompanying notes to financial statements are an integral part of these statements

Docusign Envelope ID: 7D55CC01-F753-4FD1-92A1-49DE5AB9AEEA

1. The Organization and Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a Federally Qualified Health Center (FQHC) which provides health care to a large number of Medicare, Medicaid, and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization." Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

Use of Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and operations to two classes of net assets; net assets without donor restrictions and net assets with donor restrictions, based on the existence or absence of donor-imposed restrictions.

Net Assets Without Donor Restrictions - Include net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions - Include net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time - such as promises to give - or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. When an implied time restriction ends or purpose restriction is satisfied, net assets with door restriction are reclassified to net assets without donor restriction and are reported on the consolidated statements of operations as net assets released from donor restrictions. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. Additionally, unconditional contributions received and who donor-imposed use restriction is satisfied within the same period are reported in net assets without door restriction.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Cash and Cash Equivalents

Cash and cash equivalents are defined as cash and short-term investments with an original maturity of three months or less from the date of purchase.

Cash in Excess of FDIC-Insured Limits

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. Accounts are generally guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. The Organization has not experienced any losses in such accounts.

Patient Services Receivable

Patient services receivable result from the health care services provided by the Organization. Patient services receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by both implicit and explicit price adjustments provided to third-party payors. Sliding fee scale, explicit price concession, is offered to uninsured patients if they are eligible in accordance with the Organization's policies, or implicit price concessions if collection is not expected to be collected on the patient portion, and/or implicit price concessions provided to uninsured or underinsured patients, and do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient revenues in the period of the change.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	YEARS
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence, demand, competition, and other economic factors.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Net Patient Services Revenue

Net patient services revenue is recognized at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied at a point in time are recognized when services are provided, and the Organization does not believe it is required to provide additional services to the patient. The Organization determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors. Sliding fee scale is offered to uninsured patients if they are eligible in accordance with the Organization's policy. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Organization applies the following practical expedients provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 606, *Revenue from Contracts with Customers*, to its contracts with patients:

(i) The Organization applies the portfolio approach as a practical expedient allowed under ASC Subtopic 606-10-10-4 to account for most of its patient contracts as a collective group rather than on an individual basis. The Organization does not expect the impact to the consolidated financial statements, when applying the revenue recognition guidance for patient services revenue, to differ materially using the portfolio approach rather than if applied at an individual contract level.

(ii) The Organization has elected the practical expedient allowed under ASC Subtopic 606-10-32-18 to not adjust the transaction price for the effects of a significant financing component, as payment is expected to be received from patients and third-party payors within one year from the date the patient receives services.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue or included in patient services receivable.

Determination of eligibility for charity care is granted on a sliding fee basis. Patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost-to-charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately $158,000 and $127,000 for the years ended June 30, 2024 and 2023, respectively.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Government Grant Revenue

Government grants, consisting of federal, state, and local grants, are primarily considered to be conditional contribution transactions, the majority of which are cost-reimbursement grants. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. The Organization's costs incurred under its government grants are subject to audit by government agencies. Management believes the disallowance of costs, if any, would not be material to the consolidated financial position or consolidated statement of operations.

Revenue from government grants considered to be exchange transactions are included under the caption "contracted services" on the Organization's consolidated statement of operations.

Contract Revenue

The Organization has entered into various service agreements considered to be exchange transactions. Significant items included in contracted services include:

(i) The Organization participates in the 340B Drug Discount Program which enables qualifying entities to purchase drugs from pharmaceutical suppliers at a substantial discount. The 340B Drug Discount Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization earns revenue under this program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization has a network of participating pharmacies that dispense the pharmaceuticals to its patients under contract arrangements with the Organization. Reported 340B revenue consists of the gross pharmacy reimbursements. Pharmacy and third-party administrator fees are included in expenses. The 340B expenses are included in supplies and expenses (See Note 15).

(ii) The Organization has contracted with a third-party to provide managed in-house infusion services.

(iii) The Organization enters into purchased services agreements. The agreements generally are with certain organizations who purchase services of personnel employed by the Organization. Contracted service revenue is earned over time, utilizing an output method, as the Organization provides the service. The transaction price is negotiated with the customer and is usually based on standard hourly rates for the service, based on the respective personnel utilized. Revenue pursuant to these agreements have been classified as "contracted services" on the Organization's consolidated statement of operations.

Other Operating Revenue

The Organization recognizes other operating revenue central to day-to-day operations primarily consisting of revenue from the Organizations childcare center, rental of space within its facility by individuals and organizations providing services in a medical related field, quality incentive income and other miscellaneous service reimbursements not directly related to patient care.

Contributions

Contributions are recognized at the earlier of when cash is received or at the time a promise becomes unconditional in nature. Contributions are recorded in the net asset classes described earlier depending on the existence and/or nature of any donor-imposed restriction.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Nonfinancial Contributions

Contributed medical supplies and materials are valued at the estimated fair value on the basis of estimates of wholesale values that would be received for selling similar products in the United States. Contributed services, generally comprised of professional services from medical professionals, are valued and reported at the estimated fair value in the financial statements based on current rates for similar services. Nonfinancial contributions were immaterial in nature during the years ended June 30, 2024 and 2023, none of which were restricted by donors

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, operations and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2020.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2024 and 2023 was $39,264 and $56,443, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management utilizing measurements for time and effort, square footage and/or encounter based statistics.

Operating Income (Loss)

The consolidated statements of operations includes a determination of operating income (loss). The Organization considers all of its health care and related activities to be part of normal operations and considers the caption "operating income (loss)"to be its performance indicator. Changes in net assets without restrictions which are excluded from excess (deficit) of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets.

Changes in net assets without donor restrictions, which are excluded from operating income (loss), includes contributions for long-lived assets (including assets acquired using contributions, which by donor restriction were used for the purpose of acquiring such assets) and infrequent transactions.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Fair Value of Financial Instruments

The carrying amount of cash, patient services receivable, accounts and notes payable and accrued expenses approximates fair value.

Liquidity

Assets are presented in the accompanying consolidated statements of financial position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

Change in Accounting Principle

In June 2016, the FASB issued Accounting Standards Update (ASU) 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments, commonly referred to as the Current Expected Credit Losses (CECL) model. Under the CECL model, the Organization is required to estimate expected credit losses over the contractual term of financial assets, including receivables. The estimation of expected credit losses involves considering relevant information about past events, current conditions, and reasonable and supportable forecasts that affect the collectability of the financial assets. The Organization adopted ASU 2016-13 in fiscal year 2024 with no material impact on the consolidated financial statements.

2. Patient Services Revenue and Patient Services Receivable:

Patient services revenue, net of explicit and implicit price concessions, consisted of the following for the years ended June 30:

	2024	2023
Gross patient services receivable	$ 5,549,494	$ 3,245,021
Less: explicit and implicit price concessions	2,564,309	1,698,206
Patient services receivable, net	$ 2,985,185	$ 1,546,815

Patient services receivable results from the health care services provided by the Organization. Patient services receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by: (1) both contractual (explicit) and implicit price adjustments provided to third-party payors, (2) sliding fee scale adjustments (explicit price concessions) offered to uninsured or underinsured patients if they meet the Organization's eligibility policies, (3) implicit price concessions if collection is not expected to occur for some or all of the patient portion and (4) other implicit price concessions provided to uninsured or underinsured patients. Patient services receivable do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as an adjustment to patient services revenue in the period of change.

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2. Patient Services Revenue and Patient Services Receivable (continued):

Patient services receivable, net of explicit and implicit price concessions, was as follows as of June 30:

	2024	2023
Gross patient services revenue	$ 20,287,957	$ 14,951,330
Less: explicit and implicit price concessions	(7,615,477)	(5,428,440)
Net patient services revenue	$ 12,672,480	$ 9,522,890

3. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

4. Government Grants Receivable:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public agencies considered to be conditional contributions (see Note 1). The following is a summary of the grant activity for the years ended June 30:

	Government Grants Income		Government Grants Receivable	
	2024	2023	2024	2023
HRSA 330 Grant	$ 2,275,858	$ 2,837,288	$ 156,138	$ -
Provider Relief Funding	-	725,768	-	-
Bi-State Primary Care	768,749	590,109	155,537	96,118
Emergency Preparedness Grants	519,992	450,242	187,574	96,821
NH Primary Care Contracts	478,691	363,821	107,292	83,527
CADRE Funding	-	249,585	-	-
Other government grants	30,100	118,198	-	22,659
	$ 4,073,390	$ 5,335,011	$ 606,541	$ 299,125

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5. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2024	2023
Land	$ 656,173	$ 656,173
Buildings	12,121,944	11,816,505
Leasehold improvements	821,948	821,949
Furniture, fixtures and equipment	2,401,519	2,232,259
Projects in progress	1,174,134	324,568
	17,175,718	15,851,454
Less: Accumulated depreciation	4,610,708	4,023,204
	$ 12,565,010	$ 11,828,250

Depreciation and amortization expense for the years ended June 30, 2024 and 2023 amounted to $584,739 and $480,624, respectively.

6. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of $400,000 as of June 30,2024. The line carries an interest rate equal to prime plus 2% (prime was 8.5% as of June 30, 2024). The line is secured by all business assets. The line was not drawn upon as of June 30, 2024 and 2023.

7. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	2024	2023
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360-monthly payments of $10,904. Interest is charged at a rate of 3.5% (see Note 8a).	$ 1,932,620	$ 1,989,470
U.S. Small Business Administration Economic Disaster Injury Loan, maturing May 2051, principal and interest payable in 360-monthly payments of $641 commencing June 2021. Interest is charged at a rate of 2.75%.	153,270	157,534
Bank of NH note payable, maturing November 2031, principal and interest payable in 120-monthly installments based on a 25-year amortization of $11,918 through November 2031. At the maturity date, the entire principal balance plus interest payable will be due. Interest is charged at a rate of 3.57%.	2,128,153	2,193,086

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7. **Long-Term Debt (continued):**

Bank of NH note payable, maturing November 2031, principal and interest payable in 120-monthly installments based on a 25-year amortization of $4,869 through November 2031. At the maturity date, the entire principal balance plus interest payable will be due. Interest is charged at a rate of 3.57%.	870,410	895,900
CAKRP, LLC note payable, maturing September 2026, annual principal payments of $120,000 plus interest accrued at a rate of 3.25% commencing September 2022.	360,000	480,000
United States of America Department of Agriculture note payable, maturing January 2053, principal and interest payable in 360-monthly payments of $7,641. Interest is charged at a rate of 2.25%.	1,927,924	1,973,967
Total long-term debt	7,372,377	7,689,957
Less: unamortized deferred financing costs	34,992	33,279
Total long-term debt, net of unamortized deferred financing costs	7,337,385	7,656,678
Less: current portion	331,976	323,802
Long-term debt, less current portion	$ 7,005,409	$ 7,332,876

7a The Organization's loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of $1,090 until the accumulated sum of reserve funding reaches $130,848, after which no further funding is required except to replace withdrawals.

Future maturities of long-term debt are as follows as of June 30, 2024:

2025	$ 331,976
2026	338,864
2027	345,978
2028	232,786
2029	240,920
Thereafter	5,881,853
	$ 7,372,377

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8. Leases:

In February 2016, the FASB issued ASU 2016-02 (Topic 842), Leases. Topic 842 supersedes the lease requirements in Accounting Standards Codification Topic 840, Leases. Under Topic 842, lessees are required to recognize assets and liabilities on the balance sheet for most leases and provide enhanced disclosures. Leases will be classified as either finance or operating. The Organization adopted Topic 842 effective July 1, 2022.

The Organization applied Topic 842 to all leases as of July 1, 2022 with comparative periods continuing to be reported under Topic 840. The Organization has elected the practical expedient package to not reassess at adoption: (i) expired or existing contracts for whether they are or contain a lease, (ii) the lease classification of any existing leases or (iii) initial indirect costs for existing leases. The Organization has also elected the policy exemption that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and are applying this expedient to all relevant asset classes.

The Organization determined if an arrangement is or contains a lease at inception of the contract. Right-of-use asset represents a right to use the underlying asset for the lease term and the right-of-use obligation represent the obligation to make lease payments arising from the leases. The right-of-use asset and right-of-use lease obligation are recognized at commencement date based on the present value of lease payments over the lease term. The Organization uses the implicit rate noted within the contract. If not readily available, the Organization uses the estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and right-of-use lease obligation are not recognized for leases with an initial term of 12 months or less and the Organization recognizes lease expense for these leases on a straight-line basis over the lease term within lease as rental expense.

The Organization's operating leases are for leased facilities in Lincoln, Littleton, and Plymouth, N.H. The lease agreements have remaining terms between 11 and 25 months as of June 30, 2024. The Organization considered the lease renewal options when determining the lease term. The Organization's finance leases are for an ultrasound machine and equipment. The lease agreements have remaining terms between 23 and 50 months as of June 30, 2024.

The components of lease expense are as follows for the years ended June 30, 2024 and 2023:

	2024	2023
Operating lease cost	$ 157,951	$ 61,764
Variable and short term lease cost (a)	138,652	119,896
Total lease and rental expense	$ 296,603	$ 181,660
Finance lease cost:		
Amortization of property under finance lease	$ 50,794	$ 2,420
Interest on debt of property under finance lease	13,283	345
Total finance lease cost	$ 64,077	$ 2,765

(a) Includes month-to-month leases, variable payments, and leases with a maturity of less than 12 months.

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8. Leases (continued):

Supplemental balance sheet information related to leases as of June 30, 2024 and 2023, are as follows:

	2024	2023
Operating leases		
Right-of-use assets	$ 489,538	$ 366,162
Accumulated amortization	(219,715)	(61,763)
Right-of-use assets, net	$ 269,823	$ 304,399
Current portion of right-of-use obligations	$ 169,376	$ 119,976
Long-term right-of-use obligations	107,995	190,250
Total right-of-use obligation	$ 277,371	$ 310,226
Finance leases		
Right-of-use assets	$ 220,318	$ 87,111
Accumulated amortization	(50,794)	(2,420)
Right-of-use assets, net	$ 169,524	$ 84,691
Current portion of right-of-use obligations	$ 59,957	$ 27,782
Long-term right-of-use obligations	110,479	57,073
Total right-of-use obligation	$ 170,436	$ 84,855
Weighted average remaining lease term, years		
Operating leases	1.77	2.59
Finance leases	8.50	2.92
Weighted average discount rate		
Operating leases	3.90%	3.51%
Finance leases	25.75%	4.75%

Supplemental cash flow information related to leases for the years ended June 30, 2024 and 2023, are as follows:

	2024	2023
Operating cash flows from operating leases	$ 168,660	$ 60,000
Operating cash flows from finance leases	13,283	345
Financing cash flows from finance leases	47,625	2,256
	$ 229,568	$ 62,601

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9. Liquidity:

Financial assets available for general expenditures within one year of the balance sheet date consisted of the following as of June 30:

	2024	2023
Cash and cash equivalents	$ 2,921,046	$ 3,087,135
Patient services receivable, net	2,985,185	1,546,815
Government grants receivable	606,541	299,125
Contract and other receivables	529,936	3,078,552
Promises to give	50,000	-
	$ 7,092,708	$ 8,011,627

As part of its liquidity management strategy, the Organization structures its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization has certain restricted cash balances totaling $144,744 and $118,618 as of June 30, 2024 and 2023, respectively, representing funds required to be set aside as a building maintenance reserves required in accordance with the Organization's loan agreements. These balances have not been included in the Organization's financial assets available for general expenditure within one year.

10. Health Insurance:

The Organization participates in a captive health insurance plan (Captive Plan). The Organization is subject to a stop-loss limit of $50,000 per participant in the Plan before additional coverage through the captive arrangement will commence coverage of claims. Claims submitted to the Captive Plan for reimbursement after the end of the fiscal year with service dates on or prior to June 30 are required to be recognized as a loss in the period in which they occurred. As such, the Organization has provided for a liability for unpaid claims with service dates as of or before June 30 which had not yet been reported totaling $220,000 and $187,276 as of June 30, 2024 and 2023, respectively, included under the caption "accrued expenses and other current liabilities". Employee deductible requirements under the Captive Plan range from $1,500 to $3,500.

11. Malpractice Insurance Coverage:

The U.S. Department of Health and Human Services deemed the Organization covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. Prior to being deemed for coverage under the FTCA, the Organization purchased medical malpractice insurance under a claims-made policy on a fixed premium basis. The Organization purchases primary and excess liability malpractice insurance under occurrence policies for certain services and other portions of the Organization not covered under FTCA. Claim liabilities are determined without consideration of insurance recoveries. Expected recoveries are presented separately. Management analyzes the need for an accrual of estimated losses of medical malpractice claims, including an estimate of the ultimate costs of both reported claims and claims incurred but not reported. In such cases, the expected recovery from the Organization's insurance provider is recorded within prepaid expenses and other receivables. As of June 30, 2024 and 2023, subsequent to management's assessment of potential reported and not yet reported claims, management determined that its exposure for potential unreported claims was immaterial and consequently did not provide for an accrual. It is possible that an event has occurred which will be the basis of a future material claim.

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12. Retirement Program:

During 2007, the Organization adopted a tax-sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2024 and 2023 were $268,909 and $260,556, respectively.

13. Commitments and Contingencies:

340B Revenue – The Organization participates in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount as a Covered Entity. The 340B Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization is required to undergo a self-audit process to determine compliance with 340B Program guidelines. The 340B statutes also explicitly authorize HRSA to audit Covered Entities to ensure they are compliant with the 340B Program. All Covered Entities are also required to recertify compliance with the 340B Program on an annual basis, including an attestation to full compliance with the 340B Program. The Organization earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization contracts with certain third-party pharmacies that dispense the pharmaceuticals to its patients. 340B revenue is included in contract revenue within the consolidated statements of operations and totaled $2,308,366 and $1,813,364 for the years ended June 30, 2024 and 2023, respectively. The cost of pharmaceuticals, dispensing fees to the pharmacies, consulting fees and other costs associated with the 340B Program are included in operating expenses in the consolidated statements of operations and totaled $779,255 and $738,608 for the years ended June 30, 2024 and 2023, respectively.

Employee Retention Credit Program – The CARES Act created the Employee Retention Credit Program (2020 ERC), making it available in 2020, which was designed to encourage entities to keep employees on their payroll despite experiencing economic disruption due to the COVID-19 pandemic. Later, as a result of the Consolidated Appropriations Act (CA Act), the ERC program was extended and expanded for the first three quarters of calendar year 2021 (2021 ERC). During the year ended June 30, 2023, the Organization determined that it qualified for the 2020 ERC as well as the 2021 ERC. As a result, the Organization filed ERC claims totaling $2,338,209. As of June 30, 2023, the Organization reported interest income on the credit claims of $116,401. To calculate and process the ERC claims, the Organization engaged a third party service organization, incurring fees totaling $228,821. The ERC claims have been reflected on the Organization's consolidated statement of activities for the year ended June 30, 2023 as a nonoperating activity. As of June 30, 2023, the Organization reported a receivable for ERC claims, included on its consolidated statement of financial position as a current asset under the caption "contract and other receivables" in the amount of $2,454,610 as a current asset, included under the caption "other receivable". The Organization remains subject to audit of its ERC claims, with the statutory period for audit of the quarterly claims ranging between three to five years.

Projects in Progress – The Organization had the following projects in progress as of June 30, 2024:

	Total Estimated Cost	Costs to Date	Estimated Completion
Main street renovation	$ 3,633,000	$ 1,138,257	2025
Suite 2 renovation	1,600,000	35,877	Unknown
	$ 5,233,000	$ 1,174,134	

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14. COVID-19:

Significant sources of governmental assistance received in response to COVID-19, were as follows as of and for the years ended June 30:

	2024	2023
Recognized as grant and other income, net of fees:		
Employee retention credits, including interest	$ -	$ 2,454,610
Employee retention credit professional fees	-	(228,821)
HRSA 330 - American Rescue Plan Act	-	817,291
HRSA Provider Relief Funding	-	725,768
	$ -	$ 3,768,848
Liabilities reported:		
Refundable Advance - Provider Relief Funding	$ -	$ -
Economic Injury Disaster Loan	-	157,334
	$ -	$ 157,334

15. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross patient service revenue from patients and third-party payors was as follows at June 30:

	2024	2023
Medicare	23%	32%
Medicaid	17%	16%
Blue Cross	18%	21%
Patients	20%	6%
Other third-party payors	21%	25%
	100%	100%

16. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2024 through November 14, 2024 the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued.

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services:				
Health Center Program Cluster				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ -	$ 1,099,690
Grants for New and Expanded Services under the Health Center Program	93.527		-	734,844
COVID-19 Grants for New and Expanded Services under the Health Center Program	93.527		-	29,734
Total Grants for New and Expanded Services under the Health Center Program			-	764,578
Total Health Center Program Cluster			-	1,864,268
Congressional Directives	93.493		-	28,254
FIP Verification	93.526		-	383,337
Passed through N.H. Department of Health and Human Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI085821 and TI083955	-	213,550
Immunization Cooperative Agreements	93.268	NH23IP922595	-	29,223
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074 Comprised of 93.889 & 93.069	NU90TP922018 and U3REP190580	-	64,370
Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises	93.391	NH75OT000031	-	155,632

The accompanying notes to financial statements are an integral part of this Schedule.

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Preventive Health and Health Services Block Grant	93.991	NB01TO000025	-	14,955
Project Grants for Facilities to Improve the Health Status of Minority Populations	93.005	U3REP230690	-	113
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	-	30,788
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	NU58DP007115-03-00	-	22,402
Total passed through N.H. Department of Health and Human Services			-	531,033
Passed through N.H. Department of Health and Human Services and Bi-State Primary Care Association, Inc.:				
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	SS-2022-DPHS-04-EXPAN-01	-	246,831
Passed through National Association of County and City Health Officials:				
Medical Reserve Corps Small Grant Program	93.008	MRC RISE 22 - 2159	-	10,000
Total U.S. Department of Health and Human Services			-	3,063,723
U.S. Department of the Treasury:				
Passed through N.H. Department of Health and Human Services and Bi-State Primary Care Association, Inc.:				
COVID-19 Social Impact Partnerships to Pay for Results Act (SIPPRA)	21.017	SS-2022-DPHS-04-EXPAN-01	-	521,918
Total U.S. Department of the Treasury:			-	521,918
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ -	$ 3,585,641

The accompanying notes to financial statements are an integral part of this Schedule.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to the Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2024

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended June 30, 2024. The information in this Schedule is presented in accordance with the requirements of Title 2 US. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Organization.

2. Summary of Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes pass-through entity identifying numbers when available.

3. Indirect Cost Rate:

The Organization elected to use the 10% de minimis indirect cost rate.

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Report 1

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards)*, the financial statements of Mid-State Health Center and Subsidiary (the Organization), which comprise the consolidated statement of financial position as of June 30, 2024, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 14, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a certain deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2024-001 that we consider to be a material weakness.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Mid-State Health Center and Subsidiary's Response to Finding

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the finding identified in our audit and described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

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 result 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.

TSS Financial Partners, LLP

Lebanon, New Hampshire
November 14, 2024

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Report 2

Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Mid-State Health Center and Subsidiary's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Mid-State Health Center and Subsidiary's major federal programs for the year ended June 30, 2024. Mid-State Health Center and Subsidiary's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Mid-State Health Center and Subsidiary complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Mid-State Health Center and Subsidiary and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Mid-State Health Center and Subsidiary's compliance with the compliance requirements referred to above.

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Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to Mid-State Health Center and Subsidiary's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Mid-State Health Center and Subsidiary's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Mid-State Health Center and Subsidiary's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Mid-State Health Center and Subsidiary's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Mid-State Health Center and Subsidiary's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Mid-State Health Center and Subsidiary's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

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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 Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. 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.

TSS Financial Partners, LLP

Lebanon, New Hampshire
November 14, 2024

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2024

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of report the auditors issued on whether the financial statements audited were prepared in accordance with GAAP	*Unmodified*
Internal control over financial reporting:	
Material weakness(es) identified?	X Yes ___ No
Significant deficiency(ies) identified?	___ Yes X None reported
Non-compliance material to financial statements noted?	___ Yes X No

Federal Awards

Internal control over major federal programs:	
Material weakness(es) identified?	___ Yes X No
Significant deficiency(ies) identified?	___ Yes X None reported
Type of auditors' report issued on compliance for major federal programs	*Unmodified*
Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a)?	___ Yes X No

Identification of major federal programs:

Assistance Listing Numbers	Name of Federal Program or Cluster
93.224 and 93.527	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 X No

SECTION II – FINANCIAL STATEMENT FINDINGS

2024-001

Criteria: Financial statements should be accurately stated with all significant journal entries posted.

Condition: As a result of our audit, we proposed numerous adjustments to correct the books as originally provided to us for our audit. Most of these adjustments proposed were material to the financial statements. Adjustments were necessary in basic areas such as cash, patient receivables, promises to give, prepaid expenses, property and equipment, right-of-use assets and obligations, accounts payable, accrued expenses, operating revenues and other support, and expenses.

Cause: There were certain staffing changes in the accounting department during the year.

Effect: The condition of the general ledger as provided by management at the start of the audit, if consistent throughout the year, would indicate that the interim financial statements are likely materially misstated as well.

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Recommendation: We strongly recommend that the accounting department develop a month-end process to prepare detailed reconciliations of all material accounts and then perform a review of the final trial balance to ensure that all significant journal entries are posted prior to month-end reporting and especially the onset of the audit. This is a serious matter that should be corrected as soon as possible in order to have reliable financial statements in order to facilitate well-informed management decisions.

Views of responsible officials: There was a transition of three quarters of the accounting staff over a period of six months and the systems that were in place were not fully communicated to the new staff. Consultants have been hired to help better train staff on Microsoft Business Central, as well as to help verify balance sheet account balances. Account reconciliations will happen monthly from this point forward.

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters are reported.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 1

As of June 30, 2024

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Assets				
Current assets:				
Cash and cash equivalents	$ 2,431,840	$ 489,206	$ -	$ 2,921,046
Restricted cash	132,518	12,226	-	144,744
Patient services receivable	2,985,185	-	-	2,985,185
Government grants receivable	606,541	-	-	606,541
Contract and other receivables	529,936	116,657	(116,657)	529,936
Promises to give	50,000	-	-	50,000
Prepaid expenses and other current assets	177,158	-	-	177,158
Total current assets	6,913,178	618,089	(116,657)	7,414,610
Long-term assets:				
Promises to give	150,000	-	-	150,000
Property and equipment, net	4,252,335	8,312,675	-	12,565,010
Right-of-use assets	4,227,747	-	(3,788,400)	439,347
Other assets	183,097	-	(122,465)	60,632
Total long-term assets	8,813,179	8,312,675	(3,910,865)	13,214,989
Total assets	$ 15,726,357	$ 8,930,764	$ (4,027,522)	$ 20,629,599
Liabilities and net assets				
Current liabilities:				
Accounts payable	$ 905,106	$ 11,488	$ (116,657)	$ 799,937
Construction payable	311,688	-	-	311,688
Accrued expenses and other current liabilities	1,383,187	16,156	-	1,399,343
Current portion of long-term debt	68,689	263,287	-	331,976
Current portion of right-of-use obligations	668,462	-	(439,129)	229,333
Total current liabilities	3,337,132	290,931	(555,786)	3,072,277
Long-term liabilities:				
Lease deposits	-	122,465	(122,465)	-
Long-term debt, less current portion	2,012,714	4,992,695	-	7,005,409
Right-of-use obligations, less current portion	3,567,745	-	(3,349,271)	218,474
Total long-term liabilities	5,580,459	5,115,160	(3,471,736)	7,223,883
Total liabilities	8,917,591	5,406,091	(4,027,522)	10,296,160
Net assets:				
Without donor restrictions	6,608,766	3,524,673	-	10,133,439
With donor restrictions	200,000	-	-	200,000
Total net assets	6,808,766	3,524,673	-	10,333,439
Total liabilities and net assets	$ 15,726,357	$ 8,930,764	$ (4,027,522)	$ 20,629,599

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2024

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	$ 12,672,480	$ -	$ -	$ 12,672,480
Contract revenue	2,765,606	-	-	2,765,606
Other operating revenue	1,730,684	592,205	(536,800)	1,786,089
Government grants	4,073,390	-	-	4,073,390
Contributions	147,938	-	-	147,938
Total operating revenues and other support without donor restrictions	21,390,098	592,205	(536,800)	21,445,503
Operating expenses				
Salaries and wages	12,049,814	-	-	12,049,814
Employee benefits	2,900,755	-	-	2,900,755
Insurance	130,936	-	-	130,936
Professional fees	1,912,465	7,500	-	1,919,965
Supplies and expenses	4,944,891	58,568	(545,189)	4,458,270
Depreciation and amortization	328,041	256,698	-	584,739
Interest expense	93,208	179,213	-	272,421
Total operating expenses	22,360,110	501,979	(545,189)	22,316,900
Operating income (loss)	(970,012)	90,226	8,389	(871,397)
Nonoperating income				
Contributions for capital acquisitions	-	240,000	-	240,000
Total nonoperating income	-	240,000	-	240,000
Increase (decrease) in net assets without donor restrictions	(970,012)	330,226	8,389	(631,397)
Changes in net assets with donor restrictions				
Contributions	200,000	-	-	200,000
Increase in net asset with donor restrictions	200,000	-	-	200,000
Increase (decrease) in net assets	(770,012)	330,226	8,389	(431,397)
Net assets, beginning of year	7,578,778	3,194,447	(8,389)	10,764,836
Net assets, end of year	$ 6,808,766	$ 3,524,673	$ -	$ 10,333,439

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 3

As of June 30, 2023

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets:				
Cash and cash equivalents	$ 2,264,761	$ 822,374	$ -	$ 3,087,135
Restricted cash	118,618	-	-	118,618
Patient services receivable	1,546,815	-	-	1,546,815
Government grants receivable	299,125	-	-	299,125
Contract and other receivables	3,080,335	-	(1,783)	3,078,552
Promises to give	-	350,000		350,000
Prepaid expenses and other current assets	217,119	-	-	217,119
Total current assets	7,526,773	1,172,374	(1,783)	8,697,364
Long-term assets:				
Property and equipment, net	3,236,983	8,591,267	-	11,828,250
Right-of-use assets	4,607,533	-	(4,218,443)	389,090
Deposits and other assets	164,484	-	(122,060)	42,424
Note receivable - MSCDC	716,629	-	(716,629)	-
Total long-term assets	8,725,629	8,591,267	(5,057,132)	12,259,764
Total assets	$ 16,252,402	$ 9,763,641	$ (5,058,915)	$ 20,957,128
Liabilities and net assets				
Current liabilities:				
Accounts payable	$ 726,432	$ 13,755	$ (1,783)	$ 738,404
Construction payable	-	178,515	-	178,515
Accrued expenses and other current liabilities	1,199,758	16,156	-	1,215,914
Current portion of long-term debt	66,929	256,873	-	323,802
Current portion of right-of-use obligations	569,412	-	(421,654)	147,758
Total current liabilities	2,562,531	465,299	(423,437)	2,604,393
Long-term liabilities:				
Lease deposits	-	129,760	(122,060)	7,700
Long-term debt, less current portion	2,075,370	5,257,506	-	7,332,876
Note payable - MSHC	-	716,629	(716,629)	-
Capital lease obligations, less current portion	4,035,723	-	(3,788,400)	247,323
Total long-term liabilities	6,111,093	6,103,895	(4,627,089)	7,587,899
Total liabilities	8,673,624	6,569,194	(5,050,526)	10,192,292
Net assets:				
Without donor restrictions	7,578,778	3,194,447	(8,389)	10,764,836
Total net assets	7,578,778	3,194,447	(8,389)	10,764,836
Total liabilities and net assets	$ 16,252,402	$ 9,763,641	$ (5,058,915)	$ 20,957,128

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 4

For the Year Ended June 30, 2023

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	9,522,890	-	-	9,522,890
Contract revenue	2,769,654	-	-	2,769,654
Other operating revenue	861,519	589,347	(504,020)	946,846
Government grants	5,335,011	-	-	5,335,011
Contributions	166,520	-	-	166,520
Net assets released from restrictions	20,000	-	-	20,000
Total operating revenues and other support without donor restrictions	18,675,594	589,347	(504,020)	18,760,921
Operating expenses				
Salaries and wages	10,128,890	-	-	10,128,890
Employee benefits	2,499,289	-	-	2,499,289
Insurance	93,225	-	-	93,225
Professional fees	1,801,684	195	-	1,801,879
Supplies and expenses	3,791,365	25,056	(477,655)	3,338,766
Depreciation and amortization	251,351	229,273	-	480,624
Interest expense	86,769	172,367	(17,976)	241,160
Total operating expenses	18,652,573	426,891	(495,631)	18,583,833
Operating income	23,021	162,456	(8,389)	177,088
Nonoperating income				
Employee retention credits, including interest	2,454,610	-	-	2,454,610
Employee retention credit professional fees	(228,821)	-	-	(228,821)
Contributions for capital acquisitions	-	435,663	-	435,663
Net assets released from donor restrictions for capital acquisition	121,904	859,337	-	981,241
Total nonoperating income	2,347,693	1,295,000	-	3,642,693
Increase in net assets without donor restrictions	2,370,714	1,457,456	(8,389)	3,819,781
Changes in net assets with donor restrictions				
Net assets released from donor restrictions	(141,904)	(859,337)	-	(1,001,241)
Decrease in net assets with donor restrictions	(141,904)	(859,337)	-	(1,001,241)
Increase in net assets	2,228,810	598,119	(8,389)	2,818,540
Net assets, beginning of year	5,349,968	2,596,328	-	7,946,296
Net assets, end of year	$ 7,578,778	$ 3,194,447	$ (8,389)	$ 10,764,836

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Mid-State Health Center FY 24 Federal Audit
Corrective Action Plans

Finding 2024-001 Financial Statement Findings

Plan:
This finding was directly related to a transition of three quarters of the accounting staff over a period of six months and the systems that were in place were not fully communicated to the new staff and that created a significant breakdown in the process. We have already hired consultants to help better train staff on Microsoft Business Central as well as to help verify balance sheet account balances.

Expected Implementation Date:
Consultants were hired November 1, 2024 with an anticipated completion date of April 30, 2025. From this point forward, if not before, account reconciliations will happen on a monthly basis.

Contact
Brian Wall, CFO
Mid-State Health Center
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Plymouth, NH 03264
603-238-3515
bwall@midstatehealth.org

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MID-STATE HEALTH CENTER

— BOARD OF DIRECTORS CONTACT LIST —

BOARD OFFICERS (4)

Peter Laufenberg, President
Started: 12/27/2016
Term Exp: 6/30/26

Chelsea Salomon, Vice President
Started; 2/23/2021
Term Exp: 6/30/27

Patti Biederman, Secretary
Started; 9/27/2022
Term Exp: 6/30/2025

Lindsey Stepp, Treasurer
Started; 7/23/2024
Term Exp:6/30/2027

BOARD MEMBERS, ACTIVE (9)

Joseph Monti, Director
Started; 7/23/2019
Term Exp: 6/30/25

Steven Shaffer, Director
Started; 11/29/2022
Term Exp: 6/30/2025

Benoit Lamontagne, Director
Started; 6/22/2021
Term Exp; 6/30/2027

Mike Long, Director
Started 5/28/2019
Term Exp: 6/30/25

Todd Bickford, Director
Started; 12/19/2017
Term Exp: 6/30/26

John Scheinman, Director
Started 7/27/2021
Term Exp: 6/30/27

Brian Lash, Director
Started; 2/28/2023
Term Exp: 6/30/2026

Brad McCoil, Director
Started; 2/28/2023
Term Exp; 6/30/2026

BOARD MEMBERS, HONORARY (4)

Carol Bears

Ann Blair

James Dalley

Cynthia Standing

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Cecilia L. Disney, MD

Family Medicine

Mid-State Health Center

[redacted]

PROFESSIONAL EXPERIENCE

Mid-State Health Center — 12/2021-present
Family Practice Physician
Plymouth, NH

Northwestern Medical Center — 9/2019-11/2021
Northwestern Primary Care and Georgia Health Center
Family Practice Physician
Georgia, VT

Sea Mar Community Health Centers- Burien Medical — 9/2014-8/2019
Family Practice Physician
- Outpatient family practice with obstetrics
- Inpatient/Outpatient Attending for Swedish FM Residency

Medical Director- Burien Medical — 8/2017-8/2019
Burien, WA

EDUCATION

Swedish Cherry Hill Family Medicine Residency — 6/2011-6/2014
Seattle, WA
- Inpatient Co-Chief Resident

University of Pennsylvania School of Medicine — 8/2007-5/2011
Philadelphia, PA
Degree: MD
- AOA, Global Health Certificate

Hamilton College — 8/2003-5/2007
Clinton, NY
BA Biochemistry, Spanish Minor

LICENSURE

New Hampshire
Issued 9/17/2021
Status: Active

Board Certified-ABFM — 6/25/2014

DEA — expires 6/30/2025

Information Current as of 1/24/2023

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Buprenorphine- X waiver for 100 patients — certified 3/2013

CERTIFICATIONS

CPR — expires 9/20/2023
ALSO — certified 7/2011
Nexplanon — certified 6/2013
5/2019 — updated

PROFESSIONAL INTERESTS

Team based approach to care, population health, PCMH, Quality care metrics
VT Asthma/COPD/Tob Collaborative — 6/2020
New Medical Directors NACHC conference — 1/2018
American Academy of Family Physicians Member — 6/2011

HONORS AND AWARDS

Alpha Omega Alpha Honor Society — 5/2011
Global Health Certificate — 5/2011
Center for Public Health Initiatives Poster Contest Winner — 12/2010

RESEARCH AND PAPERS PRESENTED

Center for Public Health Initiatives: Reflections on Water and Public Health — 12/2010

- *Point of Use Ceramic Water Filtration in Haiti and the Dominican Republic*

LANGUAGES

Spanish-fluent, certified medical interpreter

PERSONAL INTERESTS

Hiking, x-country skiing, adventures with my husband, two children and our dog

Traveling and Volunteering in Central America and the Dominican Republic

- Longitudinal from 2002-2011, approximately one year in total time abroad
- Majority in Nicaragua in schools, rural health posts and vaccination campaigns
- Rural community health worker
- FilterPure water filtration project

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CURRICULUM VITAE
Annie M. Taylor, Psy.D.

[redacted] [redacted]

EDUCATION

08-2019 **Antioch University New England,** Keene, NH
Doctoral Degree in APA-Accredited Clinical Psychology Psy.D. Program

08-2017 **Antioch University New England,** Keene, NH
Master of Science in Clinical Psychology (In-Curso)

05-2014 **Saint Michael's College,** Colchester, Vermont
Bachelor's Degree in the Arts, Magna Cum Laude
Major: Psychology; Minor: Business Administration
Cumulative GPA: 3.863 | Major GPA: 3.974

COLLEGIATE AWARDS, GRANTS, AND HONORS

HRSA GPE Grant-Funded Specialized Practicum in Population Health (2017-2018); Delta Epsilon Sigma, National Honor Society for Catholic Colleges and Universities (2014); Dean's List, Saint Michael's College, All Semesters (2010-2014); Psi Chi – The International Honor Society in Psychology; Saint Michael's College Scholarship (2010-2014); Lakes Region Scholar (2010-2014); Saint Michael's College Book Award (2010)

CLINICAL TRAINING AND EXPERIENCE

08-2020 to Present
Manchester VA Medical Center, Manchester, NH
Licensed Clinical Psychologist, 40 hours/week

Mental Health Clinic: Providing brief and long-term individual therapy from a variety of treatment approaches, including various Evidence Based Practices (EBPs), to Veterans with varying presenting concerns at a small Community Based Outpatient Clinic (CBOC). Facilitating Acceptance and Commitment Therapy (ACT) group weekly. Maintaining relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software. Participating in weekly interdisciplinary team meetings.

Training and Supervision: Participating in weekly training committee meetings. Providing didactic training to predoctoral interns.

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09-2019 to 08-2020

Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA
Clinical Psychology Postdoctoral Fellow, 40 hours/week
Primary Clinical Supervisors: Michelle Esterberg, Ph.D., Robert Wachen, Ph.D., and Donna Crossman, Ph.D.
Training Director: Richard Amodio, Ph.D.

Mental Health Clinic: Providing brief and long-term individual therapy from a variety of treatment approaches, including various Evidence Based Practices (EBPs), to Veterans with varying presenting concerns. Co-facilitating LGBT group weekly with one practicum student. Maintaining relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software. Participating in weekly interdisciplinary team meetings.

Community Intervention: Providing case management services, supported education services, screening evaluations, same day assessments, individual psychotherapy, and urgent assessments to new Veterans (as well as some already connected to care) at the Bedford VAMC and on two college campuses. Triaging and referring Veterans to specialty programs as needed. Assisting Veterans in identifying and achieving their educational and vocational goals. Attending weekly interdisciplinary team meetings, consulting and collaborating on shared student Veterans' educational and vocational goals and psychological concerns. Co-facilitating Veterans Integration To Academic Leadership (VITAL) Group weekly. Completing year-long program development project aimed at increasing VITAL utilization. Maintaining relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software.

Training and Supervision: Receiving a minimum of two hours of individual supervision per week. Supervising one practicum student on weekly basis for six months. Receiving group supervision bi-weekly and participating in bi-weekly supervision trainings. Participating in didactic seminars bi-weekly/weekly on ethics, professional development, and interprofessional education. Participating in weekly Acceptance and Commitment didactics. Presenting one didactic training on the topic of working with LGBTQ Veterans.

07-2018 to 07-2019

VA Maine Healthcare System, Augusta, ME
Clinical Psychology Intern, 40 hours/week
Primary Clinical Supervisors: Shanna Treworgy, Ph.D., Jennifer Breslin, Ph.D., Liesl Beecher-Flad, Psy.D., James Mcelligott, Psy.D., Gregory Caron, Psy.D.
Training Director: Mary Melquist, Ph.D.

Mental Health Clinic: Participated in one four-month major rotation in the Mental Health Clinic. Provided brief and long-term individual therapy from a variety of treatment approaches, including several Evidence Based Practices (EBPs), to Veterans with varying presenting concerns. Co-facilitated group therapy and psychoeducational workshops (Living With Anger Group and LGBTQ+ Group). Conducted initial mental

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health intakes for Veterans seeking mental health treatment. Maintained relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software.

Pain Clinic: Participated in four-month major rotation in a CARF accredited Pain Clinic. Provided individual and group psychotherapy and assessment services to Veterans diagnosed with co-occurring mental disorders and chronic pain conditions. Provided education to staff, patients, family members, and significant others about chronic pain. Provided treatment for pain using Acceptance and Commitment Therapy (ACT) for chronic pain and Cognitive Behavioral Therapy (CBT) for chronic pain. Facilitated weekly Pain School Group and monthly Intensive Outpatient Programs (IOPs) for Veterans with chronic pain conditions. Assisted in coordination of Veterans' treatment and discharge planning. Participated in weekly interdisciplinary team meetings. Maintained relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software

Post Traumatic Stress Disorder (PTSD) Clinic: Participated in year-long minor rotation and three-month major rotation in the PTSD clinic. Conducted initial mental health intakes for Veterans seeking mental health treatment. Administered the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) to Veterans entering the clinic. Provided brief and long-term individual therapy from a variety of treatment approaches including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Written Exposure Therapy (WET) to Veterans diagnosed with PTSD. Co-facilitated weekly PTSD Orientation Group and PTSD Coping Skills Group. Completed the Cognitive Processing Therapy (CPT) regional training and participated in weekly consultation calls for six months. Received six hours of training on Prolonged Exposure (PE) and practiced using this treatment modality. Received six hours of training on Written Exposure Therapy (WET) and practiced using this treatment modality. Maintained relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software.

Assessment: Administered, scored, interpreted, and wrote five psychological assessments using the Millon Clinical Multi-Axial III (MCMI-III), the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), the Minnesota Multiphasic Personality Inventory Restructured Form 2 (MMPI-2RF), the Personality Assessment Inventory (PAI), and the Structured Clinical Interview for DSM-5 (SCID).

Diversity: Participated in the LGBTQ+ Committee and planned events aimed at raising awareness of the needs of LGBTQ+ Veterans. Completed the Transgender Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) Training. Participated in the Diversity Committee.

Training and Supervision: Received a minimum of three hours of weekly individual supervision and one hour of group supervision. Presented one didactic training and one case conceptualization to peers and members of the training committee. Completed one year-long project on the topic of caregiver burden.

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08-2017 to 06-2018

Mid-State Health Center, primary care center, Plymouth, NH
Advanced Psychology Student, 20-30 hours/week, completed 1,000 hours
HRSA GPE Grant-Funded Specialized Practicum in Population Health
Primary Clinical Supervisor: Tonya Warren, Psy.D.
GPE Supervisor: Alexander Blount, Ph.D.

Mental Health Clinic: Provided brief and long-term individual therapy from a variety of treatment approaches, including several Evidence Based Practices (EBPs) to patients with varying presenting concerns. Maintained relevant documentation of treatment plans and therapy notes for all clinical cases using electronic medical system software.

Primary Care Mental Health Integration: Provided behavioral health consultation and clinical services to individuals, couples, and families in a primary care setting and suboxone clinic, including diagnosis and case conceptualization, direct therapeutic intervention, and brief targeted behavior change intervention. Participated in trainings and consultations with other behavioral health professionals. Coordinated patient care with primary care providers and other members of the treatment team. Engaged in "warm-handoffs" between medical care providers and patients, and participated in dual-appointments with patients and their medical providers. Maintained relevant documentation of treatment plans and therapy notes for all clinical cases using electronic medical system software.

Assessment: Conducted, administered, scored, and interpreted twenty-five psychological assessments using a variety of psychological instruments including the Wechsler Abbreviated Scale of Intelligence (WAIS-III), the Dementia Rating Scale-II (DRS-II), the Continuous Performance Test Version III (CPT-III), the Weschler Memory Scale-IV (WMS-IV), the Test of Variable Attention (T.O.VA.), the Repeatable Battery for Neuropsychological Status (RBANS), the Montreal Cognitive Assessment (MoCA), and others.

Program Development: Devoted ten hours a week toward developing and assessing a population health project specific to the needs of the practicum site. Completed project which involved developing and starting substance use group within the site's existing suboxone program. Presented results of population health project at the NH Behavioral Health Integration Learning Collaborative.

Training and Supervision: Participated in weekly interdisciplinary team meetings. Received a minimum of two hours of supervision weekly.

08-2016 to 07-2017

Manchester VA Medical Center, Manchester, NH
Advanced Psychology Practicum Student, 20 hours/week, completed 825 hours
Primary Clinical Supervisor: Linda Zollo, Ph.D.

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Primary Assessment Supervisor: Katherine Donnelly, Psy.D.

Mental Health Clinic: Provided brief and long-term individual therapy from a variety of treatment approaches, including several Evidence Based Practices (EBPs) to Veterans with varying presenting concerns. Observed and co-facilitated several groups (CBT-I Group, Vietnam Veterans' Group, Women's Wellness Group, Living Without Substance Use Group). Maintained relevant documentation of treatment plans and therapy notes for all clinical cases using CPRS software

Assessment: Administered, scored, interpreted, and wrote five psychological assessments using the Millon Clinical Multi-Axial III (MCMI-III), the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), the Minnesota Multiphasic Personality Inventory Restructured Form 2 (MMPI-2RF), the Personality Assessment Inventory (PAI), and others.

Training and Supervision: Participated weekly in three seminars: didactic, topical, and assessment. Received weekly individual therapy supervision, individual assessment supervision, and group supervision. Participated in weekly team consultation meetings.

08-2015 to 07-2016

Antioch Psychological Services Center, community mental health center, Keene, NH
Psychology Practicum Student, 20 hours/week, completed 850 hours
Primary Clinical Supervisors: James Fauth, Ph.D.; Vincent Pignatiello, Psy.D.
Assessment Supervisor: Susan Hawes, Ph.D.

Psychotherapy: Provided individual therapy from a variety of different treatment approaches to adults and adolescents with varying presenting concerns. Maintained documentation of treatment plans and therapy notes for all clinical cases.

Assessment: Administered, scored, interpreted, and wrote five psychological assessments using the Millon Clinical Multi-Axial III (MCMI-III), the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), the Minnesota Multiphasic Personality Inventory Restructured Form 2 (MMPI-2RF), the Personality Assessment Inventory (PAI), and others.

Training and Supervision: Received weekly individual supervision for therapy and assessment. Participated in weekly assessment seminars. Participated in periodic didactic trainings.

UNDERGRADUATE CLINICAL EXPERIENCE

09-2013 to 04-2014

Spectrum Youth and Family Services, Burlington, VT
Psychology Intern, 16 hours/week
Supervisor: Ciran Gilmore, M.A.

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Responsibilities included: Worked with homeless youth in gaining independence and self-sufficiency around school, living situation, and work. Provided assistance and support through individual and group meetings. Accompanied youth in daily tasks and chores in the community. Utilized motivational interviewing techniques to facilitate goal setting. Utilized the Stages of Change (Prochaska & DiClemente) in order to assess youth readiness for change. Attended team support meetings to review treatment plans. Met with case managers to evaluate youths' history and needs in order to develop appropriate interventions.

PRESENTATION

Roberts, A., & Warren, T. (2017, April). Driving Change: A Roadmap to Whole Population Integrated Care. Symposium presented at the NH Behavioral Health Integration Learning Collaborative, Concord, NH.

RESEARCH EXPERIENCE

08-2016 to 01-2019

Antioch University New England, Keene, NH

Researcher

Dissertation Chair: Roger Peterson, Ph.D.

Responsibilities included: Successfully Proposed study entitled: "Alcohol Misuse Among Veterans: Implications for Better Treatment." Conducted thorough literature review on topic area. Utilized survey methodology in order to understand the problem of alcohol misuse in the Veteran population by way of understanding the perceptions of alcohol misuse in the Veteran population and the approach to treatment by mental health providers in the Veterans Affairs (VA) system. Conducted correlations and descriptive statistics using SPSS quantitative data analysis. Wrote results and discussion section. Successfully defended Dissertation.

01-2012 to 05-2012

Saint Michael's College, Winooski, Vermont

Researcher

Supervisor: Carolyn Whitney, Ph.D.

Responsibilities included: Proposed and conducted project entitled: "Happiness Among Introverted People and Extroverted People in the College Setting." Combined validated measures of happiness and introversion/extroversion as well as original demographic questions in order to create research measure. Recruited participants, administered surveys, and scored self-report surveys. Entered and analyzed data using SPSS yielding statistically significant results. Wrote report and presented results to peers.

01-2014 to 05-2014

Saint Michael's College, Winooski, Vermont

Researcher

Supervisor: Susan Kuntz, Ph.D.

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Responsibilities included: Explored and conducted literature review on paper entitled: "The Rise of Eugenics." Presented paper to peers.

SKILLS

SPSS quantitative data analysis; PsychInfo literature review; Refworks reference management; Technical: Proficient knowledge of Microsoft Office; Electronic medical records including CPRS

RELEVANT COURSEWORK

Psychopathology; Intervention: Individual, family, & group; Methods of Psychological Assessment: WAIS-IV, WISC-IV, WJ- III, Rorschach; Tests & Measurements: MMPI-2, PAI, MCMI-III; Personality: Theory & Assessment; Human Diversity; Professional Seminar: Ethics, Roles of Therapists, Fundamental Clinical Skills: Case Conference; Research Methods; Cognitive Aspects of Behavior; Advanced Seminar: Geropsychology; Military Psychology Weekend Workshop; Dialectical Behavioral Therapy Weekend Workshop; Advanced Seminar: Cognitive Behavioral Therapy; Advanced Seminar: Health Psychology

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Debra A Guilbert

[redacted]

Qualifications Summary

- Exceptional communication skills
- Proficient in Microsoft Word, Excel, PowerPoint, Outlook, Internet, and various Windows based software
- Outstanding ability to obtain, organize, write, edit, and prepare spreadsheets, letters, and reports.
- Skilled in coordination of events and promotions
- Proven leadership skills
- Strong scheduling and organizational skills

SCANNED

Professional Experience

Citizens Bank — *2004 – Present*

Licensed Banker: ***Lincoln, NH 2015 – present***
Duel role as both a senior banker and licensed person holding Life and Health Insurance License and Series 6 & 63. Responsible for growing customer relationships through needs based sales of bank and investment products. Continuously exceed all sales goals and responsible for approximately $1.25 million in gross investment sales since accepting this role. Expanded on insightful listening skills, attention to detail, and adaptability to achieve all levels of customer, branch and personal goals, interpersonal skills, and more.

Senior Banker: ***Lincoln, NH 2009 - 2015***
Actively market bank products to customers and potential customers. Schedule prospect appointments. Cross-sell bank products to enhance existing customer relationships. Close sales by engaging prospect in a banking relationship. Refer customer to other bank resources as appropriate for additional sales and service issues.
- 2012 Citizen of Excellence winner

Senior Teller: ***Lincoln, NH*** — *2008 - 2009*
Assisted teller manager in coaching staff on meeting sales goals and reporting. Assisted in maintaining branch cash supply, ordering and shipping currency. Transactional approval within senior teller authority limits.

Advanced Teller: ***Lincoln, NH*** — *2006 – 2008*
Supervisory approval for advanced teller levels. Responsible for branch opening and closing procedures. Supply purchasing, foreign currency management, spreadsheet development and maintenance.

Teller: ***Lincoln, NH*** — *2005 - 2006*
Responsible for accurately conducting transactions in compliance with bank policies and procedures. Provided excellent service to all customers, meeting teller sales referral goals. Actively participated in sales promotions.

Assistant: ***Linda Knott, CFP, of CCO Investments,*** — *2004 – 2005*
Assisted certified financial planner with daily tasks. Generated financial forecasts and asset allocations for clients. Kept files and sales materials compliant. Developed organizational skills, time management, and computer knowledge.

Intern: CCO Investments, NH — Spring 2004
Worked with a certified financial planner to further develop skills and knowledge gained through coursework and then apply them to a business atmosphere.

Education

Bachelor of Science in Management, Finance Focus — *May 2004*
Minor: Economics
Plymouth State University

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SCANNED

Alicia Barney Gillis

Clinical Nurse, Medical-Specialties Unit - Dartmouth-Hitchcock Medical Center

[redacted]

Acquire employment as a Nurse.

Work Experience

Clinical Nurse, Medical-Specialties Unit
Dartmouth-Hitchcock Medical Center - Lebanon, NH
July 2016 to Present

• Advocate for patients to ensure safe and effective patient care • Orient and assist nurse residents • Act as relief charge to aid staff in their care for patients • Act as a resource for peer nurses and other staff on the floor

Lifeguard & After School Assistant
Town of Ashland - Ashland, NH
May 2012 to July 2016

Student Nurse Extern, Hematology-Oncology Nursing Unit
Dartmouth-Hitchcock Medical Center - Lebanon, NH
May 2015 to July 2015

Lifeguard
Whale's Tale Waterpark - Lincoln, NH
June 2010 to August 2012

Education

Bachelor of Science in Nursing
Colby-Sawyer College - New London, NH
May 2016

Nursing
Dartmouth-Hitchcock Medical Center - Lebanon, NH
March 2016

Maternal-Child Nursing
Children's Hospital at Dartmouth
September 2014

High School Diploma
Plymouth Regional High School - Plymouth, NH
June 2012

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Delaney Cushing

[redacted]

Objective

- To secure a responsible career opportunity to fully utilize my training and skills, while making a significant contribution to the success of the company.

Education

Highschool | 2018 | Plymouth Regional High School

General Studies | Currently Enrolled | Lakes Region Community College

Skills & Abilities

- Customer Service
- Conflict Resolution
- Adaptability
- Excellent verbal and written communication
- Microsoft Office

Experience

Bank Services Representative | Bank of New Hampshire | April 2023- Present
Responsible for processing deposits and withdrawals, fraud prevention, protecting customer information, record retention, customer service, adhering to federal regulations, and cash handling.

Assistant Team Leader | Aroma Joe's | August 2022- March 2023
Responsible for deposit reconciling, product ordering, customer conflict resolution, staff support, displaying marketing, and assisting team leaders and shift leaders.

Shift Leader | Aroma Joe's | November 2021 - May 2022
Responsible for barista duties, opening the store, delegating shift tasks, cash handling, maintaining store efficiency, and customer service.

Recreation Supervisor | Plymouth State University | August 2019 – October 2021
Responsible for upkeep of fitness equipment, customer service, checking in members, assisting with fitness orientations, and facilitating recreation events.

Service Clerk | Hannaford Bros. | August 2017 – March 2020
Responsible for customer service, cart management, bagging groceries, ringing out orders, cleaning registers, and organizing stations.

References available upon request

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Alyssa Rhude

[redacted]

Work Experience

Caregiver
Comfort Keepers - Plymouth, NH
May 2021 to Present

Licensed Nursing Assistant
Laconia Rehabilitation Center - Laconia, NH
December 2016 to December 2018

License Nursing Assistant
Live Free Home Health Care - New Hampton, NH
November 2015 to December 2016

Licensed Nursing Assistant
Laconia Rehabilitation Center - Laconia, NH
August 2013 to February 2015

Recreation Assistant
Deer Park Resort - North Woodstock, NH
2012 to 2013

Clerical

Volunteer/Assistant
DHHS-DCYF Reimbursement - Laconia, NH
2009 to 2011

Education

Certificate in Business Management
NHTI-Concord's Community College
August 2016 to May 2019

Associate in General studies
NHTI-Concord's Community College
August 2016 to May 2018

Diploma
Plymouth Regional High School - Plymouth, NH
2003 to 2007

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William Sweeney

Objective

Seeking a challenging and rewarding job in finance and accounting within a medical office context.

Education

5/1997 Plymouth State College Plymouth, NH

Bachelor's of Science in Accounting

- Graduated, Cum Laude with a 3.33 GPA on 4.0 scale
- Minor in Mathematics

8/2013 Plymouth State University Plymouth, NH

Master of Business Administration

- Graduate Certificate in Health Care Administration

Professional experience

1/1997 – Present Mid-State Health Center Plymouth, NH

Chief Financial Officer

- Duties include financial statement preparation, budgeting, reconciling bank accounts and compiling provider productivity which is used to calculate their salary. Supervising billing department.
- Other duties include software support, help desk, MS Office, SQL / Crystal Reports reporting, limited system administration and active directory. Experience with EHR implementation and management.

References

Available Upon Request

Awards received

- Dean's list, spring semester 1994
- President's list, fall semester 1994
- Dean's list, spring semester 1995
- Certificate of Merit, May 1995
- Certificate of Merit, May 1996
- Certificate of Attendance, Troubleshooting, Maintaining and Upgrading PC's

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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: **Mid-State Health Center**

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Cecilia Disney	Family Medicine	$45,136.00	$326,934.40
Annie Taylor	Clinical Psychologist	$7,899.42	$78,994.24
Debra Guilbert	QI	$8,320.00	$83,200.00
Alicia Gillis	RN	$8,528.00	$85,280.00
Delaney Cushing	MA	$8,981.44	$44,907.20
Alyssa Rhude	BH Care Team	$3,486.33	$49,753.60
William Sweeney	COO	$1,849.95	$184,995.20

FORM NUMBER P-37 (version 2/23/2023)

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-05-MATER-08)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Weeks Medical Center		1.4 Contractor Address 536 Cottage Street Littleton, NH 03561	
1.5 Contractor Phone Number 603-664-3089	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $391,228
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Signed by: Matt Streeter F1008DF17BCE4F6... Date: 6/3/2025		1.12 Name and Title of Contractor Signatory Matt Streeter CFO	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... Date: 6/3/2025		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: DocuSigned by: Robyn Guarino 748734844941460...		On: 6/4/2025	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials MS
Date 6/3/2025

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.

Contractor Initials Initial MS

Date 6/3/2025

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.

Contractor Initials Initial MS

Date 6/3/2025

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.

Contractor Initials MS (Initial)
Date 6/3/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH

1.1.2. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.3. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

1.2.1.3. Considered low-income, defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.1.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals

served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

1.3.5. Language interpretation, outreach, transportation and education for patients and the community regarding the availability and appropriate use of health services; and

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age, in accordance with Attachment 1 – Enabling Services Initative Work Plans for Children and Adolescents, and Attachment 2 – Quality Improvement Initative Work Plans for Children and Adolescents, attached hereto and incorporated by reference herein:

1.4.1. Enabling Services Initiative 1: Obtaining SDOH information during Well Child visits for infants, children, adolescents (up to age 21), and women.

1.4.2. Enabling Services Initiative 2: Screening for children not enrolled in WIC and referring eligible patients to WIC for enrollment services.

1.4.3. Quality Improvement Initiative 1: Scheduling adolescent Well Child visits following episodic or acute visits, for adolescents 12 through 21 years of age.

1.4.4. Quality Improvement Initiative 2: Increasing screening for clinical depression in patients 12 through 21 years of age and creating follow up plans for patients with a positive screen.

1.5. The Contractor must provide eligibility determination services, including the following:

1.5.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30) consecutive business days;

1.5.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

1.5.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered; and

1.5.4. Developing and implementing a sliding fee scale for services in accordance with Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.6. The Contractor must ensure services are provided by a New Hampshire licensed:

1.6.1. Medical Doctor (MD);

1.6.2. Doctor of Osteopathic Medicine (DO);

1.6.3. Advanced Practice Registered Nurse (APRN); and/or

1.6.4. Physician Assistant (PA) to eligible individuals in the service area.

1.7. The Contractor must provide services in an office-based setting which may include:

1.7.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.7.2. Hospital Associated Community Health Centers;

1.7.3. School Based Health Clinics; and

1.7.4. Mobile Care Delivery Services.

1.8. The Contractor must monitor, update and implement the Work Plans for each enabling services initiative in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

1.9. The Contractor must monitor, update and implement the Work Plans for each QI initiative in accordance with Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

1.10. The Contractor must attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.10.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.10.2. MCH Biannual Primary Care Coordinators' Meetings up to two times

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.11. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

1.12. The Contractor must provide supporting documentation to the Department that verifies staff hours funded under this Agreement that may include, but is not limited to, timecards.

1.13. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

1.14. The Contractor must notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor must ensure notification:

1.14.1. Is provided to the Department no later than thirty business days from the date of hire; and

1.14.2. Includes a copy of the newly hired individual's resume.

1.15. The Contractor must notify the Department in writing when:

1.15.1. Any critical position is vacant for more than thirty business days.

1.15.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

1.16. The Contractor must actively and regularly collaborate with the Department to enhance contract management and improve results.

1.17. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.18. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The Contractor may opt to interface with the Department's closed loop referral

solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.19. Performance Measures

1.19.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.19.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.20. Reporting

1.20.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.20.1.1. Uniform Data System (UDS) outcomes.

1.20.1.2. Performance Measure outcomes.

1.20.1.3. Work Plan for each Enabling Service Initiative.

1.20.1.4. Work Plan for each QI Initiative.

1.20.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.20.2.1. Program initiatives status and/or completion dates; and

1.20.2.2. An impact statement on the success of the initiative(s),

which must include supporting documentation that includes aggregated and de-identified information.

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;

1.21.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) 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.

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 fulfilment 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. 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 & 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 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.

1.24.2. Workspace Requirement

1.24.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. 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 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 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 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. 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 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-Contractors); 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-Contractors).

3.3. **Credits and Copyright Ownership**

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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.
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
   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.

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.

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	*Weeks Medical Center*	
Budget Request for:	*0*	
Budget Period:	*7/1/25-6/30/27*	
Indirect Cost Rate (if applicable)	*15.00%*	
Line Item	**Integrated Healthcare services for children and adolescents Program Cost - Funded by DHHS - SFY 26**	**Integrated Healthcare services for children and adolescents Program Cost - Funded by DHHS - SFY 27**
1. Salary & Wages	$170,099	$170,099
2. Fringe Benefits	$0	$0
3. Consultants	$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
5.(a) Supplies - Educational	$0	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$0	$0
5.(d) Supplies - Medical	$0	$0
5.(e) Supplies - Office	$0	$0
6. Travel	$0	$0
7. Software	$0	$0
8. (a) Other - Marketing/Communications	$0	$0
8. (b) Other - Education and Training	$0	$0
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$170,099	$170,099
Total Indirect Costs	$25,515	$25,515
Subtotals	$195,614	$195,614
	TOTAL	**$ 391,228**

Contractor Initials: MS (Initial)

Date: 6/3/2025

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 suc tion;

New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

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.

Initial MS

New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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.

Initial MS

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.

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.

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:_____

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   _X_ NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here
   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: WEEKS MEDICAL CENTER

6/3/2025
Date:

Signed by:
Matt Streeter
F1008DF17BCE4F6...
Name: Matt Streeter
Title: CFO

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

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or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.

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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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future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

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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 b[illegible] Initial

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 P

Initial MS

Contractor Initials _____

6/3/2025

Date _____

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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Date _____

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	WEEKS MEDICAL CENTER
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	Signed by: Matt Streeter F1006DF17BCE4F6...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Matt Streeter
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	CFO
Title of Authorized Representative	Title of Authorized Representative
6/3/2025	6/3/2025
Date	Date

Initial MS
Contractor Initials _____

6/3/2025
Date _____

Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: Weeks Medical Center Name and Role of Person(s) Completing Work Plan: Quality Manager			
Enabling Services Focus Area: Social Determinants of Health (SDOH)			
Project Goal: 65%			
Project Objective: Obtain SDOH information during every Wellness Visit for infants, children, adolescents (to age 21) and women; identified SDOH needs referred to Case Management			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Continued from SFY25			
Performance Measures Audit	-Technical Operation Manager -Meditech Reporting System -IT System Analyst -Quality Manager	Audit results after changes made to remove male patients from the measure	Complete by July 2025
Continuing Staff Training on SDOH Responsibilities	-Director of Physician Practice Operations -Technical Operation Manager -Practice Manager for Colebrook, Groveton & West Stewartstown -Practice Manager for Lancaster -Practice Manager for Littleton & Whitefield -Clinical and Non-Clinical Staff	Staff meeting attendance and acknowledgement of training	Complete by September 2025
Performance Measure Outcome results to be generated quarterly	-Meditech reporting System -Quality Manager	**Numerator:** Referrals to Case Management **Denominator:** Identified SDOH needs **Numerator/Denominator** =Results (%)	Complete by September 2025
Leadership Staff Review of results & implementation of processes for improvements as needed	-Practice Operations Committee -Quality Manager	Recommendations as needed	Complete by December 2025

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the	

Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update	

SFY26 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a	

positive experience based on this enabling service/initiative being in place.	

		Denominator: Identified SDOH needs **Numerator/Denominator** =Results (%)	
Leadership Staff Review of results & implementation of processes for improvements as needed	-Practice Operations Committee -Quality Manager	Recommendations as needed	December 2025

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report—	

• Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update	

SFY26 Narrative: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update	

SFY27 Narrative: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 2- Quality Improvement Work Plan

Quality Improvement Work Plan Agency Name: Weeks Medical Center Name and Role of Person(s) Completing Work Plan: Quality Manager			
Project Goal: Adolescent well visits			
Project Objective: Schedule adolescent well visits following episodic or acute visits to attain a 65% result for adolescents age 12 through 21			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Continued from SFY 2025			
Send letters to patients who have not had a scheduled well visit appointment in over one year	-Director of physician Practice - Operations -IT System Analyst - -Administrative support to generate report, mail merge and send letters	Audit visit attendance to evaluate progress of initiative	Through January 2026 for first year evaluation
Targeted staff training based on individual site performance at clinical and non-clinical staff meetings on scheduling well child visits after acute or episodic visits	-Technical Operations Director -Practice Manager of Colebrook & Groveton and West Stewartstown -Practice Manager of Lancaster -Practice Manager of Littleton & Whitefield -Nursing Staff -Patient Access Manager -Patient Access Staff -Scheduling Staff	Staff attendance at meeting and acknowledgment of training	July 2025
Performance Measure Outcome results will be generated quarterly	-Meditech Reporting System -IT Systems Analyst -Technical Operations Director -Quality Manager	**Numerator:** All patients ages 12 through 21 who have a Weeks PCP and have had a WCC/CPE **Denominator:** All patients ages 12 through 21 who have a Weeks PCP **Numerator/Denominator=Results %**	September 2025

Appendix H– SFY 26 and SFY 27 Quality Improvement Work Plan and Progress Report Template

Leadership staff Review of Results & implement processes for improvements as needed	-Practice Operations Committee (Leadership) -Technical Operations Director -Quality Manager	Recommendations as required	October 2025

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted?	

• Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

		Denominator: Identified SDOH needs **Numerator/Denominator** =Results (%)	
Leadership Staff Review of results & implementation of processes for improvements as needed	-Practice Operations Committee -Quality Manager	Recommendations as needed	September

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted?	

• Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27).	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

Appendix J – SFY26-27 Reporting Requirements Calendar

Maternal & Child Health (MCH) Integrated Care

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

Attachment 4 -
Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down into two age-based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) through twenty-one (21) years old screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients ages twelve (12) through twenty-one (21) years old who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients ages twelve (12) through twenty-one (21) years old by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out into two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.6.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.6.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.6.1.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

2.6.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

Attachment 5- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Attachment 6 - DTT SFY26-27 -Reporting Template

Organization Name		1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2026-12/31/2026	7/1/2026-6/30/2027
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						

Attachment 6 - DTT SFY26-27 -Reporting Template

AND if positive, a follow-up plan is documented on the date of the positive screen.	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Please copy above pages/sections as needed to complete for all not met measures.

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WEEKS MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 22, 1919. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63681**

Certificate Number: **0007184665**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of May A.D. 2025.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Charlie Cotton, Vice Chair of Weeks Medical Center Board of Directors, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of the Weeks Medical Center Board of Directors.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/Shareholders, duly called and held on January 28, 2025, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Matthew Streeter (may list more than one person)
is duly authorized on behalf of the Weeks Medical Center Board of Director 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: 5/28/25

Signature of Elected Officer
Name: Charlie Cotton
Title: Vice Chair, Board of Trustees

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED Weeks Medical Center 173 Middle Street Lancaster, NH 03584	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Professional Security Insurance Company — 11811 INSURER B: New Hampshire Employers Insurance Company — 13083 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W34731969 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			HPL 09121499	10/01/2024	10/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ $ 5,000 $ 1,000,000 $ 3,000,000 $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WMZ-800-8007765-2024A	10/01/2024	10/01/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Medical Professional Liability Claims-made			HPL 09121499	10/01/2024	10/01/2025	Each Medical Incident Annual Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

North Country Healthcare, Androscoggin Valley Hospital, North Country Home Health & Hospice Agency, Inc, Upper Connecticut Valley Hospital Association, Weeks Medical Center are named insured.

CGL & PROF is included in the same policy 002NH000032947

Certificate Holder is included as an Additional Insured as respects to General Liability, as required by written

CERTIFICATE HOLDER

State of New Hampshire, Dept. of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.	NAMED INSURED Weeks Medical Center 173 Middle Street Lancaster, NH 03584
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

contract.

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WMC Mission Statements

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient healthcare services to ensure the well-being of our patients, families and communities.

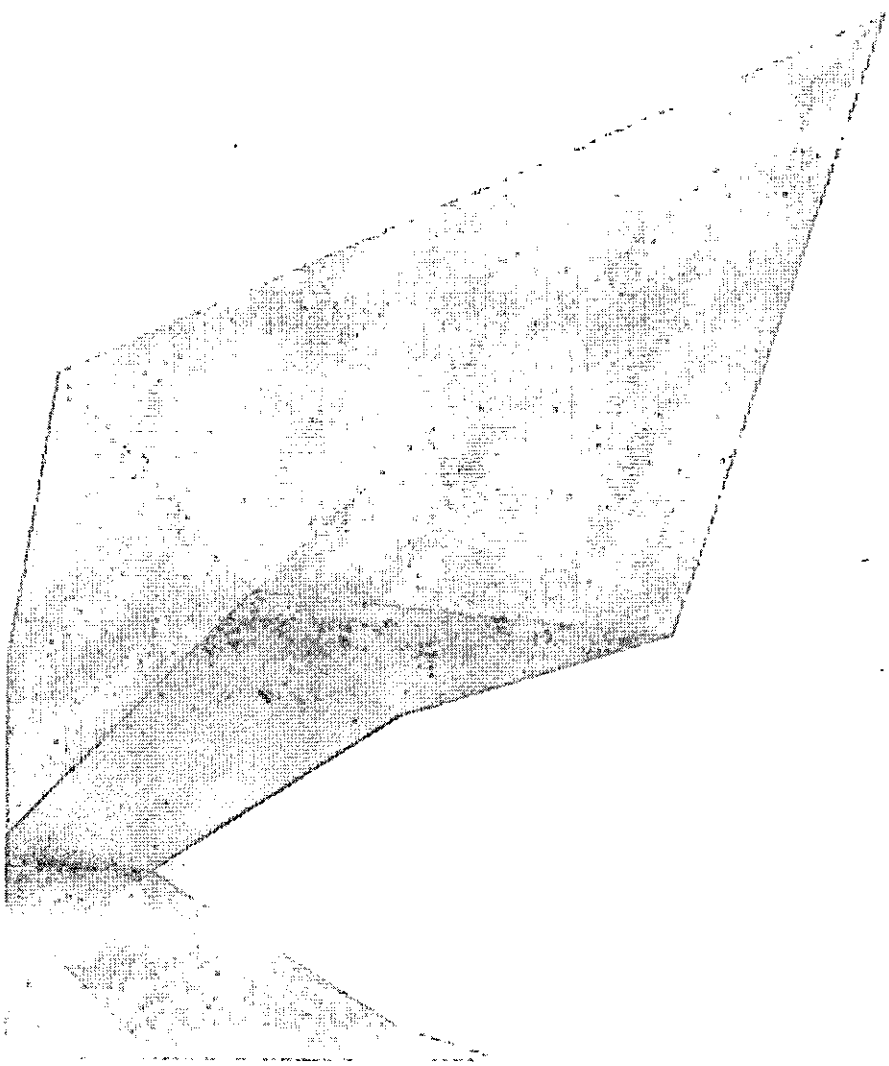


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Weeks Medical Center and Subsidiary

Financial Statements

Years Ended September 30, 2023 and 2022



WIPFLI

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Weeks Medical Center and Subsidiary

Years Ended September 30, 2023 and 2022

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WIPFLI

Independent Auditor's Report

Board of Directors
Weeks Medical Center and Subsidiary
Berlin, New Hampshire

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Weeks Medical Center and Subsidiary (the "Hospital"), which comprise the consolidated balance sheet as of September 30, 2023, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2023, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the consolidated financial statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Other Matter

The financial statements of the Hospital for the year ended September 30, 2022, were audited by another auditor, whose report dated March 9, 2023, expressed an unmodified opinion on those financial statements.

Wipfli LLP

Wipfli LLP
Eau Claire, Wisconsin
February 19, 2024

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Weeks Medical Center and Affiliate

Consolidated Balance Sheets

September 30,	2023	2022
ASSETS		
Current assets:		
Cash and cash equivalents	$ 3,795,280	$ 4,990,716
Assets limited as to use	256,236	256,236
Patient accounts receivable - Net	8,735,189	8,092,506
Other accounts receivable	946,771	482,541
Inventories	1,759,746	1,407,868
Prepaid expenses	1,145,301	1,480,157
Due from related parties - Net	11,289	-
Total current assets	16,649,812	16,710,024
Assets limited as to use:		
Board designated for capital expenditures	20,201,440	25,154,117
Amounts restricted by donors	1,578,710	1,474,586
Total assets limited as to use	21,780,150	26,628,703
Less - Assets required for current liabilities	256,236	256,236
Total assets limited as to use	21,523,914	26,372,467
Property and equipment – Net	35,085,267	35,721,839
Other assets - Note receivable	9,534,913	9,534,913
Total Assets	$ 82,793,906	$ 88,339,243

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Weeks Medical Center and Affiliate

Consolidated Balance Sheets (Continued)

September 30,	2023	2022
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	$ 741,050	$ 707,309
Accounts payable and accrued expenses	6,253,955	1,649,726
Accrued payroll and payroll taxes	1,487,373	1,047,854
Accrued vacation payable	991,273	1,220,033
Deferred revenue	32,561	257,230
Amounts payable to third-party reimbursement programs	4,599,836	11,662,534
Due to related parties - Net	-	817,585
Total current liabilities	14,106,048	17,362,271
Long-term debt - Less current portion	20,754,767	21,281,537
Total liabilities	34,860,815	38,643,808
Net assets:		
Without donor restrictions	46,518,437	48,477,126
With donor restrictions	1,414,654	1,218,309
Total net assets	47,933,091	49,695,435
Total liabilities and net assets	$ 82,793,906	$ 88,339,243

See accompanying notes to consolidated financial statements.

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Weeks Medical Center and Affiliate

Consolidated Statements of Operations

Years Ended September 30,	2023	2022
Net assets without donor restrictions:		
Net patient service revenue	$ 77,118,350	$ 67,384,290
Other revenue	5,971,170	8,176,413
Total revenue	83,089,520	75,560,703
Expenses:		
Salaries and wages	25,893,459	27,235,382
Employee benefits	8,281,556	7,320,642
Supplies and other	45,820,215	34,528,137
Interest	639,340	526,982
Depreciation	4,296,405	4,001,714
Total expenses	84,930,975	73,612,857
Income (loss) from operations	(1,841,455)	1,947,846
Other income (expense):		
Investment income (loss)	2,015,406	(2,792,638)
Contributions and donations - Net	(103,546)	129,511
Gain on disposal of property and equipment	1,000	-
Total other income (expense) - Net	1,912,860	(2,663,127)
Revenue in excess (deficiency) of expenses	71,405	(715,281)
Other changes in net assets without donor restrictions:		
Transfer of equity to North Country Healthcare, Inc.	(2,030,094)	(2,037,482)
Net assets released from restrictions for property and equipment acquisitions	-	-
Decrease in net assets without donor restrictions	$ (1,958,689)	$ (2,752,763)

See accompanying notes to consolidated financial statements.

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Weeks Medical Center and Affiliate

Consolidated Statements of Changes in Net Assets

Years Ended September 30,	2023	2022
Net assets without donor restrictions:		
Revenue in excess (deficiency) of expenses	$ 71,405	$ (715,281)
Other changes in unrestricted net assets:		
Transfer of equity to North Country Healthcare, Inc.	(2,030,094)	(2,037,482)
Net assets released from restrictions for property and equipment acquisitions	-	-
Decrease in net assets without donor restrictions	(1,958,689)	(2,752,763)
Net assets with donor restrictions:		
Investment income (loss)	100,161	(87,938)
Restricted contributions	104,037	192,302
Net assets released from restrictions	(7,853)	(324,761)
Increase (decrease) in net assets with donor restrictions	196,345	(220,397)
Change in net assets	(1,762,344)	(2,973,160)
Net assets at beginning	49,695,435	52,668,595
Net assets at end	$ 47,933,091	$ 49,695,435

See accompanying notes to consolidated financial statements.

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Weeks Medical Center and Affiliate

Consolidated Statements of Cash Flows

Years Ended September 30,	2023	2022
Increase (decrease) in cash and cash equivalents:		
Cash flows from operating activities:		
Change in net assets	$ (1,762,344)	$ (2,973,160)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	4,296,405	4,092,650
Amortization	90,936	90,936
Net realized and unrealized losses (gains) on investments, including assets limited as to use	(1,826,289)	3,627,320
Gain on disposal of property and equipment	(1,000)	-
Transfer of equity to North Country Healthcare, Inc.	2,030,094	2,037,482
Restricted contributions	(104,037)	(192,302)
Changes in operating assets and liabilities:		
Patient and other receivables - Net	(1,106,913)	(1,334,725)
Inventories	(351,878)	(234,899)
Prepaid expenses	334,856	(185,035)
Due from/to related parties - Net	(828,874)	(1,105,465)
Accounts payable	4,604,229	(191,001)
Accrued compensation and other	210,759	(548,231)
Deferred revenue	(224,669)	(296,651)
Amounts payable to third-party reimbursement programs	(7,062,698)	(10,939,463)
Total adjustments	60,921	(5,179,384)
Net cash used in operating activities	(1,701,423)	(8,152,544)
Cash flows from investing activities:		
Decrease in assets limited as to use	6,674,842	3,060,034
Purchases of property and equipment	(3,659,833)	(6,712,426)
Proceeds from sale of property and equipment	1,000	-
Net cash provided by (used in) investing activities	3,016,009	(3,652,392)
Cash flows from financing activities:		
Principal payments on long-term debt	(583,965)	(754,868)
Transfer of equity to North Country Healthcare, Inc.	(2,030,094)	(2,037,482)
Restricted contributions	104,037	192,302
Net cash used in financing activities	(2,510,022)	(2,600,048)
Net decrease in cash and cash equivalents	(1,195,436)	(14,404,984)
Cash and cash equivalents - Beginning of year	4,990,716	19,395,700
Cash and cash equivalents - End of year	$ 3,795,280	$ 4,990,716
Supplemental cash flow information:		
Cash paid for interest	$ 548,404	$ 436,046

See accompanying notes to consolidated financial statements.

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Weeks Medical Center and Subsidiary
Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies

The Entities

Weeks Medical Center ("WMC") is a not-for-profit corporation which operates a 22-bed Critical Access Hospital ("CAH") providing inpatient and outpatient health care services, as well as emergency and specialty care through specialty physician/provider clinics, to patients in Lancaster, New Hampshire and the surrounding communities. WMC also operates four rural health clinics located throughout Northern New Hampshire.

Lancaster Patient Care Center ("LPCC") is a 501(c)(3) non-profit corporation formed for the purpose of securing new financing related to the construction of a new patient care center on the Weeks Medical Center campus. LPCC is a wholly-controlled affiliate of Weeks Medical Center.

North Country Healthcare, Inc. ("NCH") is the sole corporate member of Weeks Medical Center. NCH is also the parent company of Androscoggin Valley Hospital, Inc. ("AVH"), Upper Connecticut Valley Hospital ("UCVH"), and North Country Home Health & Hospice Agency, Inc. ("NCHHHA").

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of WMC and its wholly controlled subsidiary, LPCC (collectively the "Hospital"). All material intercompany accounts and transactions have been eliminated in consolidation.

Consolidated Financial Statement Presentation

The Hospital follows accounting standards set by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make certain estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

Cash Equivalents

The Hospital considers highly-liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts limited as to use.

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Note 1: Summary of Significant Accounting Policies (Continued)

Assets Limited as to Use and Investment Income

Assets limited as to use include assets designated by the Board of Directors for future capital improvements and expansion over which the Board of Directors retains control and may at its discretion subsequently use for other purposes, and funds restricted by donors for specific purposes.

Investments, which are included as assets limited as to use, are measured at fair value in the accompanying consolidated balance sheets and are considered trading securities unless are restricted by donor or law.

Investment income or loss (including realized gain (loss) on investments, interest, and dividends, net of investment fees) is reported as other income (expenses) and is included in revenue in excess (deficiency) of expenses unless the income is restricted by donor or law. Realized gains or losses are determined by specific identification.

The Hospital monitors the difference between the cost and fair value of its investments. If investments experience a decline in value that the Hospital determines is other than temporary, the Hospital records a realized loss in investment income.

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. The Hospital measures fair value of its financial instruments using a three-tier hierarchy that prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Patient Accounts Receivables and Credit Policy

Patient accounts receivable is reported at the amount that reflects the consideration to which the Hospital expects to be entitled, in exchange for providing patient care services. Patient accounts receivable are recorded in the accompanying consoidated statements of financial position net of contractual adjustments and implicit price concessions which reflects management's estimate of the transaction price. The Hospital estimates the transaction price based on, negotiated contractual agreements, historical experience, and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions and is recorded through a reduction of gross revenue and a credit to patient accounts receivable. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

The Hospital does not have a policy to charge interest on past due accounts.

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Note 1: Summary of Significant Accounting Policies (Continued)

Inventories

Inventories consist primarily of medical supplies, general supplies, and pharmaceuticals and are stated at the lower of cost or net realizable value with cost determined using first in first out (FIFO) method.

Property, Equipment and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives range from three to twenty-five years for major movable equipment, and from five to thirty years for land improvements, building, building service equipment, fixed assets, and leasehold improvements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports expirations of donor restrictions when the donated or acquired long-lived assets are placed into service.

Impairment of Long-Lived Assets

The Hospital periodically evaluates the recoverability of its long-lived assets, which consists primarily of property and equipment with estimated useful lives, whenever events or changes in circumstance indicate that the carrying value may not be recoverable. If the recoverability of these assets is unlikely because of the existence of factors indicating impairment, an impairment analysis is performed using a projected undiscounted cash flow method. Management must make assumptions regarding estimated future cash flows and other factors to determine the fair value of these respective assets. If the carrying amounts of the assets exceed their respective fair values, the carrying value of the underlying assets would be adjusted to fair value and an impairment loss would be recognized. During 2023 and 2022, the Hospital determined that no evaluations of recoverability were necessary.

Unamortized Debt Issuance Costs

Costs related to issuance of long-term debt are amortized over the life of the related debt. Amortization expense of the costs of issuance of long-term debt is included within interest expense in the accompanying consolidated statements of operations.

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Note 1: Summary of Significant Accounting Policies (Continued)

Asset Retirement Obligation

ASC Topic 410-20, *Accounting for Conditional Asset Retirement Obligation*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. Management has considered ASC Topic 410-20, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Hospital may settle the obligation is unknown and cannot be estimated. As a result, management cannot reasonably estimate the liability related to these asset retirement activities as of September 30, 2023 and 2022.

Net Assets

Net assets without donor restrictions consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of the Hospital. Net assets with donor restrictions are those whose use by the Hospital has been limited by donors to a specific time period or purpose, or those assets restricted by donors to be maintained by the Hospital in perpetuity.

Revenue in Excess (Deficiency) of Expenses

The accompanying consolidated statements of operations and changes in net assets include the classification of revenue in excess (deficiency) of expenses, which is considered the operating indicator. Changes in net assets without donor restrictions, which are excluded from the operating indicator include items such as permanent transfer of assets to and from affiliates for other than goods and services.

Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided. Revenue from performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Generally, the majority of patient care services provided in or by the Hospital, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed and recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

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Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Because the Hospital's performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The Hospital used the following factors to develop portfolios: major payor classes, type of service (i.e. inpatient, outpatient, emergency, clinic, etc.), and geographic location. Using historical collection trends and other analyzes, the Hospital evaluated the accuracy of its estimate and determined that recognizing revenue by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach was used.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Hospital considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care, other insurance, patient, etc.) have different reimbursement/payment methodologies
- Length of the patient's service/episode of care
- Geography of the service location
- Line of business that provided the service (for example, hospital, clinic, etc.)

The Hospital determines the transaction price, which involves significant estimates and judgement, based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience for each patient portfolio based on payor class and service type.

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Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The Hospital has agreements with third-party payors that typically provide for reimbursement at amounts that vary from its established charges. A summary of the basis of reimbursement with major third-party payors follows:

Hospital Services:

- Medicare: The Hospital is designated as a critical access hospital (CAH). As such, all inpatient, swing bed, and outpatient hospital services are paid based on a cost-reimbursement methodology, except for certain types of laboratory, radiology, and professional services provided to Medicare beneficiaries, which are reimbursed on prospectively determined fee schedules.

- Medicaid: Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are paid based on a cost-reimbursement methodology. The State of New Hampshire also enacted in 2021 a directed payment program for hospitals participating in the Medicaid program in which payments are paid in support of healthcare services provided to Medicaid and low-income beneficiaires to the providers that care for these patients, including the Hospital. The Medicaid directed payment program is funded through a tax that is imposed by the State of New Hampshire on the gross patient service revenue of every hospital in the state. The funds generated from this tax and from federal matching funds are disbursed to the hospitals through the Medicaid directed payment program. The Medicaid directed payment program replaced the previous Medicaid Disproportionate Share Hospital ("DSH") payment program which was funded through federal and state allotments in order to provide financial assistance to hospitals that served a large proportion of low-income patients. Amounts received under the DSH payment program were subject to audit and therefore subject to change; however, the direct payment program is not subject to future audit as amounts are determined prospectively based on prior filings by each hospital. The Hospital incurred Medicaid enhancement taxes, which were paid to the State of New Hamsphire to assist in funding the Medicaid direct payment program, of approximately $2,907,000 and $2,476,000 during 2023 and 2022, respectively which is included in supplies and other expenses in the accompanying consolidated statements of operations.

- Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, and fee schedules.

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Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Clinics:

- Professional services to clinic patients, including behavioral health services, are paid primarily under arrangements which include prospectively determined rates per visit or procedure or discounts from established charges.

- Certain physician and professional services rendered to Medicare and Medicaid beneficiaries in the Hospital's Lancaster, Whitefield, Groveton, and North Stratford clinics qualify for reimbursement as Medicare- and Medicaid-approved rural health clinic services. Qualifying services are reimbursed based on cost-reimbursement methodologies. All other physician and professional services rendered to Medicare and Medicaid beneficiaries are paid based on prospectively determined fee schedules.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. Because of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims, or penalties would have upon the Hospital.

The Centers for Medicare and Medicaid Services (CMS) uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that may have been made to health care providers and tat were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The Hospital has not been notified by the RAC of any potential significant reimbursement adjustments. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price, were not significant in 2023 and 2022.

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Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients. In accordance with New Hampshire state statute 151:12-b, *Hospital Rates for Self-Pay Patients*, the Hospital accepts as payment in full from uninsured payments amounts no greater than amounts generally billed and received by the Hospital for that service for patients covered by health insurance for similar services. This policy did not change in 2023 and 2022.

The promised amount of consideration from patients and third-party payors have not been adjusted for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

All incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the Hospital otherwise would have recognized is one year or less in duration.

Charity Care

The Hospital provides care to patients who meet criteria under its financial assistance policy without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as net patient service revenue.

The estimated cost of providing care to patients under the Hospital's financial assistance policy is calculated by multiplying the ratio of cost to gross charges for the Hospital times the gross uncompensated charges associated with providing charity care.

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Note 1: Summary of Significant Accounting Policies (Continued)

Contributions and Gifts

Contributions are considered available for unrestricted use unless specifically restricted by the donor. Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is deemed unconditional. The gifts are reported as with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions.

Advertising Costs

Advertising costs are expensed as incurred.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital is also engaged, to a limited extent, in certain activities subject to taxation as unrelated business income ("UBI"). UBI is not significant.

Subsequent Events

Subsequent events have been evaluated through February 19, 2024, which is the date the consolidated financial statements were available to be issued.

Note 2: COVID-19

Starting in March 2020, the nation in general, and healthcare-related entities specifically, were faced with a global pandemic. As healthcare entities prepared for the crisis, operational changes were made to delay routine visits and elective procedures and reevaluate the entire care delivery model to care for patient needs, specifically those affected by COVID-19. These operational changes continued and adjustments were made in operations and business plans throughout the pandemic. The declared public health emergency ended in May 2023 related to the COVID-19 pandemic, and even with this ending the complete financial impact on the economy in general and healthcare-related entities specifically still remains undeterminable at this time. Management of the Hospital continues to note that both operational performance and cash flows for healthcare-related entities have been and will continue to be impacted into the future even though the declared public health emergency period and pandemic have ended.

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Note 2: COVID-19 (Continued)

The federal and state governments, as well as other agencies, assisted many healthcare organizations to prevent significant financial constraints by providing supplemental payment programs in the forms of distributions which are intended to help in offsetting lost revenues as well as the cost of staffing, supplies, and equipment from treating patients impacted by or preparing for the pandemic's healthcare needs.

Through September 30, 2022, the Hospital received approximately $7,869,000 in funding from these program and recognized approximately $63,000 and $2,636,000 as other operating revenue during the year ended September 30, 2023 and 2022, respectively, in the accompanying consolidated statements of operations. The Hospital had also previously recognized approximately $5,170,000 in operating revenue of these amounts received collectively between 2021 and 2020. No additional funds had been received from these programs during the year ended September 30, 2023. Funding was primarily received from the U.S. Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Security ("CARES") and American Rescue Plan ("ARP") Acts, and the State of New Hampshire related to COVID-19 assistance.

These funds are subject to various financial and compliance guidelines for intended uses as published by the federal and state governments. Management is continuing to monitor compliance with the terms and conditions of these grants as new guidance and clarification is released from HHS, the State of New Hampshire, and other agencies. The Hospital has completed all required attestations to the federal government as well as all required audits to date to or comply with the current terms and conditions of the programs; however, as more information becomes available or the federal or state government would perform any additional audits in the future, the Hospital's ability to retain some or all of the distributions received could be impacted.

The Hospital also received approximately $4,714,000 of accelerated and advanced payments from the Medicare program in 2020 to be repaid interest free over approximately a seventeen month period of time starting in 2021. The Hospital repaid the advanced payments from the Medicare program in full in 2022.

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Note 3: Available Resources and Liquidity

The Hospital does not have a formal liquidity policy but generally strives to maintain financial assets in liquid form such as cash and cash equivalents for at least three to six months of operating expenses. Other funds, included in assets limited as to use in the accompanying consolidated statements of financial position, are considered available for operational or capital needs. Occasionally, the Board of Directors designates a portion of operating surplus to be appropriated at its discretion for future operational initiatives and capital expenditures. These funds, at the discretion of the Board of Directors, could be released immediately or sold and redeemed prior to their maturity and are not considered available under the Hospital's general liquidity management. The Foundation also has unrestricted investments available which are included in assets limited as to use and could be used for operating purposes of the Foundation or transferred to for hospital operations or other needs if approved by the Foundation. At September 30, 2023 and 2022, the balance of these funds collectively was $21,780,150 and $26,628,703, respectively.

Financial assets available for general expenditure, such as operating expenses, and purchases of property and equipment, within one year of the consolidated balance sheet date, comprise the following at September 30:

	2023	2022
Cash and cash equivalents	$ 3,795,280	$ 4,990,716
Patient accounts receivable - Net	8,735,189	8,092,506
Other accounts receivable	946,771	482,541
Due from related parties - Net	11,289	-
Total	$ 13,488,529	$ 13,565,763

Patient accounts receivable - net becomes available as an available resource to the Hospital generally as operating cash as it is billed and collected based on the policies and procedures described in Note 1, and its opening balance at October 1, 2021 was $7,146,867.

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Note 4: Assets Limited as to Use and Investment Income

Assets limited as to use, stated at fair value, consisted of the following at September 30:

	2023	2022
Money market funds	$ 7,179,905	$ 5,256,610
Exchange traded funds	185,394	-
Mutual funds	132,533	6,452,758
Marketable equity securities	12,498,464	12,249,276
Fixed income securities - U.S. Treasury and corporate bonds	1,783,854	2,670,059
Total assets limited as to use	$ 21,780,150	$ 26,628,703

Investment income (loss), including income on assets limited as to use, consisted of the following for the years ended September 30:

	2023	2022
Investment income (loss) without donor restrictions:		
Interest and dividends - Net of investment fees	$ 263,615	$ 640,823
Net realized gain (loss) on sale of investments	(2,719)	5,060
Net unrealized gain (loss) on investments	1,754,510	(3,438,521)
Investment income (loss) with donor restrictions:		
Interest and dividends - Net of investment fees	25,663	105,921
Net realized loss on sale of investments	(45,869)	(106,074)
Net unrealized gain (loss) on investments	120,367	(87,785)
Total investment income (loss)	$ 2,115,567	$ (2,880,576)

Management assesses individual investment securities as to whether declines in market value are other than temporary and result in impairment. For equity securities and mutual funds, the Hospital considers whether it has the ability and intends to hold the investment until a market price recovery. Evidence considered in this includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, the issuer's financial condition, and the general market condition in the geographic area or industry in which the investee operates. For debt securities, if the Hospital has made a decision to sell the security, or if its's more likely than not the Hospital will sell the security before the recovery of the security's cost basis, an other-than temporary impairment is considered to have occurred. If the Hospital has not made a decision or does not have an intention to sell the debt security, but the debt security is not expected to recover its value due to a credit loss, an other-than-temporary impairment is considered to have occurred. At September 30, 2023 and 2022, the Hospital did not consider any individual investments other than temporarily impaired.

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Note 4: Assets Limited as to Use and Investment Income (Continued)

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements.

Note 5: Fair Value Measurements

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued using a net asset value (NAV) of $1.00. Exchange traded funds and mutual funds are valued at the daily closing price as reported by the fund. Exchange traded funds and mutual funds held by the Hospital are open-end funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price. The exchange traded funds and mutual funds held by the Hospital are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Hospital's assets measured at fair value on a recurring basis as of September 30:

	2023			
	Level 1	Level 2	Level 3	Total Assets at Fair Value
Assets:				
Money market funds	$ -	$ 7,179,905	$ -	$ 7,179,905
Exchange traded funds	185,394	-	-	185,394
Mutual funds - Invested in equity and fixed income securities	132,533	-	-	132,533
Marketable equity securities	12,498,464	-	-	12,498,464
Fixed income securities:				
Corporate bonds	-	1,144,282	-	1,144,282
U.S. Treasury bonds	-	639,572	-	639,572
Total assets	$ 12,816,391	$ 8,963,759	$ -	$ 21,780,150

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Note 5: Fair Value Measurements (Continued)

	2022			
	Level 1	Level 2	Level 3	Total Assets at Fair Value
Assets:				
Money market funds	$ -	$ 5,256,610	$ -	$ 5,256,610
Mutual funds - Invested in equity and fixed income securities	6,452,758	-	-	6,452,758
Marketable equity securities	12,249,276	-	-	12,249,276
Fixed income securities:				
Corporate bonds	-	1,744,078	-	1,744,078
U.S. Treasury bonds	-	925,981	-	925,981
Total assets	$ 18,702,034	$ 7,926,669	$ -	$ 26,628,703

The assets included in the fair value measurements tables above include all assets within assets limited as to use as detailed in Note 4 at both September 30, 2023 and 2022.

Note 6: Property and Equipment

Property and equipment consisted of the following at September 30:

	2023	2022
Land	$ 532,630	$ 532,630
Land improvements	2,178,955	1,822,414
Buildings	30,946,509	27,797,145
Fixed equipment	18,341,388	15,149,000
Major movable equipment	28,000,258	27,264,296
Total property and equipment	79,999,740	72,565,485
Less - Accumulated depreciation	45,971,822	41,741,851
Net depreciated value	34,027,918	30,823,634
Construction in progress	1,057,349	4,898,205
Property and equipment - Net	$ 35,085,267	$ 35,721,839

Construction in progress at September 30, 2023, primarily relates to minor facility renovation, equipment installation costs, and information technology upgrade projects which are anticipated to be completed and placed into service in 2024. The estimated remaining cost to complete these projects is approximately $700,000 as of September 30, 2023. These projects are being funded by operating cash reserves of the Hospital.

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Note 7: Long-Term Debt

Long-term debt consisted of the following at September 30:

	2023	2022
Business Finance Authority of the State of New Hampshire hospital revenue bonds, Series 2010, held by Passumpsic Bank; variable interest rate of 6.21% at September 30, 2023; interest and principal due monthly in installments of $37,000, including interest, through September 1, 2030; collateralized by property and equipment of the Hospital.	$ 4,750,000	$ 5,297,500
Mortgage payable to Passumpsic Savings Bank; fixed interest rate of 3.75%; interest and principal due monthly in installments of $24,070, including interest, through December 1, 2038; collateralized by mortgaged property of the Hospital.	3,353,997	3,513,796
LPCC note payable to 20 VRV 2008, LLC.; fixed interest rate of 1.00%; interest-only payments of $3,372 due quarterly through January 1, 2027, at which time interest and principal payments of $13,777, including interest, are due quarterly until maturity date of December 31, 2053; collateralized by LPCC property.	4,046,837	4,046,837
LPCC note payable to 20 VRV 2008, LLC.; fixed interest rate of 1.00%; interest-only payments of $23,837 due quarterly through January 1, 2027, at which time interest and principal payments of $33,617, including interest, are due quarterly until maturity date of December 31, 2053; collateralized by LPCC property.	9,534,913	9,534,913
Other note payable	123,333	-
Totals	21,809,080	22,393,046
Less - Current maturities	741,050	707,309
Less - Unamortized debt issuance costs	313,263	404,200
Long-term maturities	$ 20,754,767	$ 21,281,537

The bond and notes payable agreements provide for various restrictive covenants, including required annual financial reporting and meeting certain financial ratios, among other covenants.

As part of its financing for LPCC, the Hospital borrowed $9,534,913 to Twain Investment Fund 328, LLC ("Twain"), an unrelated party who then invested approximately $14,000,000 in 20 VRV 2008, LLC, another unrelated party, as part of a new markets tax credit arrangement. 20 VRV 2008, LLC then loaned LPCC through two notes which totaled $13,581,750 as described in detail in the long-term debt table above. The note receivable to Twain was made on November 14, 2018, has a 30-year term, and accrues interest at 1.213%. Interest-only payments of $9,638 are due quarterly to LPCC from Twain through September 2027, at which time monthly payments of $44,314, including principal and interest, are due from Twain to LPCC until the maturity date of December 10, 2047. LPCC can utilize the payments received to assist in repayment of the principal and interest on the notes payable to 20 VRV 2008, LLC.

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Note 7: Long-Term Debt (Continued)

The note payable to 20 VRV 2008, LLC also requires establishment of a replacement reserve account which is required to be funded annually through 2024 by LPCC, and amounts in the replacement reserve account can be utilized primiarly for fees incurred to maintain compliance and recordkeeping for the debt arrangements, as well as for any necessary capital upgrades, renovations, and routine maintenance to ensure that the facilities included in the LPCC note agreements are maintained. Annual fees are required to be paid from the replacement reserve account to the unrelated parties to manage the debt arrangement through 2024, and any remaining funds can be used to repay principal on outstanding notes or for capital or maintenance expenditures as needed. This reserve account is also designated by the Hospital's Board of Directors for capital expenditures or repayment of final principal on the notes and is included in the current portion of assets limited as to use in the accompanying consolidated balance sheets as it can be used regularly and as needed for general capital and maintenance of the facilities, as well as other current fees as they come due.

Scheduled principal payments on long-term debt at September 30, 2023, including current maturities, are summarized as follows:

	2023
2024	$ 741,050
2025	896,523
2026	850,793
2027	1,293,541
2028	1,348,728
Thereafter	16,678,445
Total	$ 21,809,080

Note 8: Net Assets With Donor Restrictions

Net assets with donor restrictions include assets set aside in accordance with donor restrictions as to time or use. Net assets with donor restrictions are available for the following purposes at September 30:

	2023	2022
Donor restricted, subject to expenditure for specific healthcare program purposes	$ 284,238	$ 188,052
Donor restricted, to be maintained in perpetuity with investment income expendable for healthcare programs	1,130,418	1,030,257
Total	$ 1,414,656	$ 1,218,309

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Note 8: Net Assets With Donor Restrictions (Continued)

The Hospital's net assets with donor restrictions include two endowment funds that are invested in various investments including certificates of deposit, as well as marketable equity securities, corporate bonds, U.S. treasury bonds, and mutual funds in brokerage accounts. The endowment funds were established by donors to be maintained in perpetuity, the income of which is expendable for hospital operations and scholarships for medical education for employees of the Hospital upon approval of the Board of Directors. The Board of Directors have created a policy for the endowment fund to be invested in a manner that is intended to produce results that exceed the price and yeild results of the S&P 500 index while assuming a moderate level of investment risk.

The Board of Directors of the Hospital have interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift to the endowment fund absent any explicit donor stipulations that would otherwise dictate the contributed funds. The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a dependable method of funding programs supported by the endowment funds while seeking to preserve the purchasing power of the endowment assets. Under this policy, the Hospital monitors the investments of the endowment so that these assets are invested in funds that are not expected to decline significantly in value in the future. This method of investing will maintain the purchasing power of the endowment assets that are required to be held in perpetuity, as well as to provide additional purchasing ability through new contributions and investment returns.

Changes in endowment net assets for the years ended September 30 consisted of the following:

	2023		
	Donor Restricted Subject to Appropriations	Donor Restricted to be Held in Perpetuity	Total
Endowment net assets at beginning of year	$ 118,343	$ 911,914	$ 1,030,257
Interest and dividend income - Net of fees	25,663	-	25,663
Net appreciation - Unrealized gain	120,367	-	120,367
Net realized loss	(45,869)	-	(45,869)
Endowment net assets at end of year	$ 218,504	$ 911,914	$ 1,130,418

	2022		
	Donor Restricted Subject to Appropriations	Donor Restricted to be Held in Perpetuity	Total
Endowment net assets at beginning of year	$ 206,281	$ 911,914	$ 1,118,195
Interest and dividend income - Net of fees	105,921	-	105,921
Net depreciation - Unrealized loss	(87,785)	-	(87,785)
Net realized loss	(106,074)	-	(106,074)
Endowment net assets at end of year	$ 118,343	$ 911,914	$ 1,030,257

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Note 9: Net Patient Service Revenue

The composition of net patient service revenue based on the geographic region the Hospital operates in as outlined in Note 1, is primarily all hospital and clinic services and whether inpatient or outpatient services, the Hospital considers these similar business lines for the purposes of tracking net patient service revenue.

Patient service revenue (net of contractual allowances, discounts, and implicit price concessions) consisted of the following for the years ended September 30:

	2023	2022
Medicare and Medicare Advantage Plans	$ 44,583,337	$ 42,202,536
Medicaid and Medicaid HMO Plans	18,333,749	13,849,284
Other third-party payors	13,545,527	10,809,198
Uninsured Patients	655,737	523,272
Total	$ 77,118,350	$ 67,384,290

Note 10: Charity Care

The Hospital provides healthcare services and other financial support through various programs that are designed, among other matters, to enhance the health of the community including the health of low-income patients and residents. Consistent with the mission of the Hospital, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or who are underinsured.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, determined based on qualifying criteria as defined in the Hospital's charity care policy and from applications completed by patients and their families.

The estimated cost of providing care to patients under the Hospital's charity care policy aggregated approximately $816,000 and $617,000 in 2023 and 2022, respectively.

Other benefits for the community for which the Hospital is not compensated, or for which compensation is below cost, include health screenings, community education through seminars and classes, and other health-related services.

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Note 11: Retirement Plans

The Hospital is part of the North Country Healthcare Retirement Plan, a defined contribution retirement plan sponsored by NCH covering substantially all employees. Employees may contribute a percentage of their compensation to the retirement plan. After a year of service, the Hospital will contribute matching contributions of 50% of participant contributions up to 6% of compensation. The Hospital's retirement plan expense totaled approximately $453,000 and $484,000 in 2023 and 2022, respectively.

Certain eligible employees of the Hospital are also eligible to participate in a nonqualified deferred compensation plan established under Section 457(b) of the Code, which is administerred by NCH. The plan permits certain management and highly compensated employees to defer portions of their compensation based on Internal Revenue Service guidelines. Compensation deferred is transferred to NCH who then retains the related investments. These investments are then segregated by NCH a separate account, and any assets and related deferred compensation plan liabilities are reported in the financial statements of NCH since under the terms of the deferred compensation plan agreement, NCH bears the responsibility for custody of the assets and their related liabilities once the related withholdings are transferred from the Hospital to NCH.

Note 12: Malpractice Insurance

The Hospital is insured under the NCH medical malpractice insurance coverage. NCH purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Hospital would be able to purchase tail coverage from its insurance carrier if it chose to do so. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending to October 1, 2024.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Hospital. Although there exists the possibility of claims arising from services provided to patients through September 30, 2023, which have not yet been asserted even if covered by insurance policies, the Hospital has not been given notice of any such material possible claims, and accordingly no provision or related insurance recoveries have been made for them.

Note 13: Concentration of Credit Risk

Financial instruments that potentially subject the Hospital to possible credit risk consist principally of patient accounts receivable and cash deposits in excess of insured limits in financial institutions.

Patient accounts receivable consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for health care provided to patients. The majority of the Hospital's patients are from Lancaster, New Hampshire, and the surrounding area.

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Note 13: Concentration of Credit Risk (Continued)

The mix of receivables from patients and third-party payors is as follows at September 30:

	2023	2022
Medicare	47 %	42 %
Medicaid	11 %	13 %
Other third-party payors	23 %	26 %
Patients	19 %	19 %
Total	100 %	100 %

The Hospital maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation ("FDIC") insured institutions. Depository accounts are insured by the FDIC up to $250,000. Operating cash needs often require that amounts on hand exceed FDIC limits. Management has also entered into other collateral protection arrangements with one of these financial institutions to provide coverage over the FDIC limits. At September 30, 2023, the Hospital's bank account balances were approximately $957,000 above the FDIC coverage or other collateral protection limits. Management of the Hospital believes that as of September 30, 20233 it is not exposed to any significant risks from the financial insitutions which are holding the uninsured deposits.

Note 14: Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. The accompanying consolidated statements of operations and changes in net assets present certain expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis. Employee benefits are allocated based on factors of either salary expense or actual employee expense. Overhead costs that include things such as professional services, office expenses, information technology, insurance, and other similar expenses are allocated on a variety of factors including revenues and departmental expense. Costs related to building and equipment usage include depreciation and interest and are allocated on a square footage or direct assignment basis. Expenses related to providing these services for the years ended September 30, 2023 and 2022, are as follows:

	2023			2022		
	Healthcare Services	General Administrative	Total	Healthcare Services	General Administrative	Total
Salaries and wages	$ 23,841,486	$ 2,051,973	$ 25,893,459	$ 21,680,066	$ 5,555,316	$ 27,235,382
Employee benefits	6,526,012	1,755,544	8,281,556	5,799,081	1,521,561	7,320,642
Supplies and other	31,527,099	14,293,116	45,820,215	24,714,968	9,813,169	34,528,137
Interest	372,432	175,972	548,404	296,127	139,919	436,046
Depreciation	2,979,528	1,407,813	4,387,341	2,779,398	1,313,252	4,092,650
	$ 65,246,557	$ 19,684,418	$ 84,930,975	$ 55,269,640	$ 18,343,217	$ 73,612,857

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Note 15: Related-Party Transactions

As a member of NCH, the Hospital shares in various services, such as shared staffing, centralized accounting, human resources, information technology, and other administrative costs, with the other member hospitals and the parent.

The total expenses incurred from services provided by related parties is as follows at September 30:

	2023	2022
AVH	$ 279,341	$ 327,537
UCVH	681,829	729,541
NCHHHA	117,730	98,852
NCH	12,629,488	6,467,899
Total	$ 13,708,388	$ 7,623,829

The total receivable (payables) with related parties is as follows at September 30:

	2023	2022
AVH	$ 133,699	$ 142,729
UCVH	787,577	334,551
NCHHHA	8,774	3,720
NCH	(918,761)	(1,132,092)
Total	$ 11,289	$ (651,092)

Note 16: Reclassifications

Certain reclassifications have been made to the 2022 financial statements to conform to the 2023 presentation.

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Weeks Medical Center
Board of Directors and Officers – 2025

Name	Email	Office
Ruby Berryman		Vice Chair ACTING CHAIR 9.20.21
Scott Burns		Director
Charlie Cotton		Treasurer
Sarah Desrochers		Director
Frances LaDuke		Director
Edward J. Samson III		Director
Timothy M. Connolly		Director

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Jayne Tarkleson Berube DO

PROFESSIONAL POSITIONS

Weeks Medical Center – Pediatrician
Lancaster, NH (August 2012 – current)

Indian Stream Health Center – Pediatrician
Colebrook, NH (August 2012 – April 2020)

Upper Connecticut Valley Hospital – Active medical staff member
Colebrook, NH (February 2013 – current)

Littleton Regional Healthcare – Per Diem Pediatrician
Littleton, NH (February 2015 – current)

RESIDENCY

Sparrow Hospital/Michigan State University - Pediatric Residency
Lansing, MI (July 2009- July 2012)

FACULTY APPOINTMENTS

Michigan State University College of Human Medicine & College of Osteopathic Medicine
Lansing, MI (July 2009-July 2012)

EDUCATION

University of New England College of Osteopathic Medicine – Doctorate of Osteopathy
Biddeford, ME (August 2005- June 2009)

University of Maryland – Graduate School Teacher Quality in Biology Program
Baltimore, MD (October 2004-June 2005)

University of New England – Bachelor of Science, Medical Biology
Biddeford, ME (September 2000– May 2004)

PROFESSIONAL EXPERIENCE

University of New England College of Osteopathic Medicine - Osteopathic Manipulative Medicine

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Teaching Assistant, Biddeford ME (August 2006-July 2007)

Bowie High School - 10th Grade General Biology Teacher

Bowie, MD (August 2004-June 2005)

Southern Maine Medical Center – Phlebotomist

Biddeford, ME (June 2003-July 2007)

MEMBERSHIPS

American Osteopathic Association

American Academy of Pediatrics

American College of Osteopathic Pediatricians

LICENSURE & BOARD CERTIFICATIONS

COMLEX Step 1, 2, 3, & PE

BLS, PALS, and NRP certifications

New Hampshire Medical License

Board Certified Pediatrician by the American Osteopathic Board of Pediatrics

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Karen A. Woods, RT R M CT, CRHCP

[redacted]

Education

Ottawa University Masters in Leadership	Online present
Ottawa University Bachelors in Healthcare Management	Online 2015-2017
New Hampshire Technical Institute Associates in Science / Radiographic Technology	1990-1992

Certifications / Licensures

ARRT: 1992-present

- Radiography
- Computed Tomography
- Mammography

New Hampshire Imaging Board	2019-present
Certified Rural Health Professional	2022 -present

Professional Organizations

American Society of Radiologic Technologist	2002-present

Professional Collaborations

North Country Health Consortium Board Member	2016-2022 / 2024-present
NH/VT MGMA Board Chair	2024-present
Youth Restorative Justice Panel Member	2019-2022
NH Integrated Delivery Network (IDN) Steering Committee	2016-2022
Haverhill Area Substance Misuse Prevention Coalition Chairperson	2015-2022

Memberships

American Society of Radiologic Technologists	2005-present

Professional Highlights / Awards

ASRT Imaging Professionals of the Year	2006
N.H. Business Review's: *Business Excellence Award*	2020
Top New Hampshire 200 Business Leaders	2025

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Health Care Project Management / Project Lead Experience

PACS Digital Image System Implementation
2005

Rural Health Clinic Building Lead
2015

New Website Customization
2020

Inpatient Unit Renovation Lead
2016

Electronic Medical Record (EMR) Implementation
2018

Work History

Vice President of Physician Practices **2022 - Present**

Weeks Medical Center
Lancaster, NH

- Member of executive team.
- Provide administrative operational oversight and budgetary governance for several outpatient health clinics.
- Mentor Department Managers in operations, financial processes, regulatory needs, and human resource management.
- Monitor CMS readiness.
- Review, analyze, and interpret profit and loss statements; investigate fiscal incongruities.
- Monitor quality measures, outcomes, and performance improvements. ACO liaison.
- Serve as strategic advisor on operational matters, align department strategies to organization's strategic plan.
- Work with medical directors to ensure enhanced patient experience and promote best practice.
- Monitor business plan effectiveness.
- Create, monitor, and maintain budgets for several departments.
- Lead Department Managers to develop high-performing teams that collaborate towards organization's goals.
- Co-chair of Provider Leadership Council
- Management of Provider Team (50 providers): Primary Care, Pediatrics, Care Management, Pain Management, General Surgery, Vascular Medicine, Cardiology, Orthopedics, Behavioral Health, Wound Specialists, Sleep Medicine, Pulmonology, Dermatology, Palliative Care, and Substance Use Disorder.

Administrative Director **2015 - 2022**

Cottage Hospital
Woodville, NH

- Member of executive team.
- Provide administrative operational oversight and budgetary governance for several departments to include: Diagnostic Imaging, Physical and Occupational Therapy, Laboratory, Specialty Clinics: Orthopedics, Dermatology, Cardiology, Mental Health, Pain Management, Endocrinology, Gastroenterology, General Surgery, and Podiatry, Primary Care in a Rural Health Clinic (RHC) setting, Facilities Management, Life Safety, and Environmental Services.
- Mentor Department Directors of above outlined specialties in operations, financial processes, regulatory needs, and human resource management.
- Monitor CMS readiness for above departments.
- Review, analyze, and interpret profit and loss statements; investigate fiscal incongruities.
- Monitor quality measures, outcomes, and performance improvements.
- Serve as strategic advisor on operational matters, align department strategies to organization's strategic plan.
- Work with medical directors of departments to ensure enhanced patient experience and promote best practice.
- Monitor business plan effectiveness.
- Create, monitor, and maintain budgets for several departments.
- Lead Department Directors to develop high-performing teams that collaborate towards organization's goals.
- Organize and direct several capital improvement projects across organization.

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- Project lead:
  - EMR transition
  - Construction of Medical Art Building: 16,000 sq. foot RHC
  - Renovation of inpatient unit
  - Website design
  - ACO
- Planning Section Chief for pandemic Incident Command.
- Wrote and secured a USDA grant.
- Completed a certificate of need for renovation project.
- Created Emergency Preparedness Plan for RHC.
- Community Benefit Reporting and Community Needs Assessment.

Director of Radiology / PACS Administrator **2008-2015**
Cottage Hospital
Woodsville, NH

- Continued Chief Mammographer responsibilities.
- Continued PACS Administrator responsibilities.
- Created staffing schedules.
- Maintained CMS survey readiness.
- Developed policies and procedures to ensure compliance with federal, state, and local law and regulations.
- Ensured safe use of equipment by staff; ensured radiation safety.
- Maintained dosimetry program.
- Hire and counsel staff.
- Monitored profit and loss across modalities.
- Completed regular quality control measures for equipment across department.
- Scheduled equipment for preventative maintenance, services, and physicist inspections.
- Created business initiatives to increase program utilization.
- Created operational budgets for each modality.
- Identified and led capital project needs of each modality.
- Acted as liaison between community providers and radiology services.
- Maintained department documents for staff and equipment.

Assistant Manager of Radiology / Chief Mammographer **2006-2008**
Cottage Hospital
Woodsville, NH

- Continued staff technologist and associated duties.
- Continued PACS Administrator and associated duties.
- Mammography Charge responsible for:
  - Policies and procedure
  - QC
  - ACR inspections
  - MQSA inspections
- Assistant Manager responsible for:
  - Staff scheduling
  - Department safety
  - Equipment PM schedules
  - Staff competencies
  - Back up to Director

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PACS Administrator **2005-2015**
Cottage Hospital
Woodsville, NH

- Continued staff technologist and associated duties.
- Project lead on PACS implementation for facility.
- Ensured optimal operation of archiving system, system monitoring and maintenance.
- Investigate and address any image issues.
- Trained staff and providers on use of system.
- Liaison with area providers to install access to PACS from offices.

Staff Technologist **2002-2005**
Cottage Hospital
Woodsville, NH

- Performed quality imaging.
- Practiced radiation safety.
- Maintained competency in radiography, computed technology, and mammography.
- Promoted exceptional patient experiences / focused on high patient satisfaction.
- Mentored radiology students.

Staff Technologist **1992-2004**
Northeastern Vermont Regional Hospital
St. Johnsbury, VT

- Performed quality imaging.
- Practiced radiation safety.
- Maintained competency in radiography, computed technology, and mammography.
- Managed mammography Ladies First program responsibilities.
- Promoted exceptional patient experiences / focused on high patient satisfaction.

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Monique Hand

Dedicated Director of Operations adept at project management and driving change. Proven track record of collaborating and achieving results across multiple locations. Successful at building and maintaining positive working relationships with providers, executive and support staff.

Work Experience

Director of Physician Practice Operations

Weeks Medical Center - Lancaster, NH
September 2023 - Present
Responsible for Practice Operations of five rural health clinics, two fee for service clinics and three hospital-based service lines. Services directed include cardiology, dermatology, general surgery, orthopedics, pain clinic, pediatrics, primary care, podiatry, pulmonology, sleep medicine, urology, women's health and wound center including HBO therapy.

Physician Practice Manager and Specialty Practice Manager

Weeks Medical Center - Colebrook, NH
March 2021 to September 2023
Responsible for day-to-day operations and management of WMC Primary Care at the northern most sites and the Specialty Services Practice at UCVH. Management of staff including holding staff to safety, quality and productivity measures. Physician satisfaction and retention. Patient accessibility to Primary and Specialty Care. Ensuring Practices are in compliance with CMS and RHC guidelines. Startup of new Practices and Specialty Services. Managed all aspects of opening the new NCH Patient Care Center in Colebrook including but not limited to planning the physical space, patient flow, staffing, equipment, supplies and technical requirements of the Practice. Built trust and working relationships with Providers that have been through a tough couple of years struggling with the Primary Care dynamic in the Colebrook area.

Specialty Practice Manager, Patient Access Manager and Volunteer Services Manager

Upper Connecticut Valley Hospital - Colebrook, NH
2016 to 2021
Responsible for day-to-day operations and management of the Specialty Practice, Patient Access and the Volunteer Department at UCVH. Management of clinical and non-clinical staff. Assist with Physician onboarding. Setup all aspects of new Specialties and new services within the Practice including ordering of equipment, working with Revenue Cycle to setup new charge codes, advertising, etc. Work closely with Providers to ensure their needs and the needs of the patients are met. Ensure the Practice and Patient Access department remain in compliance with CMS guidelines. Meditech Superuser for the Ambulatory Practice, Patient Access and Patient Portal modules for the EMR conversion to Meditech.
Work to transform Patient Access procedures and front-end processes to improve the overall patient experience and financial stability of the Hospital. Hold staff accountable to and motivate toward productivity and quality standards. Ensure excellent customer service and staff engagement. Drive change within the department to improve productivity, accuracy and improve customer service. Also managed the prior authorization and patient financial services staff. Deployed to AVH weekly for a period of time to serve as Interim Patient Access Manager while they were struggling to fill a vacancy.
Management of Volunteer Services. Onboarding and training of volunteers. Plan and host the annual Volunteer Services dinner.

Satellite Practice Manager, Associate Practice Manager at AVH

Androscoggin Valley Hospital - Colebrook, NH
2014 to 2016
Management of the Specialty Practices at AVH in addition to UCVH's outreach location. Responsible for the daily operations and management of staff. Role included all job functions of previously held role of Satellite Practice Manager listed below.
Meditech superuser for all years of service at AVH.

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Satellite Practice Manager
Androscoggin Valley Hospital - Berlin, NH
2011 to 2014
Employed by AVH to travel to UCVH to establish and manage Specialty Care in Colebrook, NH. Management of staff and Practice operations. Business development and project management associated with starting up new outreach clinics. A large part of this role was building relationships and trust with patients, staff and Physicians at UCVH and the surrounding area who were reluctant to have an outside facility provide patient care at their organization. Managed clinical and non-clinical staff ensuring quality patient care and excellent customer service.

Education

B.A. in Business Management
University of Maine at Presque Isle
Presently Enrolled

Associate in science (AS) in Environmental Science, Spatial Information Technology
White Mountains Community College - Berlin, NH

High school diploma
Groveton High School - Groveton, NH

Certifications and Licenses

Lean Yellow Belt
2024

Certificate in Medical Assistant
2021

Certified Rural Health Clinic Provider
2021 to Present

Certified Health Access Manager
2018 to Present

Water Treatment Grade I
2008 to 2010

Water Distribution Grade I
2008 to 2010

Volunteer

- Stark Village School Board March 2024- Present
- Town of Stark Planning Board July 2023-Present
- COOS County 4H Advisory Council 2022-present
- 4H Club Leader, Valley Voyagers 2022-present

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Lisa Romprey

PROFESSIONAL SUMMARY

Experienced healthcare leader with over 25 years of expertise in behavioral health, substance use disorder treatment, and organizational management. A strategic thinker with a deep commitment to enhancing the quality of patient care through effective coordination, clinical leadership, and team collaboration. Proven success in program development, staff supervision, and financial management across clinical settings, including behavioral health and housing services. Skilled in delivering personalized treatment plans and facilitating recovery-focused interventions in both individual and group settings.

EDUCATION

Master of Science | Springfield College, 2002
Major: Organizational Management and Leadership in Human Services

Bachelor of Science | Plymouth State University, 1990
Major: Social Work

Certifications & Professional Development

- Certified Rural Health Clinic Professional (CRHCP), 2023 | NARHC Academy
- Licensed Alcohol and Drug Counselor, 2022 | Office of Public Licensure NH
- Passed Masters Licensed Alcohol and Drug Counselor exam need 9 credits.
- Certified Recovery Support Worker, 2021 | Office of Public Licensure NH
- Certified Nurses' Aide, 1989

PROFESSIONAL EXPERIENCE

North Country Healthcare (NCH)Weeks Medical Center/ Doorway-NCH, Multiple locations
Behavioral Health and Substance Use Disorder Practice Manager & Licensed Alcohol and Drug Counselor
August 2022 – Present

- Lead and manage Behavioral Health and Substance Use Disorder programs, coordinating services across multiple departments to ensure program success.
- Conducted comprehensive SUD assessments, including screenings (PHQ-9, DAST, AUDIT) and intakes, while overseeing treatment plans and ensuring proper follow-up.
- Coordinate patient appointments, referrals, insurance verification (Medicaid/Medicare/Private), and case management services.

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- Work collaboratively with a multidisciplinary team, including medical providers and case managers, to enhance patient care and ensure seamless discharge planning.
- Monitor progress in treatment, coordinated detox and residential care, and provided ongoing support through referrals to community services.

Doorway-AVH/North Country Recovery Center/Weeks Medical Center, Littleton, NH
Behavioral Health Case Manager & Recovery Coach
January 2020 – August 2022

- Delivered Medication-Assisted Treatment (MAT) services, including ASAM screenings, intake assessments, and treatment planning.
- Provided case management services, including coordination of care, group therapy, and discharge planning for individuals with substance use disorders.
- Collaborated with other healthcare providers to ensure continuity of care and recovery.

The Doorway-LRH, Littleton, NH
Behavioral Health Case Manager
November 2019 – January 2020

- Conducted intake assessments, including grant State Opioid Response (SOR) grant assessments, treatment planning, and coordinated care services for individuals seeking behavioral health support.

Crotched Mountain Residential Services, Whitefield, NH
HUD Program Coordinator & Crotched Mountain Community Care Team Leader
December 1996 – November 2019

- Managed a 24-unit HUD-subsidized property, overseeing maintenance staff and service coordination.
- Developed in-house tenant programs, marketing strategies, and activities to enhance tenant engagement.
- Supervised HUD staff across multiple locations in NH, ME, and NY, managing budgets and coordinating program activities.
- Initiated a private CFI Case Management program and collaborated with DHHS for service transitions and home-based referrals.

White Mountain Mental Health and Developmental Services, Littleton, NH
Community Support Services Team Leader & Case Manager
October 1991 – December 1996

- Led and supervised four community-based programs, including case management, housing, family support, and benefits coordination.
- Provided direct supervision, staff training, and policy updates related to state regulations.
- Managed interdisciplinary care planning and service coordination for individuals with severe mental illness and developmental disabilities.

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SKILLS

- Clinical and Behavioral Health Management
- Substance Use Disorder Treatment and Recovery Coaching
- Case Management and Discharge Planning
- Program Development and Staff Supervision
- Financial Management (Budgeting, HUD Oversight)
- Multi-Disciplinary Team Collaboration
- Patient Intake, Assessment, and Referrals
- Treatment Planning and Outcome Tracking
- Compliance with State and Federal Regulations
- Medicaid/Medicare/Private Insurance Coordination

KEY ACCOMPLISHMENTS

- Successfully managed and grew behavioral health and substance use disorder programs, improving access to care and patient outcomes.
- Led program teams through implementation of evidence-based practices, enhancing clinical effectiveness and patient satisfaction.
- Demonstrated leadership in financial oversight, securing funding, and managing budgets for multiple housing and health service programs.
- Developed and maintained collaborative relationships with community organizations and healthcare providers, ensuring comprehensive care for patients.

REFERENCES

Available upon request.

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L O R I M O R A N N

PROFESSIONAL SUMMARY

Administrator with a demonstrated history of leadership in community health. Skilled in critical thinking, governance, grant writing, grant administration, fiscal and facility management.

PROFESSIONAL EXPERIENCE

RECENT PROFESSIONAL EXPERIENCE

Weeks Medical Center • Lancaster, NH • March 2022 to present
Grant Administrator; Quality Coordinator– *Grant Administration to include writing, correspondence, and reporting; Quality Coordination to include Risk Management, Professional Practice Evaluation, Quality Reporting,*

Upper Connecticut Valley Hospital • Colebrook, NH • January 2022 to March 2022
Contracted Administrator – *administrative and financial assistance in the closure of Indian Stream Health Center; assistance with transition of the facility to the Rural Health Center of Upper Connecticut Valley Hospital*

Indian Stream Health Center• Colebrook, NH• September 2020 to December 2021
Practice Manager – *Executive leadership; coordination of clinical and administrative activities of 50 staff member, $3.5 million budgeted Federally Qualified Health Care Center; Direct supervision of administrative staff; management of Accounts Payable*

North Country Community Recreation Center• Colebrook, NH• August 2010 to December 2020
Executive Director – *Financial management, fundraising and grant writing for the $300,000 budgeted organization; supervision of 12 staff members and 10+ volunteers to promote the organizations mission and provide quality offerings across all programs.*

Tillotson North Country Foundation• Colebrook, NH• 2009 to present
Administrator – *Part time position administering the granting activities of the Foundation*

PRIOR PROFESSIONAL EXPERIENCE

Upper Connecticut Valley Community Coalition• Colebrook, NH•
Administrative Assistant – *Assist Executive Director in implementation of UCVCC grant writing and support programs*

University of Virginia Medical Center - Department of Neurosurgery - Charlottesville, VA
Executive Secretary – *administrative support of Department Chair, patient scheduling, clerical staff supervision*

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Crouse-Hinds, Inc. – Purchasing Department – Earlysville, VA
Maintenance, Repairs and Operations Buyer *–prepare requests for quote and purchase items for facility and manufacturing support*

BOARD EXPERIENCE

North Country Community Recreation Center• Colebrook, NH• January 2021 to present
Volunteer Board Member - *Treasurer*
Borders Development Corporation• Colebrook, NH• 2018 to 2020
Volunteer Board Member– ***Colebrook Main Street Committee***
Healthy Eating Active Living - Foundation for Healthy Communities (NH) 2017-2109
Steering Committee Member – ***Northern NH representation***
Indian Stream Health Center• Colebrook, NH• 2018 to 2020
Volunteer Board Member – ***Secretary – Governance Chair***
Two River Ride for Cancer• Colebrook, NH• 2007 to 2023
Volunteer Board Member– ***Vice President, Past President***
Dixville Cemetery Corporation• Dixville, NH• 2012 to present
Volunteer Trustee
Colebrook Public Library• Colebrook, NH• 2001 to 2013
Elected Library Trustee– ***Past Treasurer, Vice Chairman and Chairman***

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EDUCATION

BA• University of Virginia•1982 **North Country Leadership 2009**
Bi State Primary Care Leadership Development 2021 UNH Cooperative Extension Master Gardener•1997

INTERESTS

•Gardening • Hiking and Snowshoeing • Mineral and Gem Exploration • Cycling • Floral Design •

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S. Scarlett Moberly | [redacted]

Education

Georgetown University, Washington, DC
- Master of Arts:
  Art and Museum Studies - August 2018
- 4.0 GPA

Sotheby's Institute of Art, London, UK
- Certificate in Art & Business - May 2018
- 4.0 GPA

University of New Hampshire, Durham, NH
- Bachelor of Arts Dual Major: Art History and EcoGastronomy - May 2013
- 3.81 GPA – Phi Beta Kappa, Summa Cum Laude, Presidential Scholar, Dean's List

Professional Experience

Forest Society North at The Rocks, Bethlehem, NH · November 2023-December 2024
Program Director
- Developed and implemented educational and recreational mission-centric programs and events
- Redeveloped and enhanced year-round visitor experience at newly renovated Bethlehem campus
- Managed team of 20+ volunteers involved in programming, events, farm work, and garden maintenance
- Managed administrative staff and collaborated with farm staff to ensure smooth daily operations
- Worked closely with Forest Society development staff to identify and complete grant applications & reports, and liaised with local donors
- Collected and analyzed visitor data to identify gaps and opportunities in programming, funding, and marketing
- Maintained existing and developed new community relationships and partnerships to increase collaborative marketing and funding/sponsorship opportunities
- Wrote new programs, press releases, marketing copy

WREN: Women's Rural Entrepreneurial Network, Bethlehem, NH · August 2021-November 2023
Assistant Director June 2023-November 2023
Marketing & Programs Manager August 2021-June 2023
- Managed grant, educational, gallery, retail, and membership programs
- Developed & coordinated all events, including workshops, programming, & community events
- Wrote & implemented comprehensive marketing for above programs to local, state, & regional outlets
- Managed relationships with over 120 consignors/vendors and over 350 supporting members
- Maintained relationships with donors, volunteers, local businesses, community stakeholders, and grant-making authorities to increase grant funding, partnerships, sponsorships, donations, and revenue
- Responsible for all fundraising copy, including all grant applications/reports and annual appeals
- Responsible for all marketing copy, including e-newsletters, press releases and social media
- Curated and marketed six exhibitions of local/regional art per year
- Managed the Store at WREN, including identifying new vendors, onboarding, tracking inventory; analyzed retail data to identify gaps and opportunities in products & new markets
- Trained and supervised three retail staff members & 5+ independent contractors

Nightshade Contemporary Art Gallery, Littleton, NH · February 2021-February 2022
Owner/Director
- Scouted 12 artists for one year of month-long exhibitions; curated and installed each exhibition
- Designed, wrote, and implemented all marketing
- Identified and courted local art collectors to increase artists' visibility & sales

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S. Scarlett Moberly | [redacted]

Beal House Inn & Tavern, Littleton, NH · May 2019 – August 2021
Bartender/Bar Manager
- Provided excellent customer service to wide cross-section of humanity in a fine-dining environment
- Maintained community relationships and reputation of establishment
- Assisted in planning, coordination, set-up & execution of special events ex. tastings, receptions, celebrations, business dinners, etc.

Art New England Magazine, Boston, MA · November 2018 – June 2019
Assistant Editor & Social Media Manager
- Wrote & proofread editorial content
- Supported the editor-in-chief and the vice president of publishing
- Managed interns and multiple editorial projects for each issue
- Responsible for content on all social media platforms
- Liaised with gallery owners, museum curators and administrators, writers and advertisers
- Supported and promoted regional artists

Panorama, Boston's Official Guide, Boston, MA · November 2018 – June 2019
Editorial Assistant & Social Media Manager
- Conducted & wrote interviews for bi-monthly profiles of culturally prominent Bostonians
- Proofread all issues
- Responsible for content on all social media platforms

Peabody Essex Museum, Salem, MA · June – August 2018
Exhibitions and Research Intern
- Research assistant for department curator
- Developed interpretive materials for exhibitions

IA&A at Hillyer, Washington, DC · August – December 2017
Gallery intern for the non-profit organization International Arts & Artists
- Responsible for installation of exhibitions, planning and facilitating public programming events
- Assisted in coordinating and executing private events, such as weddings and other receptions
- Co-curated the exhibition *Creative Labor: Selections from the Hechinger Collection*
- Wrote and edited exhibition copy, blog & social media posts, and press releases

Ammonoosuc Conservation Trust
Keep Growing intern January – May 2013
- Interviewed farmers, grocers, distributors, and restaurateurs to create a usable map and database of the food system in New Hampshire's North Country, identify gaps, & make recommendations
- Presented research to ACT Board of Trustees and at University of New Hampshire's Undergraduate Research Conference, May 2013

Thompson House Eatery, Jackson, NH
Head server January - June 2017

Wentworth-by-the-Sea, Newcastle, NH
Server June 2015 - June 2016

Omni Mt Washington, Bretton Woods, NH
Server November 2013 - June 2015

Software

Microsoft Office Suite, G-Suite, Meta Suite, WildApricot, Bloomerang, Raiser's Edge, Constant Contact, Luminate, Hootsuite, WordPress, Drupal, Squarespace, Canva, Zoom, Mac & PC proficient.

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Minh Tran

[redacted]

Education

MSc in Pure Mathematics	University of New Hampshire	May 2022
BA in Mathematics and Physics	Mercyhurst University	May 2016

Experience

Data Analyst - North Country Healthcare Oct 2022 - Current

Work with multiple hospital departments to understand their projects and data needs. Design and execute SQL queries to extract data for refinement and KPIs calculation accordingly. Analyze data to monitor certain KPIs or develop predictive models. Troubleshoot data-related issues in hospital's databases.

Skills

Programming: Python (pandas, numpy, sklearn, matplotlib, etc.), R, SQL and MATLAB
Proficient in spreadsheet programs: Excel, Google Sheets, LibreOffice Calc
Knowledgeable in Statistics, Mathematics and Physics
Typesetting system and markup languages: LaTeX, HTML and CSS

Past Projects

Business data analysis

Use spreadsheet and SQL to clean and analyze software engagement data from 8 companies with ~18,000 users and ~200,000 data points. Produce engagement metrics, dashboards and visualizations to help provide an understanding of user experience and interaction with the software, building client profiles and improving retention.

Analyzing farm and crop satellite images

Create a Normalized Difference Vegetation Index (NDVI) time series of Sentinel-2 images corresponding to USA crop year, in Indiana, using Google Earth Engine. Analyze the dataset using machine learning methods such as Random Forest model with python's sklearn package to determine crop types planted in the region at pixel level. Compute confusion matrix, precision and recall to test, validate and tune the model using Cropland Data Layer (CDL) as ground truth data.

Presentations

Master's Presentation on Group Cohomology May 2021

In this talk, I introduced projective resolutions and their properties to define (co)homologies of groups. Then, I showed examples of calculating low degree (co)homolgies of cyclic groups.

Graduate Student Seminar Feb 2020

"Playing with series and its consequences"
I discussed how analytic continuation in complex analysis relates Riemann zeta function to some counter-intuitive results in series.

Teaching

Instructor - University of New Hampshire

Planned, designed and executed full course schedule with lectures, quizzes and exams. Evaluated, consulted with and mentored students during office hours.

- Finite Mathematics
- Calculus II
- Multivariable Calculus

Teaching Assistant - University of New Hampshire

Coordinated with a teaching team to lead weekly class discussions students on lecture materials. Administer and grade quizzes and exams. Managed office hours.

- Finite Mathematics
- Analysis and Application of Functions
- Calculus II
- Differential Equations and Linear Algebra
- Calculus for Social/Life Sciences
- Calculus I
- Multivariable Calculus

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Chris Raymond

OBJECTIVE:
To obtain a professional position utilizing my business knowledge as well as my computer, decision making, organizational and people skills.

WORK EXPERIENCE:

Patient Access Manager — **August 2020 – Present**
Weeks Medical Center — Lancaster, NH
Full time 40+ hours per week

- Manage +/- 45 direct reports throughout multiple locations in the hospital and physician practices.
- Responsible for overseeing all functions of the patient access services ensuring patient safety and satisfaction.
- Ensure the accuracy and completeness of daily registrations.
- Ensure a high level of quality service provided to patients.
- Responsible for adequate staffing and coverage in all Patient Access areas.
- Responsible for staff development, including training, reviews, and communication.
- Coordinate annual budgets for patient access department.
- Work with staff to achieve annual goals.
- Provide staff schedules and approve timecards and vacation requests.
- Work with staff in all levels of the organization.

Non-Clinical Team Leader/Administrative Assistant — **June 2012 – August 2020**
Weeks Medical Center — Lancaster, NH
Full time 40 hours per week

- Supervise +/- 24 direct reports throughout multiple Physician office locations.
- Responsible for all functions associated with direct reports including timecards, hiring processes, annual evaluations, disciplinary action, scheduling, staff meetings and training.
- Coordinate annual budgets for patient access department and team leaders throughout practice.
- Work with staff to achieve annual goals.
- Purchase items through Materials Management that are needed in patient access.
- Assist Director of Physician Practice with various duties as assigned.
- Trained to cover all staff positions that I manage including appointment scheduling, front desk, switchboard and registration, etc.
- Provide monthly schedule for staff along with approving and denying time off requests.
- Work with staff in multiple levels of the organization including Senior Staff, Providers, Administration, Nursing, Non-Clinical and Support Staff.

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REALTOR June 2012 - Present
Lisa Hampton Real Estate, LLC Lancaster, NH
Part time

- Real estate agent assisting sellers and buyers, customers and clients.
- Present purchase offers to sellers for consideration.
- Act as an intermediary in negotiations between buyers and sellers.
- Advise clients on market conditions, prices, mortgages, legal requirements, and related matters.
- Prepare documents such as representation contracts, purchase agreements, and closing statements.
- Confer with escrow companies, lenders, home inspectors and ensure that terms and conditions of purchase agreements are met before closing dates.
- Coordinate property closings, overseeing signing of documents and disbursement of funds.
- Attend events to develop professional knowledge.

Office Administrator/Advertising Manager/REALTOR July 2008 – June 2012
Aurore M. Hood Real Estate, LLC Lancaster, NH
Full time 40 hours per week

- Answer Multi Line Telephone, Take Messages, Meet and Greet Clients and Other Guests.
- Create Advertisements including Newsprint, Internet, Customer Show Packets and Listing Brochures.
- Maintain Customer Files and Databases and Review Customer Listings for Accuracy.
- Schedule Appointments and Showings for Realtors and maintain the Office Calendar.
- Licensed Sales Agent to List and Sell Real Estate in NH and VT.
- Filing, Faxing, Copying, Creating Correspondence and Generating Reports along with other Clerical Duties.
- Process Incoming and Outbound Mail.
- Software Programs: (Microsoft Office- Word, Excel, PowerPoint, Publisher, Outlook Express, ACT, Innovia, Windows 7).

Accounting Assistant April 2008 – July 2008
Milan Lumber Company Milan, NH
Full time 45 hours per week

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- Answer Telephone, Greet Vendors and Other Guests.
- Filing, Entering data, Generating Correspondence.
- Log and Lumber Accounts Payable & Receivable, Invoicing and Sales.
- Bank Reconciliation, Deposits including Checks and Cash.
- Picked up Mail and Processed.
- Process Weekly Payroll and Provide Various Reports to Management.
- Software Programs: (Microsoft XP Professional, Microsoft Office- Word, Excel, Outlook, QuickBooks 2008 Enterprise Solutions 8.0, SCI Log scaling for Windows).

Planning Coordinator June 2004 – December 2007
Production Control Clerk October 1998 – June 2004
Wausau Paper Groveton, NH
Full time 40 hours per week

- Provided Roll Wrap and Embosser personnel with efficient and effective equipment schedules.
- Maintained customer and stock orders, roll counts and manufacturing date.
- Reviewed manufacturing dates and adjusted ready to ship dates accordingly.
- Provided assistance to Customer Service and Internal Customers.
- Ordered packaging supplies for the Converting Operation. (Kraft Wrap, Pallets, Skids, Headers)
- Interacted with personnel at all levels in the organization.
- Provided vacation and back up coverage for Materials Planner, Converting Scheduler, Production Control Supervisor and Manufacturing Coordinator.
- Trimmed paper machine orders as well as schedule the paper machines.
- Reviewed stock needs for Groveton warehouse as well as three warehouses across the country.
- Prepared monthly closing reports.
- Maintained accurate roll inventories.
- Prepared Paper Machine forecasts.
- Maintained accurate production in Excel spreadsheets.
- Prepared and distributed Paper Machine schedules.
- Proofread Customer orders.
- Used software programs (AS400, Word, Excel, JD Edwards, Showcase, E3 Stock Estimation)

Office Manager April 1997 – October 1998
Cashier/Stock Clerk May 1994 – April 1997
LaPerle's IGA Colebrook, NH
Full time 40 hours per week

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- Maintained various store reports.
- Entered customer charges, Mailed customer bills.
- Made deposits, balanced cashier drawers.
- Collected time cards, checked hours for accuracy and filled out employee time record reports.
- Maintained employees Matthew Thornton Health Care plan.
- Responsible for filing accident reports and workers comp claims.
- Dealt with accounts receivable and accounts payable.
- Managed customer service booth and cash registers when needed.
- Store supervisor on alternating weekends.

EDUCATION:

NH Real Estate Licensing Course — October '09 – November '09
Caron's Gateway School of Real Estate — Groveton, NH

Associate Degree in Accounting — September 1994 – May 1996
NH Technical College — Berlin, NH

- Inducted into Phi Theta Kappa National Honor Society.
- Graduated with President's Honors.
- Worked in the Accounting Department at Wausau Paper for internship.

Public School — September 1982 – June 1994
Stratford Public School — North Stratford, NH

- President of the Student Council.
- Vice President of the National Honor Society.
- Involved in numerous community and school activities.

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Nathaniel Pelchat

[redacted]

Authorized to work in the US for any employer

Work Experience

Director of Practice Operations

Weeks Medical Center - Lancaster, NH
July 2020 to Present

Over see the operations of 4 RHCs, the EMR department and referral authorization department. Manage budgets, hold all staff and team meetings. Resolve quality issues, audit reports for validity, Develop New Service lines. This includes workflow generation and process mapping.

Emergency Preparedness Coordinator/EMR Manager

Weeks Medical Center - Lancaster, NH
May 2017 to Present

Create Emergency operation procedures
Transition practice from eclinicalworks to meditech
Manage emr tech and clinical application specialists, for completion of Technical operations

Administrative Team Leader/EMR System Anaylst

Weeks medical center - Lancaster, NH
February 2015 to Present

Supervise day to day operation/analysis of EMR. Supervise 21 non clinical employees, and 4 EMR staff. Analyze data from eclinicalworks for clinical Operations and quality measures, write reports in EBO.

EMR Tech/Trainer

Weeks Medical Center - Lancaster, NH
February 2013 to Present

Technical Operations and support for eclinicalworks Electronic Medical record program

Education

College prep

White Mountains Regional High School - Whitefield, NH
September 2001 to June 2005

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High school or equivalent

Skills

- Team Lead
- Microsoft word, outlook, excel (6 years)
- EMR Systems
- Vital Signs
- Experience Administering Injections
- Medical Records
- Medical Office Experience
- Laboratory Experience
- Patient Care
- Computer Skills
- Medical Scheduling
- Phlebotomy
- Medication Administration
- Administrative Experience
- Leadership
- Software troubleshooting
- Classroom experience
- Curriculum development
- Process mapping
- Metadata
- Emergency management

Military Service

Branch: Army
Service Country: United States
Rank: Sgt
July 2004 to July 2013

1 Tour of Duty

Commendations:
Army achevment medal
Army commendation medal
Combat action badge

Certifications and Licenses

CPR/AED

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Sarah Morse

Professional Summary

Patient-oriented Nurse with 10 years of diverse experience in direct patient care, staff supervision and department operations. Skilled at multitasking and prioritizing patient needs and daily assignments. Offering expertise in Primary Care.

Education

White Mountain Reginal High School — Whitefield NH
High School Diploma — 06/07

Johnson & Wales University — Providence, RI
Bachelor of Science in Hotel Management — 02/11

US Career Institute — Online
Certificate in Medical Assistant — 10/14

Vermont Technical College — Randolph, VT
Certificate in Practical Nursing — 06/21

White Mountain Community College — Berlin, NH
Associates in Nursing — 05/23

Current Licenses and Certifications

- Registered Nurse
- Licensed Practical Nurse
- Certified Medical Assistant
- BLS Certified
- IV Certified

Relevant Skills and Accomplishments

Relevant Skills:

- Patient Triaging hundreds of calls daily
- Providing direct patient support for multiple Providers in a very busy practice
- HIPPA Protocols
- Administer medications and vaccinations to adult and pediatric patients
- Phlebotomy
- Case Management and Care Planning
- Task Delegation
- Supervising multiple staff
- Very Adaptable and have worked in multiple locations with multiple providers

Employment History

05/23-present	RN-Team Leader	Weeks Medical Center	Whitefield, NH
06/20-05/23	LPN-PSC WPO	Weeks Medical Center	Whitefield, NH
10/15- 05/20	CMA-Primary Care/Podiatry	Weeks Medical Center	Whitefield, NH
10/14 – 10/15	Front Desk Agent	Weeks Medical Center	Whitefield, NH

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SARAH STERLING, CRHCP, RN

OBJECTIVE

Compassionate and dedicated nurse manager that is committed to improving patient care and fostering a positive work environment through leadership and strong interpersonal skills.

- Experienced with excellent direct patient care
- Keen observation, communication, and intervention skills
- Adapt easily to a change of environment

SKILLS & ABILITIES

Certified, Rural Health Professional, IV Certified, Wound Care, Excellent time management, Able to make appropriate decisions in difficult situations, management skills, employee health and education experience and comfortable with different electronic medical records

EXPERIENCE

Registered Nurse, Clinical Practice Manager-Lancaster, Weeks Medical Center
February 2021 to present.

Manage Lancaster Primary Care, General Surgery, Urology, Coumadin Clinic, the Lancaster Lab, and Prescription Refill Department, to include staff.

- Recruit, retain and evaluate nursing staff
- Provide training for nursing staff
- Designate specialty staff personnel
- Act as a liaison between staff and interdisciplinary teams
- Assist families and patients during escalating situations
- Oversee day-to-day operations and budgets

Registered Nurse, Team Leader, Weeks Medical Center
November 2020 to February 2021

Lead MA's and RN in a primary care office, general surgery, urology and pulmonology office.

Telephone triage, refill prescriptions, room patients, lab draws, administer vaccines, schedule patients as needed, EKG's, assist providers

REGISTERED NURSE, UNIT MANAGER, COUNTRY VILLAGE CENTER, GENESIS HEALTHCARE
April 2019 to November 2020

Manage LNA's and floor LPN's and RN's on a long-term care wing and the skilled care wing. Manage resident orders and care on long-term care wing and skilled care wing.

- Admission Oder Input

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- Admission and Discharge Medication Management
- Weekly Wound Care Assessments
- Initiating and Updating Care Plans
- Discharge Planning
- Cover Staff Call Outs
- Call Coverage
- Psychotropic Medication Audits
- Work Closely with Providers on Symptom Management and Resident Care Concerns
- Monitor Lab Values

REGISTERED NURSE, NURSE PRACTICE EDUCATOR/INFECTION CONTROL NURSE, COUNTRY VILLAGE CENTER, GENESIS HEALTHCARE

January 2019 to April 2019

- Maintain infection line listings for residents and staff
- Staff education (annual competencies, new employee education, new equipment, LNA education)
- Monitor Staff BLS Education Expiration, coordinate BLS Education
- New employee orientation
- Monitor vaccinations for resident's and staff

REGISTERED NURSE, FLOAT, COUNTRY VILLAGE CENTER, GENESIS HEALTHCARE

- Skilled level patient care
- Wound care
- IV Therapy
- Medication Administration
- Vital Signs
- EKG
- Lab Draws
- PICC Line Management
- Patient Education
- Blood Sugar Monitoring

LICENSED PRACTICAL NURSE, WEEKS MEDICAL CENTER

March 2010 to October 2018

Responsible for Surgical Services and OB/GYN Department
Acute Care Clinic

- Vital Signs
- IV Therapy
- Wound Care
- Oxygen Therapy
- EKGs
- Dispensing of Medications
- Vaccine Administration
- Suture and Staple Removal
- Maintain Sterile Field for in Office Procedures

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- Assist Surgeon with Office Procedures
- Assist OB/GYN Provider with Office Surgical Procedures

LICENSED PRACTICAL NURSE, GROVETON HIGH SCHOOL, SAU 58

August 2015-February 2016

I cared for children grades 6-12. I ensured that each student had proper vaccines. I generated care plans for students with certain medical problems. I did annual hearing and vision screenings. I gave the students a safe place to talk or a place to rest quietly.

LICENSED PRACTICAL NURSE, WEEKS HOSPITAL

December 2005 to March 2010

Medical/Surgical
Nursery Nurse, Obstetrics Department- 1yearProvided specific care immediately after birth (in collaboration with the Doctor and Apgar score)

- Vital Signs
- IV Therapy
- Wound Care
- Oxygen Therapy
- EKGs
- Administer Medications

LICENSED NURSING ASSISTANT, WEEKS HOSPITAL

November 2000 to December 2005

EDUCATION

WHITE MOUNTAIN COMMUNITY COLLEGE 2016-2018

Graduated with an Associate Degree in Nursing, September 2018

EXCELSIOR COLLEGE 2014-2015

Liberal Arts Program

Skill Med 2005

Certificate Completion of Licensed Practical Nurse Program

LICENSING QUALIFICATIONS

New Hampshire Board of Nursing, 9/2018, RN
New Hampshire Board of Nursing, 12/2005, LPN

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CYNTHIA M. CORLISS, LPN

OBJECTIVE

I am a hardworking, caring, compassionate person that truly enjoys being a nurse. I am easy going, a team player, however also able to work independently. I am dependable and reliable; I don't like to miss time from work. I am a fast learner and willing to learn new things as nursing and the medical field is always changing. I am a critical thinker and am also able to think outside the box and problem solve. I strive for quality patient care and customer service. I am very good at managing my time and also very good at communication, both verbal and written.

I have enjoyed my experiences as a nurse out in the field. I have been a geriatric nurse in a nursing home starting out as a LNA in 1994. I continued my education. I became a MNA in 2002, and in 2004 I took classes to obtain my LPN while continuing to work as both a LNA and MNA at Coos County Nursing Hospital in West Stewartstown. In 2005 I graduated from my nursing program and took my boards in 2006. At Coos County Nursing Hospital, I was the charge nurse on the night shift. I was responsible for 2 floors and also the House of Correction. I then applied for a full time LPN position at Indian Stream Health Center. I have had many roles over my years in nursing. From daily care, medication administration, dressing changes and supervising LNA's on all shifts that I worked at CCNH, to rooming patients, triaging patients both in person and on the phone. I have learned how to use the EKG machine, Lead Care II machine, as well as Hgb and Glucose machines, and the Clinitec Urinalysis machine. I have been a Care Management nurse, which I have experienced many different roles. I manage the Coumadin program. I did prescription refills, prior authorizations for medications, diagnostic radiology and nuclear stress tests, as well as outpatient behavioral health services. Orders for durable medical equipment are handled by the Care Management department. I also did referrals to home health agencies and nursing home placement. I also did follow up phone calls with patients that have been discharged from the hospital or emergency room and make sure patients medication lists are updated as well as their diagnosis list and allergy list. I also make sure that they have a follow up

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appointment with their PCP and that any diagnostic test or referrals to specialists have been taken care of. I previously created the nurses schedule, until a new nursing supervisor was hired. I have also supervised nursing staff as well as Care Management staff when the supervisor was away. I have also had the experience of being a field nurse and supervisor of LNA and Homemaking staff.
I managed an outpatient primary care clinic for White River Junction VAMC until they decided to close the clinic. I then was transitioned to Office of Community Care responsible for referral and authorizations for Veterans to receive care in the community. Since November of 2019 I have been a field nurse for North Country Home Health and Hospice agency working as a field nurse. During that time I have become IV certified, and I am certified BLS.
For the last 22 months I have been the clinical lead nurse at the Colebrook Patient Care Center. I have established a very good rapport with the clinical, front office staff, and administrative staff. We have a very good atmosphere, staff respect each other and work well together.
In November, I will have been in the nursing profession 29 years.

SUMMARY OF QUALIFICATIONS

- 2005 Graduated with an Associate's Degree LPN from Skill Med Nursing in Laconia, New Hampshire.
- 2006 Passed my LPN boards
- 2002 Became a MNA
- 1994-2005 LNA
- BLS 2022

WORK OF EXPERIENCE

North Country Healthcare Clinical Team Lead at the Colebrook Patient Care Center 2021-present

North Country Home Health and Hospice Agency Cottage Street Littleton, NH
2019-Present

Department of Veterans Affairs 215 North Main Street White River Junction, Vermont

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LPN/Community Care Coordinator 2016-2019

Indian Stream Health Center 141 Corliss Lane Colebrook, NH

LPN and Care Management Nurse 2006-2013 and 2014-2016

LPN/LNA and Homemaker Supervisor for Northwoods Home Health and Hospice Lancaster, NH 2013-2014

Coos Count Nursing Hospital Old County Road West Stewartstown, NH

LNA, MNA, LPN 1994-2006

EDUCATION

- 2005 Graduated from Skilled Med Nursing with an Associate LPN
- 2002 Graduated from a Medication Nursing Assistant program offered at the nursing hospital
- 1994 Graduated from a LNA program offered by Berlin Vocational Technical School in Berlin, NH
- 1992 Graduated from Colebrook Academy, general studies

EXTRACURRICULAR ACTIVITIES

Home and family is very important to me and I enjoy the time we get to spend together. I have 4 Labrador Retrievers; Jaxon, Webster, Miya, and Buddy are my furry children and I enjoy spending time with them. I also foster/rescue puppies that come from Arkansas until they are adopted. I like to hike, camp, go for walks and Jeep rides in the summer. In the winter I enjoy snowshoeing, snowmobiling and quilting.

REFERENCES

References are available upon request.

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Krista Reid

[redacted]

Education

CERTIFICATE | MAY 2014 | COMMUNITY COLLEGE OF VERMONT

- Allied Health Preparation

CERTIFICATE | JULY 2016 | COMMUNITY COLLEGE OF VERMONT

- Certified Medical Assistant through the AAMA/Associate's Degree
- Re-certified July 2021

Skills and Abilities

SALES

- Worked as a cashier at a grocery store from 2008-2011. Involved in customer service and money transactions.

LEADERSHIP

- Involved in orientation of new Licensed Nursing Assistants.
- Care Management team lead at Indian Stream Health Center 2020 to present.

TIME MANAGEMENT

- Able to get referrals out within 2-3 business days
- Able to multi-task multiple duties during the work day

COMMUNICATION

- Collaborate patient needs with co-workers to ensure the best and total care for patients
- Did team huddles within Care Management as Care Management Team Lead

CUSTOMER SERVICES

- Speak with patients, insurance companies and medical offices on the phone

COMPUTER/TECHNOLOGY

- Typing
- Proficient in Word and Excel
- Knowledge of EMR systems (Meditech and Greenway)
- Knowledge of converting document to PDF file
- Scanning

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ORGANIZATION

- Tracking of referral appointments and missing consult notes via Excel sheet
- Tracking of outstanding imaging orders via Excel sheet

Experience

PATIENT SERVICES COORDINATOR | WEEKS MEDICAL CENTER | JULY 17, 2022 TO PRESENT

- Update EMR to ensure accuracy of patient charts
- Call patient's with results
- Answer patient/medical phone calls
- Process workload items in patent's EMR
- Schedule appointments
- Coordination of services for primary care patients
- Hands on clinical care (rooming patients/taking vitals, nurse visits, vaccine administration)

CHART PREP/CMA | WEEKS MEDICAL CENTER | DECEMBER 27, 2021 TO JULY 17, 2022
GIVES INJECTIONS/IMMUNIZATIONS

- Update EMR to ensure accuracy of patient charts
- Verify that records are received from previous primary care office of patient

TEAM LEAD FOR CARE MANAGEMENT DEPARTMENT | INDIAN STREAM HEALTH CENTER

- Leadership
- Assist team in following policies and procedures
- Assist team in decisions for department and patients
- Run team meetings

MEDICAL ASSISTANT/REFERRALS COORDINATOR | INDIAN STREAM HEALTH CENTER | 2016 TO DECEMBER 3, 2021

- Gives injections/immunizations
- Performs in office procedures (EKG's)
- Prior authorizations for medications, imaging, procedures and referrals
- Knowledge of insurances
- Faxing of relevant records to specialty offices for referrals
- Assist patients in scheduling appointments with specialist office

LICENSED NURSING ASSISTANT | COOS COUNTY NURSING HOSPITAL | MAY 26, 2012 TO 2016

- Provide/assist residents with personal care
- Transferring residents utilizing equipment as needed such as gait belt and patient lifts
- Obtain vital signs of residents as needed
- Assist in training new Licensed Nursing Assistants and participate in their orientation plan

WAITRESS | HAPPY CORNER CAFE | 2012 TO 2016

- Customer Services – obtaining orders from patron and ensuring orders are correct when delivered to patrons.
- Customer Satisfaction – ensuring patrons are satisfied with their food and service
- Inventory of supplies
- In charge of updating the menu items and prices on the menu to ensure menus and computer program for ordering matches

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ßSßWAITRESS/DISHWASHER/HOUSEKEEPER | JACKSONS LODGE | JUNE 2010 TO AUGUST 2011

- Dishwasher – Ensure that all of the dishes and silverware were clean and ensured that the supply of silverware and dishes were adequate for the waitresses
- Housekeeper – Kept all cabins cleaned and maintained well
- Waitress –
  - Customer service – obtaining orders from patron and ensuring orders are correct when delivered to patrons.
  - Customer Satisfaction – ensuring patrons are satisfied with their food and service
  - Inventory supplies

CASHIER | SOLOMONS | JANUARY 2008 TO AUGUST 2011

- Money transactions
- Customer service
- Ensured that the inventory was displayed in a clean and organized manor
- Kept inventory at par level
- Kept work area clean and organized

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Wendy Bennett, RN

CAREER OBJECTIVE

My goal as Team Leader would be to utilize my training, knowledge, and skills to ensure that the Medical Team is able to deliver excellence in patient safety, clinical effectiveness and patient experience as well as coordinating with the team for timely and efficient daily operations while contributing to the continued success of the physician(s) practice.

EDUCATION

SOUTHERN NEW HAMPSHIRE UNIVERSITY, Manchester, NH
2017-2019
BSN, Graduated Aug 2019

WHITE MOUNTAINS COMMUNITY COLLEGE, Berlin, NH
2015-2017
ADN, Graduated May 2017

CREDENTIALS AND LICENSES

- Registered Nurse, BSN: New Hampshire State Board of Nursing, License #075924-21
- Licensed RN Educator 2022, License #3246
- Basic Life Support (BLS) certified by American Heart Association
- BLS Instructor 2023
- MOAB Trained 2022
- Reiki Level One Provider 2020
- CDC Infection Preventionist Certified 2020
- POLST Facilitator 2019

CLINICAL EXPERIENCE

THE MORRISON COMMUNITIES
Clinical Nurse Manager
September 2023 – Present

- Ensures Policies and Procedures are current, accurate, and enforced.
- Overseeing day to day patient care
- Supervising, directing, and developing nursing staff.
- Reporting to the Director of Nursing to ensure quality patient care.
- Interdisciplinary team collaboration
- Edit and approve Payroll PRN
- Employee Evaluations
- Interview / Hire new staff.
- Assist with scheduling.
- Wound rounding, monitoring, and treatments
- Support DON
- Collaborate with Providers to ensure proper care for residents.
- Support the facility in any other capacities needed.

THE MORRISON COMMUNITIES
Staff Development / Infection Prevention Control Coordinator
October 2019 - Present

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- Surveillance including process and outcome surveillance, monitoring data analysis documentation and communicable disease reporting to the Division of Public Health, CDC, and CMS, as needed.
- Staff education, including infection prevention and control practices to ensure compliance with State and Federal regulations.
- Antibiotic review, including reviewing data to monitor the appropriate use of antibiotics in the resident population.
- Identifies infections that are causing or have the potential to cause an outbreak.
- Conducts data analysis to help detect unusual or unexpected outcomes and determines the effectiveness of current infection prevention and control practices.
- Document observations related to the causes of infection and/or infection trends.
- Implements measures to prevent the transmission of infectious agents and to reduce risks for device and procedure related infections.
- Ensures that staff having direct contact with residents or who handle food must be free of communicable diseases and/or open skin lesions.
- Monitors and facilitates resident immunizations programs. Monitors and facilitates employee immunization programs including Hepatitis B and annual influenza vaccines.
- Act as a resident advocate, upholding the residents' Bill of Rights. Ensuring freedom from abuse, neglect, and exploitation.
- Ensures Policies and Procedures are current, accurate, and enforced.
- Overseeing day to day patient care
- Supervising, directing, and developing nursing staff.
- Reporting to the Director of Nursing to ensure quality patient care.
- Interdisciplinary team collaboration

THE MORRISON COMMUNITIES
Primary RN Charge Nurse on Skilled Unit
October 2017 – October 2019

- Resident assessments
- Medication administration
- Wound monitoring and treatments (i.e., Xeroform, Calcium alginate, Hydrophilic wound paste, AG rope)
- Wound VAC placement/management
- Pleural drain placement/management
- Resident/family education on medication and disease processes/management
- Foley and pubic catheter insertion/care
- Provider order entry
- Admission and discharge of residents
- LNA delegation
- Bladder scans, EKG monitoring, glucose monitoring, and INR monitoring

THE MORRISON COMMUNITIES
2nd Shift Float RN Floor Nurse
August 2017 – October 2017

- Float charge nurse.
- Resident assessments
- Medication administration
- Wound treatments
- Resident education
- Task delegation and LNA supervisor

OTHER WORK EXPERIENCE

BOND AUTO, *Parts Specialist, Aug 2013 - Dec 2014*

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- Read catalogs or computer displays in order to determine replacement part stock numbers and prices.
- Determine replacement parts required, according to inspections of old parts, customer requests, or customers' descriptions of malfunctions.
- Receive and fill telephone orders for parts.
- Fill customer orders from stock.
- Advise customers on substitution or modification of parts when identical replacements are not available.

CN BROWN COMPANY, *Business Office*
Manager, Jan 2011 - Feb 2013

- Oversee activities directly related to making products or providing services.
- Review financial statements, sales and activity reports, and other performance data to measure productivity and goal achievement and to determine areas needing cost reduction and program improvement.
- Manage staff, prepare work schedules and assigning specific duties.
- Determine staffing requirements, and interview, hire and train new employees, or oversee those personnel processes.
- Track previous customer fuel usage to determine future heating fuel needs.

Personal Care Attendant, Jul 2006 – Dec 2007

- Administer bedside or personal care, such as ambulation or personal hygiene assistance.
- Provide companionship.
- Perform housekeeping duties, such as cooking, cleaning, washing clothes or dishes, or running errands.
- Plan, shop for, and prepare nutritious meals.
- Transport client to locations outside the home, such as to physicians' offices or on outings, using a motor vehicle.

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MARY BYRNE

OBJECTIVE | Entry level position leading into a carrer.

EXPERIENCE | **TEAM LEADER, WEEKS MEDICAL CENTER**
JULY 2022-CURRENT

•Triage in-person and on the phone

- Educates patients and their families on the care plan; provides details related to treatments, procedures, medications, and continuing care requirements.
- Complies with hospital and legal requirements by fostering nursing practices that adhere to the hospital's rules and regulations.
- Maintains quality service by establishing and enforcing organizational standards.
- Maintains patient care database by entering new information as it becomes available.
- Contributes to team effort by accomplishing related results as needed.
- Schedule staff as needed

RN, WEEKS MEDICAL CENTER
November 2021- July 2022

Patient Care Coordinator Primary Care

- Motivates staff to maintain a high level of patient care.
- Educates patients and their families on the care plan; provides details related to treatments, procedures, medications, and continuing care requirements.
- Complies with hospital and legal requirements by fostering nursing practices that adhere to the hospital's rules and regulations.
- Protects self, co-workers, and patients by following policies and procedures to prevent bloodborne and airborne diseases.
- Respects patient's rights by maintaining their confidentiality.
- Maintains quality service by establishing and enforcing organizational standards.
- Maintains patient care database by entering new information as it becomes available.
- Contributes to team effort by accomplishing related results as needed.

LPN, WEEKS MEDICAL CENTER
January 2020-November 2021

Provided direct care to patients as assigned on Med-Surg, transitioned to primary care May 2021.

- Identify special resident problems and changes in condition and report them immediately to supervisor.
- Initiate corrective action as necessary and/or seek assistance of supervisor.

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- Identify safety hazards and emergency situations and initiate corrective action.
- Followed facility procedures related to control of equipment and supplies.
- Participated in resident care conferences and other facility meetings as assigned.
- Reviewed care plans and performed care as outlined.
- Documented the care and treatment provided to the resident and the resident's response to care provided.
- Listened to resident and family complaints and concerns and reports to nurse.
- Assisted residents with meals or feed resident as necessary
- Toileted and accurately documents results.
- Weighed resident and took vital signs as assigned.
- Performed other related duties as assigned.
- Medication pass
- Triage of patients on the phone or in the office.

LNA, WEEKS MEDICAL CENTER
May 2019-January 2020

Provided direct care to patients as assigned on Med-Surg

- Identify special resident problems and changes in condition and report them immediately to supervisor.
- Initiate corrective action as necessary and/or seek assistance of supervisor.
- Identify safety hazards and emergency situations and initiate corrective action.
- Followed facility procedures related to control of equipment and supplies.
- Participated in resident care conferences and other facility meetings as assigned.
- Reviewed care plans and performed care as outlined.
- Documented the care and treatment provided to the resident and the resident's response to care provided.
- Listened to resident and family complaints and concerns and reports to nurse.
- Assisted residents with meals or feed resident as necessary
- Toileted and accurately documents results.
- Weighed resident and took vital signs as assigned.
- Performed other related duties as assigned.

LNA, GENESIS HEALTH CARE (COUNTRY VILLAGE)
MAY 2015-APRIL 2019

Provided direct care to residents as assigned.

- Identify special resident problems and changes in condition and report them immediately to supervisor.
- Initiate corrective action as necessary and/or seek assistance of supervisor.
- Identify safety hazards and emergency situations and initiate corrective action.
- Followed facility procedures related to control of equipment and supplies.

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- Participated in resident care conferences and other facility meetings as assigned.
- Reviewed care plans and performed care as outlined.
- Documented the care and treatment provided to the resident and the resident's response to care provided.
- Listened to resident and family complaints and concerns and reports to nurse.
- Assisted residents with meals or feed resident as necessary
- Toileted and accurately documents results.
- Weighed resident and took vital signs as assigned.
- Performed other related duties as assigned.

PCA, GENESIS HEALTH CARE (HOLTON POINT)
May 2015-May2016

Provided direct care to residents as assigned.

- Headed out medication and properly documented
- Assisted residents with showers and daily living exercises
- Identify special resident problems and changes in condition and report them immediately to supervisor.
- Identify safety hazards and emergency situations and initiate corrective action.
- Participated in resident care conferences and other facility meetings as assigned.
- Reviewed care plans and performed care as outlined.
- Documented the care and treatment provided to the resident and the resident's response to care provided.
- Assisted residents with meals or feed resident as necessary
- Weighed resident and took vital signs as assigned.
- Performed other related duties as assigned.

EDUCATION

SOUTH UNIVERSITY, ONLINE
Nursing, BSN
Graduated September 2022

WMCC, BERLIN
NURSING

Graduated May 2020

GSC, LITTLETON
MATH STUDIES

Graduated June 28, 2013. Math studies GPA 3.5

WMCC, BERLIN
BUSINESS ADMINISTRATION

Graduated May 2007. GPA 3.6

COMMUNICATION

I really enjoyed working with others. I also really enjoy helping others, this is why I ended up working in assisted living and then became an LNA. I then went back

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to school and became an RN. I am currently working on my BSN with a potential graduation date of December 2022. I have been in health care since 2015 and this truly is my passion; I cannot wait to see where this career brings me.

REFERENCES | AVALIABLE UPON RESQUEST

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KATE WHEELER, RN

SUMMARY

Dedicated Registered Nurse with a strong background in family practice and primary care setting. Skilled in patient care, improving workflow efficiency, and ensuring high-quality patient outcomes. Proficient in triage, medication administration, patient education and EHR documentation. Passionate about fostering a collaborative healthcare environment and enhancing patient satisfaction.

EXPERIENCE

Weeks Medical Center: Lancaster, NH
Registered Nurse- Team Leader, Whitefield Physician's Office | June 2024 - present
Certified Medical Assistant (AAMA) | September 2013 - June 2024

- Triage patient concerns and assess symptoms over the phone or in person
- Act as a liaison between patients and physicians
- Assist in coordination with patient care plans
- Provide mentorship to team members
- Foster teamwork and a positive work environment
- Ensure adherence to evidence-based practice guidelines and protocols
- Implement policies to enhance patient safety and workflow efficiency
- Train new staff and provide ongoing professional development
- Update and maintain medical records

Rite Aid Pharmacy: Lancaster, NH
Pharmacy Technician | 2002-2009

- Processed prescription refills under supervision of pharmacist
- Customer service
- Consulted with insurance companies, prescribers, and medical offices

EDUCATION

White Mountains Community College: Berlin, NH

- Nursing Degree (AND) | May 2024
- Health Science Degree (AD) | May 2021
- Medical Assistant Certificate | May 2013

Empire Beauty School: Laconia, NH

- Cosmetology License | March 2011

ADDITIONAL SKILLS AND QUALIFICATIONS

- Registered Nurse
- BLS Certified - American Heart Association
- EMR proficient- Meditech, eClinicalWorks
- Clinical Staff Preceptor
- IV Certified

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BRITNY EMERY

I am a quick learner with excellent organizational skills. I am a great team player and work well independently. I am detailed oriented and take pride in my work.

EXPERIENCE

JUNE 2011 – CURRENT

CERTIFIED MEDICAL ASSISTANT, WEEKS MEDICAL CENTER

I currently work as a pediatric medical assistant and chart prep. Some of my roles and responsibilities include prepping patient charts, taking patient vitals, administering and properly documenting vaccines. I am also the Vaccine Coordinator for all offices at Weeks Medical Center. I oversee all vaccine managers, order, and maintain all vaccines, document all necessary information into the state system, and perform inventory. As a medical assistant, I interact with patients but also perform office duties. I schedule appointments, make phone calls, work with numerous computer programs, email, and fax. I practice all privacy laws and guidelines.

2008 – JUNE 2011

LICENSING CLERK, NH DIVISION OF MOTOR VEHICLES

At the DMV I worked in the licensing department. I processed paperwork, data entry, handled documents, and administered written tests for regular operator, motorcycle, and commercial driver licenses. Also, endorsements for commercial licenses. Tests were performed by paper and later through a computer program. I also crossed train in the registration department even though most of my time was spent in licensing.

EDUCATION

05 2012

CERTIFIED MEDICAL ASSISTANT, WHITE MOUNTAIN COMMUNITY COLLEGE

05 2009

BUSINESS MANAGEMENT CERTIFICATE, WHITE MOUNTAIN COMMUNITY COLLEGE

SKILLS

- Computer proficiency
- Communication skills
- Critical thinking skills
- Flexibility
- Time management

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Katelyn Martin, RN

Professional Summary

Experienced and knowledgeable Registered Nurse offering more than 10 years of managerial experience and 19 years of clinical nursing experience working with several well-known providers in a high-volume office. Well-versed in handling electronic health records, exceptional triage, organizational and process development skills. Extensive knowledge of primary care.

Skills

*Family Medicine
*Pediatrics
*Interdisciplinary Care
*IV certified
*Communication
*Autonomy
*Practice Support
*Employee Performance
*Prior Authorizations
*Time Management
*Decision making and problem solving

Work History

Outpatient Case Management- Department Manager 6/2024-present

Weeks Medical Center/Lancaster, NH

*Provide operational oversight of day-to-day operations, ensuring processes run smooth and efficient

*Manage budget, staff to ensure efficient and effective operations

*Hire, train, motivate and evaluate employees as well as address performance concerns

*Collaborate with our ACO partner to ensure quality of care through transitional care management following hospital discharges, ER follow ups and Annual Wellness Visits.

Clinical Care Coordinator **01/2023 to 6/2024**

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Weeks Medical Center/Lancaster, NH

*Work with our ACO partner to ensure quality of care through transitional care management following hospital discharges, ER follow ups and Annual Wellness Visits

*Assess barriers that prevent a patient from obtaining or following through with medical care and implement solutions to barriers

*Help patients navigate health care systems and connect them with community resources

*Work with multiple disciplines to ensure highest quality of care to patients

*Work with multiple insurance carriers to close gaps in care

*Coordinated patient care with the Mobile Integrated Health Program

*Assisted with continuous development of the Palliative Care Program

*Created a system for implementing Annual Wellness visits

Clinical Practice Manager 01/2022 to 01/2023

Weeks Medical Center/Whitefield, NH

*Provided supervision and management to team.

*Assessed processes and procedures, complying with OSHA and HIPAA regulations.

*Developed close working relationships with providers and support staff.

*Addressed and remedied patient or team member issues.

*Provided outstanding support to entire staff which helped improve process flow and boosted efficiency.

*Primary triage RN

*Back up vaccine coordinator

*Roomed patients as necessary to assist staff

*Outpatient nurse visits for vaccines, wound care, EKG's, blood pressure checks

*Phlebotomy

*Assisted with regulatory issues such as compliance

*Boosted staff morale by offering constructive feedback and specific direction.

*Ordered medical surgical supplies and inventory levels.

*Ordered pharmacy supplies and inventory levels.

*Oversaw budgeting and financial reporting.

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*Communicated closely with patients, ensuring medical information was kept private.

Assistant Practice Manager **01/2020 to 01/2022**

Weeks Medical Center/Whitefield, NH

*Developed close working relationships with providers and staff.

*Provided supervision and management to team.

*Addressed and remedied patient or team member issues.

*Provided outstanding support to staff.

*Primary triage RN

*Roomed patients and provided nurse visits, as necessary.

*Phlebotomy

*Ordered medical surgical supplies and kept check on inventory levels.

*Ordered pharmacy supplies and kept check on inventory levels.

RN Team Leader/Supervisor **03/2013 to 01/2020**

Weeks Medical Center/Whitefield, NH

*Primary triage RN

*Phlebotomy

*Provided supervision to team

*Roomed patients and provided nurse visits

*Ordered medical surgical supplies and kept check on inventory levels.

*Ordered pharmacy supplies and kept check on inventory levels.

Clinical Supervisor **01/2011 to 03/2013**

Northwoods Home Health and Hospice/ Lancaster, NH

*Monitored, analyzed, and corrected staff performance and worked with nurse manager to raise standards of practice.

*Lead and directed team of RN's, PT's and OT's

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*Coordinated schedules for RN's, PT's and OT's

*Admitted pediatric patients to home health services.

*Developed improvement plans to solve problems and improve lagging areas.

*Provide ongoing case management to patients

*Worked with nurse manager to develop nursing staff through education, evaluation, performance management and competency improvement.

Intake RN **01/2009 to 01/2011**

Northwoods Home Health and Hospice/ Lancaster, NH

*Reviewed incoming referrals, coordinated with referring facilities to ensure timely admission to services.

*Coded chart with appropriate ICD-9 codes

*Assessed new patients care plans and administered prescribed medications and treatments.

*Displayed functional familiarity with Medicare, Medicaid and private insurance coverage protocols.

Registered Nurse **02/2007 to 01/2009**

Weeks Medical Center/ Whitefield, NH

*Provided direct patient care

*Administered medications via oral, IV and intramuscular injections

*Phlebotomy

*Triage

Graduate Registered Nurse **11/2006 to 02/2007**

Weeks Medical Center/ Whitefield, NH

*Provided direct patient care under supervision of RN

*Phlebotomy

*Triage

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Graduate Registered Nurse **05/2006 to 11/2006**

Littleton Regional Healthcare/ Littleton, NH

*Conferred with RN to identify patient care needs and support and prepare patient admission, transfer or discharge

*Completed, maintained, and submitted accurate and relevant clinical notes regarding patient condition and treatment plan

LNA **02/2005 to 05/2006**

Weeks Medical Center/ Lancaster, NH

*Facilitated personal hygiene management, feeding and ambulation.

*Maintained patient stability by checking vital signs and weight and recording intake and outtake information.

Education

Associate of Science- Nursing Graduated 5/2006

Rivier University, Nashua, NH

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Adrienne Schafermeyer

[redacted]

Work Experience

Case Management/ACO coordinator

Weeks Medical Center-Lancaster, NH

Present

Managing ACO quality measures. Transition Care management patients to ensure continued care through discharge process and after care.

Allergy Nurse

Littleton Regional Healthcare-Littleton, NH

July 2024 to Present

Allergy testing and shot administration. Serum mixing for SCIT and SLIT.

MDS Coordinator

Country Village Center Genesis Healthcare-Lancaster, NH

June 2007 to July 2024

- Completing and submitting all requires assessments within the guidelines and time frame established by CMS.
- Understanding the entire RAI processes and its correlating effect on

Quality Measures, then using knowledge to continually work on improving areas of need.

- Proficient collection of data regarding our patients physical needs, nutritional requirements, cognitive ability, behavior patterns and mood.
- Training staff on proper MDS coding, ADL documentation, assessment collection, nursing documentation.
- PDPM experience and knowledge for optimal reimbursement opportunities.
- Case Mix experience for Medicaid rate setting.
- Case manager for managed care patients in our center-following skilled needs, communicating with insurance for reimbursements, case case reviews, appeals and to provide best care for our patient.
- Conducts meetings with a multi-disciplinary team for Skilled population management.

LPN Floor Nurse

Country Village Center Genesis Healthcare-Lancaster, NH

January 2001 to December 2007

- Clinical management of resident care, medication administration and treatment administration.
- Wound care including wound vac, dressing management to optimize wound healing.
- IV certified for IV administration and blood draws.
- Managing LNA care, documentation

LNA

Country Village Center Genesis Healthcare

January 1999 to December 2001

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● Attended daily needs for patients and assisted nurses with any assigned task.

Education

NHTI Nursing Program - LPN
Genesis Healthcare Lebanon Center
January 2000 to December 2001

Skills

- currently MDS coordinator for the last 17 years for an 86 bed LTC facility . Seeking full time employment
- Medication Administration
- ICD-10
- then LPN floor nurse
- Medical terminology
- Dedicated LPN with 20+ years delivering high quality care to patients and family
- ADL coding and education. Medicaid CMI for Medicaid rate setting
- Managed Care coordination including Reviews
- Case Management
- EMR Systems
- Tube Feeding
- providers.
- authorizations
- Utilization review
- Experience beginning with LNA in 1999-2001
- Experience with MDS coordination
- Experience Administering Injections
- Discharge planning
- communication with ICM. Managing UDA assessments for nursing staff
- Communicating with the IDT
- Medical Billing

Certifications and Licenses

RN License

Licensed Nursing Assistant

CPR Certification

LPN

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IV Certification

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Ashley Clauss

Professional Summary

I am a highly motivated, responsible, hardworking, energetic, and compassionate Registered Nurse with 18+years' experience in healthcare. Skilled in providing care to patients from birth to elderly. My passion is education for both staff and patients to provide the upmost care to our patients and growth in coworkers.

Licenses

Registered Nurse in the State of New Hampshire, License number 056926-21, with Basic Life Support (BLS). Certification. IV Therapy Certified. MOAB (management in aggressive behavior) training.

Completion 6/16/2021- Diabetes Care and Education Specialist certification through the AADE.

Skill Highlights

Care Coordination
Diabetes education
Pediatric nursing
Family practice
Patient evaluation/intervention
Medication administration
Catheter insertion/removal, straight cath
Critical thinking skills
Insulin /medication assistance
High level of autonomy
Organizational skills
Exceptional computer skills
Wound care
Medical laboratory procedures
Specimen collection/processing, blood draws
Flow sheet charting
Patient and family advocacy
Infection control standards
Efficient
Triage
Compassionate
Immunization manager
Mentor/trainer

Professional Experience

Registered Nurse Case Manager, Care Coordinator/Diabetes Educator

August 2021-present Weeks Medical Center Lancaster, NH

I am currently working in our Lancaster Physician office as a RN case manager/Care Coordinator and diabetes educator. I work closely with our Certified Diabetes Educator Mary Beth Kenison to meet the needs of our patients with diabetes. I am a facilitator and DSME program instructor with the accredited program through the ADA. As a care coordinator I work closely with the primary care team from infancy to elder in helping manage, schedule and organize all aspects of the patient's healthcare maintenance and treatment. We work closely with our ACO to meet the needs of our patients'. We help with Chronic care management and provide recourses needed for our patient

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Registered Nurse/ Patient Service Coordinator, Vaccine Manager

April 2009 -2021 Weeks Medical Center Lancaster, NH

Worked as Patient Service Coordinator and Vaccine manager at our Whitefield Physician's office. I perform various duties throughout the day, including, but not limited to triaging calls, care management, administering immunizations, rooming patients, various nurse clinic visits, which include performing assessments on patients and using critical thinking and decision-making skills, lab draws, and all other duties as assigned. I am the vaccine manager for the physician office practices, providing education and competency testing to clinical staff, vaccine trainer/mentor, ordering of vaccines for the offices and following State of NH vaccine management and school requirements.

I am currently working with our affiliate hospital UCVH to start and ADA accredited Diabetes Care Program here at Weeks Medical Center.

Awarded the 2017 Tricia McGuire Memorial Award from the New Hampshire Immunization program on 3/22/2017.

Registered Nurse/Pediatrics, Family Medicine

Aug 2007-April 2009.Weeks Medical Center Lancaster, NH

I worked with the pediatrician on staff as well as our family practice providers rooming, giving immunizations, education to parents and child, triaging and other duties assigned.

Registered Nurse/Medical/Surgical

Aug 2006-Aug 2007 Weeks Medical Center Lancaster, NH

I worked on our Medical/Surgical floor caring for patients from infancy to geriatrics. Performing all duties as assigned.

Licensed Nursing Assistant/Medical/Surgical

Mar 2005-Aug 2006 Weeks Medical Center Lancaster, NH

I worked on our Medical/Surgical floor caring for patients from infancy to geriatrics. Performing all duties as assigned.

Education

Rivier (College) University

[redacted]

Nursing

Associate of Science, 2006

*I have completed many BSN requirements through Rivier University

Groveton High School

[redacted]

College Prep

High School Diploma, 2003

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RUTH M. PRIOLO

PROFILE

Licensed Registered Nurse with 35 years of staff / managerial experience and navigating the health care system. Professional, compassionate, self -motivated and goal-oriented team player.

PROFESSIONAL HISTORY

RN, CCM / Clinical Nurse Educator
Upper Connecticut Valley Hospital ♦ Colebrook NH ♦ 2019 TO Present

UTILIZATION COORDINATOR / RN CCM
RIVERVIEW MEDICAL CENTER ♦ RED BANK, NEW JERSEY ♦ 2017 TO 2019

- ♦ Monitor the daily utilization functions of the Care Management Department
- ♦ Ensure the appropriate allocation of resources while maintaining quality care
- ♦ Collaborate with the multidisciplinary team and Care Management Department to advocate for Patients and families within the healthcare continuum
- ♦ Ensure regulatory compliance with CMS and DOH guidelines
- ♦ Coordinate clinical review requests from payer sources
- ♦ Conduct daily review of assigned cases to ensure proper status and medical necessity for Admission and continued stay
- ♦ Written, electronic and phone correspondence with payers
- ♦ Adherence to regulatory standards
- ♦ Data management, including LOS and progression of care review

MANAGER OF LIAISONS
MERIDIAN AT HOME ♦ WALL, NEW JERSEY ♦ 2013 TO 2017

- ♦ Manage and provide clinical support to Liaisons in five Hospitals, 3 Outside Liaisons to Service Rehab and Skilled Nursing Facilities throughout 2 Counties (Monmouth and Ocean).
- ♦ Educate Liaisons and facilitate all clinical aspects of homecare services and patient referrals, insurance, CMS programs, regulations and guidelines.
- ♦ Maintain relationships with key individuals in facilities and multiple hospital systems.
- ♦ Identify high risk and BPCI patients in collaboration with Meridian Nursing and Rehab and other facilities and participate in weekly interdisciplinary meetings to ensure smooth transitions and prevent readmissions.
- ♦ Ensure staff takes ownership to assure delivery of services meet customer and referral source expectations.
- ♦ Accountable to mentor staff in exemplary customer service and assure that Liaisons have access to tools necessary to perform their job functions.
- ♦ Demonstrate flexibility with job responsibilities in all areas.
- ♦ Responsible for yearly performance evaluations and payroll.
- ♦ Ensure ongoing performance improvement activities.

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- Document and maintain weekly productivity, audits and reports.
- Evaluate current processes and initiate new processes to foster efficiency and business growth.
- Perform scheduling functions to assure coverage in all facilities at all times.
- Foster ongoing education for coordinating and assuring compliance with regulations, agency policies for facilities/hospital staff.
- Provide coverage for Intake Manager Daily and as needed.

MANAGER OF CLINICAL PRACTICE
MERIDIAN AT HOME ♦ WALL, NEW JERSEY ♦ 2008 TO 2013

- Direct management of nurses Throughout 2 Counties
- Responsible to train and mentor team members.
- Review Oasis documentation to ensure accurate assessment of patient status and outcomes.
- Instruct and foster ongoing compliance measures and industry updates and changes.
- Field supervisions, maintain records of current certifications and licensure.
- Thorough incident documentation and monitoring.
- Implement weekly case conferences with clinical personnel.
- Perform field visits and patient care as needed.
- Responsible for yearly employee evaluations and accurate payroll.
- Maintan OASIS-C Certification

RN / CASE MANAGER
MERIDIAN AT HOME♦ WALL, NEW JERSEY ♦ 2001 TO 2007

- Case managing 30-40 patients.
- Accurate Oasis documentation in Cerner.
- Maintain OASIS-C Certification
- Provide nursing care and assessment to a wide variety of patients in the homecare setting.
- Responsible to provide disease and medication management education to patients and families.
- Treatment and assessment of surgical sites and wounds.

RN / HEALTH EDUCATOR / INSTRUCTOR TRAINER
MERIDIAN HEALTH SYSTEMS ♦ COMMUNITY AND SENIOR SERVICES ♦1996 TO 2005

- Train healthcare providers and qualified individuals as BLS Instructors.
- Teach BLS, basic anatomy and physiology, rational and CPR skills within various health care systems and private organizations and at community level.
- Train professionals and lay persons in use and rational of AED.
- Instruct/teach techniques of psycho-prophylactic childbirth preparation (Lamaze) in classroom setting.
- Community Health Education

RN – MEDICAL / SURGICAL/ CHF UNIT
COMMUNITY MEDICAL CENTER ♦ TOMS RIVER, NEW JERSEY ♦ 1999 To 2001

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- Direct patient care.
- Utilize TDS, MIS and Pyxis systems in hospital setting.
- Utilize cardiogenic machine to determine degrees of CHF.
- Maintain accurate assessment and charting of patient status.
- Consult with physicians, case managers, therapies, patients and families to ensure effective management of overall care.
- Administer medications.
- Treat and assess surgical sites and wounds.

RN / Float
Centrastate Medical Center ♦ Freehold, N.J. ♦ 1989 To 1992

RN / Charge Nurse, Long Term Care Unit
Garden State Rehab ♦ Toms River, N.J. ♦ 1987 To 1989

RN / Staff Nurse, Med/Surg
Monmouth Medical Center ♦ Long Branch N.J. ♦ 1986 To 1987

SKILLS

- Strong, effective communicator and mentor.
- Successful assessor of patient and family needs
- Proficient in Excel, Microsoft word, Power Point
- Proficient use of EMR including Soarian, SigmaCare, Cerner and Allscripts, MCG and Indicia.

EDUCATION AND CERTIFICATIONS

- Board Certified Case Manager – Certificate Number 4235873, expiration date 5/31/23
- Associate Applied Science and Nursing – Beth Israel School of Nursing, New York, N.Y.
- BLS certified / Instructor
- ACLS certified

CEU: Cultural Diversity, How to Deal with Difficult People, Leadership Development – Giving Quality feedback and setting performance Goals.

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Dawn Gooden

[redacted]

I currently work in the Human Services field. I support families and children both in public and home settings. Part of my role is strengthening families who have been impacted by drug & alcohol abuse, abuse & neglect and social emotional issues. I am extremely motivated to continue supporting these families to rebuild these relationships. I find my job to be truly rewarding.

I am currently working towards my LADC and have attended numerous professional development opportunities to strengthen my understanding of the Drug & Substance epidemic in our area.

I have my B.A degree in Psychology, A.S in Human Services and A.S in Early Childhood. I feel I have a diverse background, where I have had the opportunity to support children & families in multiple environments.

Education

- **1986- Graduated, Memorial High School, Manchester, NH. Received a diploma.**
- **2001- Associates Degree in Human Services, CCV**
- **2001- Associates Degree in Early Childhood Ed , CCV**
- **2008- VT Bachelor's Degree in Psychology, Johnson States College, Johnson VT**

Experience

2016-2018-Northern Human Services, Children's/Adult Case Manager

Working with children and adults who have behavioral issues and mental health issues. Maintains up-to-date and complete case management records on assigned individuals, provides crisis intervention, symptom management and outreach services when appropriate Family Support & Services, coping skills, and strategies. Maintains personally supportive relationships with individuals and their families while encouraging independence. Assisting clients in public school settings, community outings, home based and access to local resources. Working with parents & guardians to better support the client.

Supporting clients and families with basic needs such as housing, transportation, employment, EBT, and health insurance.

Encouraging clients to work towards goals and maintain sobriety by using deep breathing, grounding skills, and mindfulness techniques.

2007-to 2016-Family Resource Center at Gorham, Child Health Support Worker

Working with families due to Abuse & Neglect. Offering supervised visits and teaching them household management, budgeting, and parenting education.

Helping families become aware of resources in their local areas that they can utilize. Many clients had a vast array of goals they needed to meet in order to regain custody. Every case requires adaptability and flexibility to meet these goals.

2006-2007-Whitefield High School/Special Educator Paraprofessional

Supported an adolescent who is non-verbal, diagnosed with having autism, and is a severe diabetic. Testing blood sugar, giving insulin, counting carbs, and given out his medications. Keeping the student safe, learning to make choices, to show preferences, living skills, developing and maintaining personal relationships, and participating in community experiences.

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2004-2006 Easter Seals/Teachers Assistant & Residential Instructor

Worked with special needs children ages to nine-twenty one with ADHD, ODD, and Autism, abuse & neglect, sexual offenders, physically challenged, and learning disabled, and supervising youth in all settings. Testing blood sugar, given insulin, counting carbs, and given out medications. Assisting with physical restraints, keeping safety of the children, assisting in unsafe behavior protocol. Given leadership opportunities to support other staff members when in crisis or emergency situations.

2004-Lancaster Play and Learn Center

Worked with four to seven year old children and at times one to three year old children. Providing care and protection to meet the needs of all the children, interacting with the children, modeling behavior for the children, dealing with discipline issues, assisting the children with their needs, and communicating with the staff and the parents in regards to children.

2002-2005 Head start/Special Education Paraeducator Lunenburg School & Guildhall School/Special Education Para-Educator

Worked with groups of three to five year old children as well as individually with a student on an IEP. Working independently in the classroom over the summer with a child who has recently been diagnosed with Autism. Working with a student who is four years old diagnosed with Autism and is non-verbal.

2001-Lynsey House Relief Worker

I have experience working at the Lynsey House. I completed intakes with residents, answer the telephone, intakes over the phone, and listen and provide support to the residents. Supervised 1-2 staff members weekly to oversee the needs of the residents. Supported both staff and residents to locate and obtain resources to help residents achieve their goals.

1998-2001- Cub scout Den Mother

Supervising cub scouts in both individual and group opportunities. Scheduling and organizing activities and trips for the group. Supporting children to reach potential while promoting character and leadership development.

1996-2000-Daisies/Girl scout Assistant Leader

Supervised girl scouts with planning activities, giving back to the Community, introducing girls to new experiences, guide and mentor, and help them develop skills and confidence. Attending numerous enrichment opportunities with scouts. Modeling appropriate social skills and communication within the group.

Professional Development

Death & Dying, Introduction to Psychology, Ethics & Diversity, Abnormal Psychology, Curriculum Development in Early Childhood, Introduction to Early Childhood, Introduction to Exceptional Population, Infant and Toddler Development, Nutrition, Child Abuse & Neglect, Introduction to Human Services, Observing, Recording, and Reporting, and Child Development.Moody Management & Self-Control Strategies for Kids, Special Education Issues for the Paraprofessional, Supporting Students with Challenging Behaviors: A Para educator Curriculum, Nonviolent Crisis Intervention, Taming the Anger Monster, Behavior As A Means of Communication, A Model of Effective Parenting, Including Difficult Children, The Stages of Cognitive, Social and Emotional Development, Strategies for Dealing with

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Children Who Are Overwhelmed by Emotional Stress, Common Children's Medications, Training in advocacy and professional topics, and Conference for Paraeducators. Celebrating Similarities: Students with Disabilities, Summer Institute in Autism (6 hours)."Aiding Young Children with Autism Spectrum Disorders: (12 hours), Writing and Using Social Stories to Support Children with Autism Spectrum disorder, (6 hours), Ray Levy, Try and Make Me approach to challenging behavior 92 hours), Simply Good Ideas: five-day training session in Advanced Instructional/Behavioral strategies for students with Autism Spectrum Disorder (25 hours), Crisis Prevention (CPI), PECS-communication system, and Designing and Implementing Great Visual/Behavioral Supports a Plans for the Student with ASD (10 hours).Trauma in Early Childhood: Assessment, Intervention and Supporting Families(8.5 hours),Plan B: Collaborative Problem Solving with Behaviorally Challenging Kids (6 hours), Invest in Coos Kids (4 hours), DCYF/DJS Community Based In-Home Services AND Medicaid Rules Training (2 hours), The Watch Me Grow Project, The Adolescent Brain and High Risk Behaviors (3.5 hours), Professional Boundaries Reporting Abuse and Neglect ,Confidentiality, Handling Conflict with Staff, (4 hours), Strengthening Families Summit (6 hours), Substance Abuse During Pregnancy and Beyond (5 hours), "Science of Relationships: The Prevention Connection" A Strengthening Families Summit for Providers and Families (6 hours), Bringing the Protective Factors To Life Face To Face Training (7 hours), 22nd Annual DCYF Conference Tools for the Trade: Community, Prevention, Protection, and Security (5.5 hours), Bringing The Protective Factors To Life Face To Face Training (6 hours), Pyramid Model Training, Relationship: The Foundation of Success (3 hours). Standards of Quality for Family Strengthening & Support. Early Childhood and Family Mental Healths Credential (Intermediate), Working with the Worrier: Addressing Anxiety Concerns in Young Children (10.75), Complex Trauma and Attachment: Working with Children living outside their family of Origin, Substance Use Counseling Skills and Core Functions (5.5 hours), HIV Update for Substance Use Professionals (6 hours), Prime for Life (24 hours), Motivational Interviewing (1.75 hours), Ethics & Boundaries for Recovery Support Workers, New England School of Addiction and Prevention Studies: Human Trafficking, Opioid Addiction and Treatment: Understanding the Disorder, Treatment, and Protocol, Addressing the Opioid Crisis: Supporting Those on the Front Lines of an Epidemic, The Behavioral Addictions: Dynamics, Diagnosis and Treatment (19.25 hours).

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JULIE RODRIGUEZ

[redacted]

Experienced office management and administrative personnel with 10+ years of experience optimizing productivity, efficiency, and service quality across various environments. Highly dependable, ethical, and reliable support specialist and leader. Works efficiently with cross-functional teams in ensuring operational and service excellence.

EXPERIENCE

2022 TO PRESENT

SCHEDULING COORDINATOR

NCH, LANCASTER, NH

- Make timely adjustments and updates to provider schedules in the central scheduling system, according to each provider's policies and availability.
- Ensure compliance with HIPPA regulations when communicating with patients, personal representatives and healthcare facilities.
- Assist patients in correctly arranging and organizing appointments and tests by using clear communication and adjusting communication methods to meet the requirements of the patient.
- Accurately reschedule and/or cancel patient appointments per request on a daily basis.
- Investigate referrals submitted to non-NCH institutions to verify they were received and providers have necessary information to process such referrals.
- As time permits, seek additional tasks and/or provide assistance outside of personal work duties and responsibilities.

2019 TO 2022

RESERVATIONS ASSISTANT SUPERVISOR

MOUNTAIN VIEW GRAND RESORT AND SPA, WHITEFIELD, NH

- Assisted in supervising the reservation functions for the resort, while ensuring all reservations are processed in a pleasant, professional, and efficient manner.
- Assisted guests and travel agencies with planning and organizing itineraries during the guests dates of travel.
- Processed payments and sent confirmation details to customers.
- Resolved issues that arose within the reservations department pertaining to guests, reservations, or employee relations.
- Assisted with resolutions to guest inquires or concerns between the front desk and reservation departments.
- Managed calendars and agendas for staff in the reservations department and front desk agents.

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NIGHT AUDITOR

MOUNTAIN VIEW GRAND RESORT AND SPA, WHITEFIELD, NH

- Performed overnight audit processes and accounting functions, such as daily reporting of revenues, transaction audits and verifications, preparation of final statements for the next day's check-in/outs.
- Assisted guests with late night requests.
- Processed check-in's/check-out's during the night shift.

GUEST RELATIONS SPECIALIST/SUPERVISOR

MOUNTAIN VIEW GRAND RESORT AND SPA, WHITEFIELD, NH

- Greeted guests and assisted in arranging reservations, scheduling local attractions, and establishing itineraries during the guests stay.
- Processed paperwork and room requests during the guests check in/out process.
- Answered guests' inquiries about programs, facilities, and services offered by the resort. As well as local attractions and entertainment.
- Scheduled tasks and objectives for front desk and reservation agents to perform during their shift.

2008 TO 2018

BUSINESS MANAGEMENT AND OPTIMIZATION

JAG CONSULTING, HARTFORD, CT

- Organized corporate and small business portfolio's to reach a higher level of performance.
- Follow-up on homeowners insurance, coverage and claim history. Submitted insurance claims as needed. Knowledgeable on filing deadline limits.
- Reconciled customer payments. Investigated and rectified improper payments, rejections, and other account problems via research and resolution.
- Responsible for the proper and timely booking of new accounts and charge orders inside the billing system.
- Identify and act to mitigate the possible financial risk associated with consumer, vendor and third party accounts using daily data.
- Worked in a variety of corporate settings, managing calendars and agendas for key personnel.
- Scheduled and arranged appointments, meetings, venues, non-profit events, and established travel arrangements for key personnel.
- Managed day-to-day analysis and optimization of an organizations business processes.
- Established protocols and procedures of business practices and processes in order to obtain optimization.
- Redesigned core processes to promote efficiency and strengthen the alignment of individual processes with overall strategy and goals.

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EDUCATION

CURRENTLY PURSUEING

BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION, ACCOUNTING, HUMAN RESOURCE MANAGEMENT

SOUTHERN NEW HAMPSHIRE STATE UNIVERSITY

- Expected Graduation date of March 2023
- Current GPA: 3.92/4.0

JANUARY 2022

ASSOCIATES OF SCIENCE IN BUSINESS ADMINISTRATION

SOUTHERN NEW HAMPSHIRE STATE UNIVERSITY

- 2021 President's and Dean's List
- Achieved Latin Honors
- Nominated member of the National Society of Leadership and Success (NSLS)
- Nominated as Commencement Speaker for Graduating Class of Associates of Science in 2022
- GPA: 3.9/4.0

JUNE 2008

HIGH SCHOOL DIPLOMA

BETHEL HIGH SCHOOL, BETHEL, CT

- Graduated within the top 5% of graduating class of 2008
- Presidents reward for academic achievement
- Nominated member of the National Honors Society (NHS)
- GPA: 3.9/4.0

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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: **Weeks Medical Center**

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Jayne Tarkleson, DO	Co-Medical Director	$6,037.12	$268,788
Karen Woods	V.P. Provider Practices	$4,586.35	$163,363
Monique Hand	Director of Practice Operations	$6,444.48	$114,774
Lisa Romprey	Specialty Practice Manager BH/SUD	$1,130.06	$100,630
Lori Morann	Quality Coordinator	$5,322.13	$94,786
Scarlett Moberly	Grant Administrator	$843.46	$75,109
Minh Tran	System Analyst	$692.33	$61,651
Chris Raymond	Patient Access Manager	$4,488.25	$79,934
Nathaniel Pelchat	Technical Operations Manager	$5,566.22	$99,133
Sarah Morse, RN	Clinical Practice Manager of Whitefield & Littleton	$15,668.57	$93,018
Sarah Sterling, RN	Clinical Practice Manager of Lancaster	$14,125.77	$100,630
Cynthia Corliss, LPN	Practice Manager of Colebrook, West Stewartstown & Groveton	$4,700.80	$83,720
Krista Reid, CMA	Clinical Team Leader Colebrook & West Stewartstown	$7,693.55	$54,808
Wendy Bennett, RN	Clinical Team Leader Groveton	$11,611.86	$82,722
Mary Byrn, RN	Clinical Team Leader Lancaster	$11,883.40	$84,656
Kate Wheeler, RN	Clinical Team Leader Whitefield & Littleton	$11,106.74	$79,123
Britney Emery, CMA	Pediatrics and Vacine Coordinator	$2,793.62	$49,754
Katelyn Martin, RN	Manger ACO/Care Coordination	$6,423.46	$114,400
Adrienne Schafermeyer, LPN	Care Coordinator	$10,420.60	$74,235
Ashley Clauss, RN	Care Coordinator	$14,184.16	$101,046
Ruth Priolo, RN	Care Coordinator Colebrook	$15,238.19	$108,555
Dawn Gooden, BSW	Case Manager for Office Practice	$8,610.35	$61,339
Julie Rodriguez	Financial Counselor	$527.66	$46,987

FORM NUMBER P-37 (version 2/23/2023)

Subject: Maternal and Child Health (MCH) Integrated Care (RFP-2026-DPHS-08-MATER-01)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name White Mountain Community Health Center		1.4 Contractor Address 298 White Mountain Highway Conway, NH 03818	
1.5 Contractor Phone Number 603-664-3089	1.6 Account Unit and Class 51900000 102	1.7 Completion Date June 30, 2027	1.8 Price Limitation $202,394
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: Kenneth "JR" Porter 78F94862F53342E... Date: 6/3/2025		1.12 Name and Title of Contractor Signatory Kenneth "JR" Porter ED	
1.13 State Agency Signature DocuSigned by: Iain Watt D778BB63F9704C7... Date: 6/3/2025		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: DocuSigned by: Robyn Guarino 748734844941460... On: 6/3/2025			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS kl
Date 6/3/2025

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.

Contractor Initials DS kp
Date 6/3/2025

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.

Contractor Initials kf DS

Date 6/3/2025

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.

Contractor Initials DS kf
Date 6/27/2025

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. 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.

Scope of Services

1. Statement of Work

1.1. The Contractor must support the role of integrated health care to help address the Department's current Maternal Child Health (MCH) priorities and those anticipated in the upcoming 2025 MCH Needs Assessment, which includes:

1.1.1. Improving access to needed healthcare services for the MCH

1.1.2. Increasing the focus of Title V on the Social Determinants of Health (SDOH) and the resolution of barriers impacting the health of the MCH Covered Populations; and

1.1.3. Improving access to mental health services for children, adolescents and women in the perinatal period.

1.2. Covered Populations

1.2.1. The Contractor must provide, and increase access to, healthcare for infants, children and adolescents from birth through 21 years of age, as well as pregnant women and postpartum women within 12 weeks of delivery, and must not exclude individuals who are:

1.2.1.1. Uninsured.

1.2.1.2. Underinsured.

1.2.1.3. Considered low-income, defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.1.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.1.5. Residing in transitional housing.

1.2.1.6. Unable to maintain their housing situation.

1.2.1.7. Forced to stay with a series of friends and/or extended family members, and is therefore considered to be experiencing homelessness.

1.2.1.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were experiencing homelessness prior to incarceration or hospitalization.

1.3. The Contractor must provide and implement enabling services to all individuals

served with special emphasis given to the MCH Covered Populations. Enabling services must include at a minimum:

1.3.1. Case management;

1.3.2. Benefit counseling;

1.3.3. Benefit application assistance;

1.3.4. Health education and supportive counseling;

1.3.5. Language interpretation, outreach, transportation and education for patients and the community regarding the availability and appropriate use of health services; and

1.3.6. Transportation through coordination with transportation resources, direct provision or fulfilled through partnership with community resources, or assistance with medicaid transportation services or pursuing Medicaid Mileage reimbursement.

1.4. The Contractor must implement the following enabling services and quality improvement initiatives for the provision of integrated healthcare services for children and adolescents, from birth through 21 years of age, in accordance with Attachment 1 – Enabling Services Initative Work Plans for Children and Adolescents, and Attachment 2 – Quality Improvement Initative Work Plans for Children and Adolescents, attached hereto and incorporated by reference herein:

1.4.1. Enabling Services Initiative 1: Increasing the screening rate for SDOH.

1.4.2. Enabling Services Initiative 2: Identifying emerging mental health issues and implementing routing care coordination family check-ins to conduct screenings.

1.4.3. Quality Improvement Initiative 1: Increasing the percentage of adolescents, 12 through 21 years of age, who has received at least one comprehensive well-care visit with a PCP or OBGYN during the measurement year.

1.4.4. Quality Improvement Initiative 2: Increasing the depression screening rate of patients, 12 through 21 years of age, using an age appropriate standardized screening tool.

1.5. The Contractor must provide eligibility determination services, including the following:

1.5.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days;

1.5.2. Assisting individuals with completing a Medicaid, expanded Medicaid, and/or other health insurance applications;

1.5.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered; and

1.5.4. Developing and implementing a sliding fee scale for services in accordance with Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.6. The Contractor must ensure services are provided by a New Hampshire licensed:

1.6.1. Medical Doctor (MD);

1.6.2. Doctor of Osteopathic Medicine (DO);

1.6.3. Advanced Practice Registered Nurse (APRN); and/or

1.6.4. Physician Assistant (PA) to eligible individuals in the service area.

1.7. The Contractor must provide services in an office-based setting which may include:

1.7.1. Federally Qualified Health Centers (FQHCs[1]) or look-alikes and/or Rural Health Clinics;

1.7.2. Hospital Associated Community Health Centers;

1.7.3. School Based Health Clinics; and

1.7.4. Mobile Care Delivery Services.

1.8. The Contractor must monitor, update and implement the Work Plans for each enabling services initiative in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein.

1.9. The Contractor must monitor, update and implement the Work Plans for each QI initiative in accordance with Attachment 3 - Reporting Requirements Calendar– SFY26-27, which is attached hereto and incorporated by reference.

1.10. The Contractor must attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.10.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

[1] https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes

1.10.2. MCH Biannual Primary Care Coordinators' Meetings up to two times per year, which may require attendance by the Contractor quality improvement and clinical staff.

1.11. The Contractor must ensure all services under this Agreement are provided by qualified health and allied health professionals.

1.12. The Contractor must provide supporting documentation to the Department that verifies staff hours funded under this Agreement that may include, but is not limited to, timecards.

1.13. The Contractor must ensure all health and allied health professionals have the appropriate and current New Hampshire licenses whether directly employed, contracted, or subcontracted.

1.14. The Contractor must notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor must ensure notification:

1.14.1. Is provided to the Department no later than thirty business days from the date of hire; and

1.14.2. Includes a copy of the newly hired individual's resume.

1.15. The Contractor must notify the Department in writing when:

1.15.1. Any critical position is vacant for more than thirty business days.

1.15.2. There is not adequate staffing to perform all required services for any period lasting more than thirty consecutive business days.

1.16. The Contractor must actively and regularly collaborate with the Department to enhance contract management and improve results.

1.17. The Contractor must utilize the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution (referred to collectively as the NH Care Connections Network) for referral management between health and/or human service providers within New Hampshire. Utilization includes inputting information and data as necessary into the Department's NH Care Connections Network to facilitate referrals to participating providers, signing any required Network Participation Agreement, and obtaining a participant specific consent for services, including, as required by 42 CFR Part 2.31 identifying all uses and disclosures of the individual's Part 2 record or information by the NHCCN.

1.18. The Department's contracts for the NH Care Connections Network incorporate all the costs of developing and maintaining the standards-based interface from which the Contractor may choose to configure their systems to communicate securely with the Department's NH Care Connections Network solutions. The

Contractor may opt to interface with the Department's closed loop referral solution, and if applicable, the admission, discharge, and transfer solution utilizing a Smart on FHIR or HL-7 standard interface process to connect individuals to health and social service providers. The costs for the Contractor's system or team to develop or utilize the standard Smart of FHIR or HL-7 based interface are the sole responsibility of the Contractor.

1.19. Performance Measures

1.19.1. The Contractor must meet or exceed their goals and objectives in accordance with the required Performance Measures in Attachment 6, which is attached hereto and incorporated by reference herein. If Contractor does not meet or exceed their goals, the Contractor must submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment 7 – Performance Measure Outcome Report Template, at reporting intervals in accordance with Attachment 3 – Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

1.19.2. The Contractor must report data in accordance with the Performance Measures in Attachment 6 at regular intervals in accordance with Attachment 3 – Reporting Requirements Calendar, utilizing Attachment 8 - DTT SFY26-27 – Integrated Healthcare Services Template, which is attached hereto and incorporated by reference herein.

1.20. Reporting

1.20.1. The Contractor must collect and submit the data and reports to the Department in accordance with Attachment 3 - Reporting Requirements Calendar – SFY26-27, which is attached hereto and incorporated by reference herein. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include:

1.20.1.1. Uniform Data System (UDS) outcomes.

1.20.1.2. Performance Measure outcomes.

1.20.1.3. Work Plan for each Enabling Service Initiative.

1.20.1.4. Work Plan for each QI Initiative.

1.20.2. The Contractor must provide a Final Report to the Department no later than thirty calendar days after the completion date of this Agreement, which must include:

1.20.2.1. Program initiatives status and/or completion dates; and

1.20.2.2. An impact statement on the success of the initiative(s), which must include supporting documentation that includes aggregated and de-identified information.

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;

1.21.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) 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.

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 fulfilment 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. 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 & 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 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.

1.24.2. Workspace Requirement

1.24.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. 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 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 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 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. 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 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-Contractors); 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-Contractors).

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement 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.

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.

New Hampshire Department of Health and Human Services
Maternal and Child Health (MCH) Integrated Care

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 14.21% Federal funds, Maternal and Child Health Services Block Grant, as awarded on November 6, 2023, by the HRSA, ALN 93.994, FAIN B04MC52939.
   1.2. 85.79% 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 Exhibits C-1.
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
   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.

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.

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	*White Mountain Community Health Center*	
Budget Request for:	*RFP-2026-DPHS-08-MATER*	
Budget Period:	*SFY 26*	
Indirect Cost Rate (if applicable)	0.00%	
Line Item	**Component A Program Cost - Funded by DHHS - SFY 26**	**Component A Program Cost - Funded by DHHS SFY 27**
1. Salary & Wages	$71,315	$71,315
2. Fringe Benefits	$14,710	$14,710
3. Consultants	$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
5.(a) Supplies - Educational	$0	$0
5.(b) Supplies - Lab	$0	$0
5.(c) Supplies - Pharmacy	$0	$0
5.(d) Supplies - Medical	$1,737	$1,737
5.(e) Supplies - Office	$0	$0
6. Travel	$0	$0
7. Software	$12,135	$12,135
8. (a) Other - Marketing/Communications	$0	$0
8. (b) Other - Education and Training	$1,300	$1,300
8. (c) Other - Other (specify below)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
Other (please specify)	$0	$0
9. Subrecipient Contracts	$0	$0
Total Direct Costs	$101,197	$101,197
Total Indirect Costs	$0	$0
Subtotals	$101,197	$101,197
	TOTAL	**$ 202,394**

Contractor Initials: KP
Date: 6/3/2025

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 suc ction;

New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

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.

New Hampshire Department of Health and Human Services
Exhibit D – Federal Requirements

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 (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (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.

DS kp

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.

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.

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: TA009369

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here
   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here
   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: White Mountain Community Healt Center

6/3/2025
Date:

DocuSigned by:
Kenneth "JR" Porter
78F94862F53342E...
Name: Kenneth JR Porter
Title: ED

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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

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or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, antihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

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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

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 bi[illegible]

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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA 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 priva

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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 P

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Date _____

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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6/3/2025

Date _____

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	White Mountain Community Healt Center
The State	Name of the Contractor
DocuSigned by: Iain Watt D778BB63F9704C7...	DocuSigned by: Kenneth "JR" Porter 78F94862F53342E...
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Kenneth "JR" Porter
Name of Authorized Representative	Name of Authorized Representative
Director - DPHS	ED
Title of Authorized Representative	Title of Authorized Representative
6/3/2025	6/3/2025
Date	Date

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6/3/2025
Date

Attachment 1- Enabling Services Work Plans

Enabling Services Work Plan Agency Name: White Mountain CHC Name and Role of Person(s) Completing Work Plan: Director of Operations			
Enabling Services Focus Area: Evaluation of Social Drivers of Health			
Project Goal: Universal screening for social drivers of health (SDOH)			
Project Objective: Increase SDOH screening rate from 38% to 55% by June 30, 2026			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Create/amend written procedure for SDOH screening to reflect process in new EMR, including steps to identify patients who are due for annual screening, who administers the screening, and how follow up is done.	Athena EHR CHW Medical Director Clinical Coordinator Care Coordinator Front office coordinator	Draft of version of written procedure to be presented at operations meeting by Clinical Coordinator or designee for review and approval by Director of Operations.	By August 15, 2025
Identify and screen patients using PREPARE tool. (Include all new patients and those not screened within the calendar year).	• PRAPARE tool • Reception staff • FNP providers • MAs • Social worker • CHWs • Clinical coordinator • Athena EHR • Patient registration tablets in reception area	See reporting below.	Ongoing
Work with CHAN to revise SDOH report to capture screenings and create sub-report of screenings for patients age 0-21. Denominator= patients seen in reporting period. Numerator= patients in denominator who have completed PRAPARE	Medical Director Director of Operations CHAN Athena EHR	Report will be active in CITRIX report server by the end of first quarter of FY 2026.	By 09/30/2025

screening within one year of most recent visit.			
Monitor monthly SDOH screening reports in Athena.	Athena EMR Clinical Director	Reports> Reports Library> Other > Screening Questionnaires Report. Set to auto-run monthly.	Ongoing

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted?	

• Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Enabling Services Work Plan Agency Name: White Mountain CHC Name and Role of Person(s) Completing Work Plan: Director of Operations			
Enabling Services Focus Area: Improve access to maternal mental health services			
Project Goal: Identification of emerging maternal mental health issues and referral to care.			
Project Objective: Implement routine care coordination family check-ins w/Edinburgh PPD screening at 1, 2, 4, and 6-month well baby visits by 06/30/2026			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop screening procedure, to include identification of target patients and necessity of appointment scheduling changes to accommodate screening, if needed, how to document and track screenings in EHR.	Medical Director Operations Director Clinical coordinator Practice coordinator MAs FNPs Athena EHR Reception staff Care coordinator CHAN	Draft screening procedure to be presented to Director of Operations for approval by 9/15/2025	09/15/2025
Identify referral sources (including internal resources) for positive screens and create a referral directory for postpartum mental health disorders.	PMHNP FNPs Clinical coordinator Care coordinator Communications Director	Draft referral resource to be presented at Operations Meeting by 09/15/2025	09/15/2025
Create family focused care coordination space to facilitate family visits with social workers or arrange for outreach off-site or telehealth check ins for families with transportation issues.	Care coordinator CHW Athena EMR	Test telehealth application for care coordination visits on one patient.	By 12/31/2025

Begin care coordination visits at scheduled intervals (1,2,4,6 month well-baby visits) either in-person or via telehealth.	Care coordinator	Scheduled visits will be documented in EHR	By 12/31/2025

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted?	

• Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative:** If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success.	

If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 2- Quality Improvement Work Plans

Quality Improvement Work Plan Agency Name: Name and Role of Person(s) Completing Work Plan: Director of Operations			
Project Goal: Percentage of Adolescents 12-21 who had at least one comprehensive well-care visit with a PCP or OBGYN during the measurement year.			
Project Objective: Increase percentage of adolescents with completed annual preventative health visits to 58% by 06/30/2026			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Automate a monthly reporting system in new EHR to identify those in need of a well care visit.	Athena EHR, Microsoft Teams CHAN Practice Coordinator Clinical Coordinator Medical Director Care Coordinator, CHW	Weekly work group meetings for reports development.	System in place by 09/1/2025
Develop well visit reminders work flow/procedure based on reporting in in EHR.	Athena EHR, Microsoft Teams CHAN Practice Coordinator Clinical Coordinator Front office coordinator Medical Director Care Coordinator, CHW Referral Assistant	Progress will be based on timing of implementation of the above reporting mechanisms.	Procedure in place by 10/15/2025
CHW to outreach to families in addition to automated reminders set in EHR; engage families with existing insurance incentives to complete care to receive their reward.	Athena EHR CHW Referral Assistant CHAN Clinical Coordinator Practice Coordinator	Documented outreach and subsequent scheduling of at least 10 adolescents overdue for care .	By 9/15/2025
Tracking/assessment of outreach performed by CHW for effectiveness.	Athena EHR CHW Care coordinator Clinical Coordinator Practice Coordinator	N= number of patients seen D= number of patients outreached to and scheduled. Goal 75% of patients outreached to and scheduled will complete an adolescent wellness visit.	Assess by 12/15/2026

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline?	

• Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline?	

• Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Quality Improvement Work Plan Agency Name: White Mountain CHC Name and Role of Person(s) Completing Work Plan: Director of Operations			
Project Goal: Depression screening of patients age 12-21 using an age appropriate standardized screening tool			
Project Objective: Increase our screening rate from 70% to 75% by 06/30/2027.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Assess current barriers to screening by evaluating current workflow for adolescent depression screening, plan and implement one change to address an identified challenge. (PD)	Medical Director Clinical Coordinator Front office coordinator Athena EHR PHQ-9/GAD-7 screening tool	Meeting of key staff for this activity, w/results of assessment, plan and implementation reported at QI committee meeting in July.	By 7/15/2025
Run QI report for this measure	Clinical Coordinator Medical Director CHAN Athena EHR	Baseline performance data for reporting period 7/1/2024-06/30/2025 will be used to assess changes made.	By 07/15/2025
Run follow-up QI report for this measure (S)	Clinical Coordinator Medical Director CHAN Athena EHR	Follow-up report of performance data for prior month (after one month of change implementation) will be used to assess progress toward goal.	By 08/30/2025
Evaluate data (S) and determine if additional action steps are needed to elicit further change (A)	Clinical Coordinator Medical Director Athena EHR	Results of assessment to be shared at operations or clinical meeting.	By 08/30/2025
NOTE: (P)lan (D)o (S)tudy (A)ct			

Quality Improvement Work Plan Progress Report Template Project Goal: Project Objective:	
July 2025 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2026 Progress Report—	

• Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Outcome** (insert your organization's data/outcome results here for 7/1/25-6/30/26).	
Did you meet your Target/Objective?	____Yes ____No
July 2026 Project Update **SFY26 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2026 Project Update **SFY26 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2027 Progress Report:	

• Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2027 Project Update **SFY27 Outcome** (insert your agency's data/outcome results here for 7/1/26-6/30/27)	
Did you meet your Target/Objective?	____Yes ____No
July 2027 Project Update **SFY27 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2027 Project Update **SFY27 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment 3- Reporting Requirements Calendar– SFY26-27

Maternal & Child Health (MCH) Integrated Care

Due Dates	Reporting Requirements
July 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2024-June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2025 - December 31, 2025) • Complete January 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2026	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2025 - June 30, 2026) • Complete July 2026 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2026	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets
January 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2026 - December 31, 2026) • Complete January 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2027	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets UDS Data

July 31, 2027	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2026 - June 30, 2027) • Complete July 2027 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines

Attachment 4 -
Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two age-based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) through twenty-one (21) years old screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients ages twelve (12) through twenty-one (21) years old who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients ages twelve (12) through twenty-one (21) years old by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out into two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.8.1. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.6.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.6.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.6.1.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

2.6.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for M-CHAT at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

Attachment 5- SFY26-27 MCH Integrated Care Performance Measure Outcome Report (PMOR)

Organization Name: _____ **Completed by:**

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Attachment 6 - DTT SFY26-27 - Reporting Template

Organization Name							
		1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2025-12/31/2025	7/1/2025-6/30/2026	1/1/2026-12/31/2026	7/1/2026-6/30/2027
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						

Attachment 6 - DTT SFY26-27 - Reporting Template

AND if positive, a follow-up plan is documented on the date of the positive screen.	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator						
	Denominator						
	Agency Target						
	Agencies' Rate						
	Agencies' Range						

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Performance Measure Name: _____

Organization Outcome: ___%

Organization Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

Attachment 8- SFY26-27 MCH Integrated Care
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

___ Work Plan attached (Please check if new Work Plan has been added for SFY26/27)

Please copy above pages/sections as needed to complete for all not met measures.

Docusign Envelope ID: 6A53F43C-CC14-449F-B92D-E0AFFE8B312B

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WHITE MOUNTAIN COMMUNITY HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 01, 1981. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **62590**

Certificate Number: **0007183995**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 19th day of May A.D. 2025.

David M. Scanlan

Secretary of State

Docusign Envelope ID: 6A53F43C-CC14-449F-B92D-E0AFFE8B312B

CERTIFICATE OF VOTE/AUTHORITY

I, Ellen Blanchard of White Mountain Community Health Center, do hereby certify that:

1. I am the Board Secretary of White Mountain Community Health Center.
2. The Executive Director is hereby authorized on behalf of this company to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate, and Kenneth "JR" Porter is the duly elected Executive Director of this company.

3. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the company. This authorization was valid thirty (30) days prior to and remains valid for thirty (30) days from the date of this certificate.

Ellen M Blanchard

Name: Ellen Blanchard

6/2/25

Date

Title: Secretary, Board of Directors

Company Name: White Mountain Community Health Center

Docusign Envelope ID: 6A53F43C-CC14-449F-B92D-E0AFFE8B312B

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Julia Noyes	
Noyes Hall & Allen Insurance 170 Ocean St. South Portland ME 04106	PHONE (A/C, No, Ext): (207) 799-5541	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@nha-ins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A : Medical Mutual Insurance	32522
White Mountain Community Health Center 298 White Mountain Highway Conway NH 03818	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [X] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Each Event			NH HCP004254	01/01/2025	01/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [X] CLAIMS-MADE [ ] DED [ ] RETENTION $ 10,000			NH UMB004256	01/01/2025	01/01/2026	EACH OCCURRENCE AGGREGATE Retro-Date 12/05/1989	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Medical Professional Liability Claims Made			NH HCP004254	01/01/2025	01/01/2026	Each Loss Aggregate Retro-Date 12/05/1989	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire
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

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Heather Clement, CIC, CRIS	
Chalmers Insurance Group - North Conway PO Box 2480 North Conway NH 03860	PHONE (A/C, No, Ext): (603) 356-6926	FAX (A/C, No): (603) 356-6934
	E-MAIL ADDRESS: HClement@chalmersInsuranceGroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Indemnity Company of America	25666
INSURED White Mountain Community Health Center 298 White Mountain Hwy Conway NH 03818	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 25/26 WC **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB9H902615	01/01/2025	01/01/2026	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: DHHS-Contract Unit

Operations: Primary Care

CERTIFICATE HOLDER

Department of Health & Human Services
Contracts & Procurement
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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White Mountain Community Health Center

Mission, Vision, and Values

Mission

White Mountain Community Health Center provides the community with affordable access to high-quality, compassionate, individualized healthcare and support services needed to achieve wellness.

Vision

We envision a community where everyone gets the care and support they need to be healthy regardless of financial situation.

Values

AFFORDABLE CARE

We want to ensure that anyone in the community can access the best healthcare, no matter who they are and what resources they have. We welcome all regardless of ability to pay, strive for cost transparency, and look for other ways to help patients overcome barriers to care.

RESPECT

We respect each person we work with as a fellow human being. We take the time necessary to build good relationships with patients. Patients' opinions matter to us and we listen to them and shape their care accordingly. We expect patients to treat us with respect and integrity in return. Staff take the time to build good relationships with each other as well to create a supportive and respectful work culture.

COMPREHENSIVE, INTEGRATED CARE

We provide care for the whole person. Providers work as a team to provide integrated care for patients and connect them with resources to address all factors affecting their ability to achieve health.

PROFESSIONAL EXCELLENCE

We recruit highly skilled staff and provide support and continuing education to ensure our patients get the highest level of care. We evaluate our performance regularly and use data to determine areas of improvement.

DEDICATION

We work hard for our patients and go the extra mile to ensure we are following through. Our patients can depend on us.

COLLABORATION

Our staff collaborate and learn from each other to take full advantage of each staff member's strengths. We work closely with other organizations to address our community's health needs and underlying social determinants of health.

INNOVATION

We lead the way in community healthcare, finding creative ways to provide cutting-edge care with the available resources.

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BerryDunn

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

FINANCIAL STATEMENTS

June 30, 2024 and 2023

With Independent Auditor's Report

Docusign Envelope ID: 6A53F43C-CC14-449F-B92D-E0AFFE8B312B

BerryDunn
BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Board of Directors
White Mountain Community Health Center

Opinion

We have audited the accompanying financial statements of White Mountain Community Health Center (the Center), which comprise the balance sheet as of June 30, 2024, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Center as of June 30, 2024, and the results of its operations, changes in its net assets and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Center and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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 financial statements of White Mountain Community Health Center as of June 30, 2023 were audited by Berry, Dunn, McNeil & Parker, LLC whose report dated October 30, 2023 expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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Board of Directors
White Mountain Community Health Center

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control related matters that we identified during the audit.

BDMP Assurance, LLP

Manchester, New Hampshire
May 6, 2025

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Balance Sheets

June 30, 2024 and 2023

ASSETS

	2024	2023
Current assets		
Cash and cash equivalents	$ 364,098	$ 344,802
Patient accounts receivable	211,566	139,371
Grants receivable	72,579	92,430
Prepaid expenses	33,982	27,564
Total current assets	682,225	604,167
Investments	1,194,361	1,106,864
Assets limited as to use	169,168	28,684
Property and equipment, net	121,488	137,299
Total assets	$ 2,167,242	$ 1,877,014

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 7,713	$ 27,582
Accrued payroll and related expenses	119,092	111,833
Deferred revenue	40,312	40,973
Total current liabilities and total liabilities	167,117	180,388
Net assets		
Without donor restrictions	1,830,957	1,637,942
With donor restrictions	169,168	58,684
Total net assets	2,000,125	1,696,626
Total liabilities and net assets	$ 2,167,242	$ 1,877,014

The accompanying notes are an integral part of these financial statements.

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Operations

Years Ended June 30, 2024 and 2023

	2024	2023
Operating revenue		
Net patient service revenue	$ 1,456,594	$ 1,104,779
Grants and other support	870,886	771,547
Contribution of non-financial assets	59,004	59,004
Other operating revenue	13,016	9,828
Net assets released from restriction for operations	28,166	62,027
Total operating revenue	2,427,666	2,007,185
Operating expenses		
Salaries and wages	1,496,859	1,434,120
Employee benefits	299,094	256,375
Contract services	85,234	90,930
Program supplies	91,302	55,889
Occupancy	76,853	77,229
Other operating expenses	301,981	241,105
Depreciation	31,581	29,183
Total operating expenses	2,382,904	2,184,831
Operating income (loss)	44,762	(177,646)
Other revenue and gains		
Change in fair value of investments	87,783	46,768
Excess (deficiency) of revenue over expenses	132,545	(130,878)
Net assets released from restriction for capital acquisition	60,470	-
Increase (decrease) in net assets without donor restrictions	$ 193,015	$ (130,878)

The accompanying notes are an integral part of these financial statements.

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Changes in Net Assets

Years Ended June 30, 2024 and 2023

	2024	2023
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	**$ 132,545**	$ (130,878)
Net assets released from restriction for capital acquisition	**60,470**	-
Increase (decrease) in net assets without donor restrictions	**193,015**	(130,878)
Net assets with donor restrictions		
Contributions	**199,120**	33,000
Net assets released from restriction for operations	**(28,166)**	(62,027)
Net assets released from restriction for capital acquisition	**(60,470)**	-
Increase (decrease) in net assets with donor restrictions	**110,484**	(29,027)
Change in net assets	**303,499**	(159,905)
Net assets, beginning of year	**1,696,626**	1,856,531
Net assets, end of year	**$ 2,000,125**	$ 1,696,626

The accompanying notes are an integral part of these financial statements.

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Cash Flows

Years Ended June 30, 2024 and 2023

	2024	2023
Cash flows from operating activities		
Change in net assets	$ 303,499	$ (159,905)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	31,581	29,183
Change in fair value of investments	(87,783)	(46,768)
Grants and contributions for long-term purposes	(82,900)	(30,000)
(Increase) decrease in the following assets		
Patient accounts receivable	(72,195)	(55,146)
Grants receivable	19,851	(9,759)
Prepaid expenses	(6,418)	(5,067)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(19,869)	15,493
Accrued payroll and related expenses	7,259	17,956
Deferred revenue	(661)	(9,730)
Net cash provided (used) by operating activities	92,364	(253,743)
Cash flows from investing activities		
Proceeds from sale of investments	213,574	64,549
Purchase of investments	(213,288)	(213,955)
(Additions to) reductions in assets limited as to use	(140,484)	59,027
Capital expenditures	(15,770)	(58,217)
Net cash used by investing activities	(155,968)	(148,596)
Cash flows from financing activities		
Grants and contributions for long-term purposes	82,900	30,000
Net cash provided by financing activities	82,900	30,000
Net increase (decrease) in cash and cash equivalents	19,296	(372,339)
Cash and cash equivalents, beginning of year	344,802	717,141
Cash and cash equivalents, end of year	$ 364,098	$ 344,802

The accompanying notes are an integral part of these financial statements.

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Organization

White Mountain Community Health Center (the Center) is a non-profit corporation organized in New Hampshire. The Center's primary purpose is to provide comprehensive primary and preventative healthcare services to the residents in the town of Conway, New Hampshire, and surrounding communities.

The Center is a Federally Qualified Health Center (FQHC) Look-Alike. While FQHC Look-Alikes do not receive Health Center Program grant funds provided to FQHCs, they are eligible to receive enhanced reimbursement under FQHC Medicare and Medicaid payment methodologies. FQHC Look-Alikes are also eligible to purchase discounted drugs through the 340B Federal Drug Pricing Program.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Center have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Center to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Center. These net assets may be used at the discretion of the Center's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Income Taxes

The Center is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Center is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Center's tax positions and concluded that the Center has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

The Center 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 Center's cash balances may exceed FDIC insurance. The Center has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Center expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Center bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Center. The Center measures the performance obligations for medical, behavioral health, dental and ancillary services from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Center's performance obligations are satisfied at a point in time.

The Center has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Center has elected the portfolio approach. The portfolio approach is being used as the Center has a large volume of similar contracts with similar classes of customers (patients). The Center reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 3.

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A summary of payment arrangements follows:

Medicare

The Center 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 Center's public fee schedule.

Medicaid

The Center is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Center's public fee schedule. The rate was legislatively increased from $183.32 to $273.10 effective October 1, 2023, subject to annual inflation increases on July 1 of each year.

Commercial Payers

The Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance Centers, and preferred provider Centers. Under these arrangements, the Center is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Center's public fee schedule.

Patients

The Center provides care to patients who meet certain criteria under its sliding fee discount program. The Center estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Center sliding fee discount policy amounted to $84,789 and $73,658 for the years ended June 30, 2024 and 2023, respectively.

For uninsured patients who do not qualify under the Center's sliding fee discount program, the Center bills the patient based on the Center's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Center does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

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Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Center is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Effective October 1, 2023, the Center 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 Center that are subject to ASU 2016-13 include patient accounts receivable. The adoption of this ASU did not have a material impact on the Center'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 Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the 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 June 30, 2024 and 2023, grants from HHS (including both direct awards and awards passed through other organizations) represented the majority of grants and other support.

A portion of the Center's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Center has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

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Investments

The Center reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheet regardless of maturity or liquidity. The Center has established policies governing long-term investments.

Investment income and the change in fair value are included in the (deficiency) excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Assets Limited As To Use

Assets limited as to use are comprised of donor-restricted cash contributions.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The Center's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Center reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

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Excess (Deficiency) of Revenue Over Expenses

The statements of operations reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net assets released from restriction for capital acquisition.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 6, 2025, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Center regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Center has various sources of liquidity at its disposal, including cash and cash equivalents and investments. The Center had average days (based on normal expenditures) cash on hand of 57 and 58 at June 30, 2024 and 2023, respectively.

Financial assets available for general expenditure within one year were as follows at June 30:

	2024	2023
Cash	$ 364,098	$ 344,802
Patient accounts receivable	211,566	139,371
Grants receivable	72,579	92,430
Investments	1,194,361	1,106,864
Total	$ 1,842,604	$ 1,683,467

The Center's investments are held for long-term purposes but are available for use for general expenditure if needed.

3. Patient Accounts Receivable and Net Patient Service Revenue

The Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	2024	2023
Governmental plans		
Medicare	9 %	18 %
Medicaid	47 %	43 %
Commercial payers	19 %	14 %
Patient	25 %	25 %
Total	100 %	100 %

Patient service revenue is as follows for the years ended June 30:

	2024	2023
Government plans		
Medicare	$ 84,092	$ 60,925
Medicaid	769,581	592,207
Commercial payers	386,067	270,829
Patient	216,854	180,818
Net patient service revenue	$ 1,456,594	$ 1,104,779

4. Investments and Fair Value Measurement

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Center's investments at fair value measured on a recurring basis:

	Investments at Fair Value at June 30, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 158,189	$ -	$ -	$ 158,189
Exchange traded funds	47,937	-	-	47,937
Mutual funds	988,235	-	-	988,235
Total investments	$ 1,194,361	$ -	$ -	$ 1,194,361

	Investments at Fair Value at June 30, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 161	$ -	$ -	$ 161
Exchange traded funds	27,813	-	-	27,813
Mutual funds	929,186	-	-	929,186
Certificates of deposit	149,704	-	-	149,704
Total investments	$ 1,106,864	$ -	$ -	$ 1,106,864

5. Property and Equipment

A summary of property and equipment is as follows at June 30:

	2024	2023
Leasehold improvements	$ 107,048	$ 48,498
Furniture and equipment	492,362	492,362
Total cost	599,410	540,860
Less accumulated depreciation	477,922	446,341
	121,488	94,519
Equipment not in service	-	42,780
Property and equipment, net	$ 121,488	$ 137,299

6. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30:

	2024	2023
Temporary in nature:		
Equipment, not purchased	$ -	$ 15,122
Equipment, purchased but not in service	-	30,000
Staff recruitment, retention and training	-	10,614
Miranda Leavitt diabetes education fund	119,168	2,948
	119,168	58,684
Permanent in nature:		
Miranda Leavitt endowment (income to be used for diabetes education)	50,000	-
Total	$ 169,168	$ 58,684

Net assets released from net assets with donor restrictions were as follows at June 30:

	2024	2023
Satisfaction of purpose:		
Staff recruitment, retention and training	$ 10,614	$ 54,072
Program activities	17,552	6,331
Purchase of equipment and equipment placed in service	60,470	1,624
Total	$ 88,636	$ 62,027

7. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Center is a service Center, such expenses, which include employee benefits, occupancy, depreciation, interest and other operating expenses, are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Expenses related to providing these services are as follows for the years ended June 30:

	Healthcare Services	Administrative Support	Total
2024:			
Salaries and wages	**$ 1,355,325**	**$ 141,534**	**$ 1,496,859**
Employee benefits	**270,813**	**28,281**	**299,094**
Contract services	**50,632**	**34,602**	**85,234**
Program supplies	**91,302**	**-**	**91,302**
Occupancy	**69,586**	**7,267**	**76,853**
Other operating expenses	**273,428**	**28,553**	**301,981**
Depreciation	**28,595**	**2,986**	**31,581**
Total operating expenses	**$ 2,139,681**	**$ 243,223**	**$ 2,382,904**
2023:			
Salaries and wages	$ 1,292,117	$ 142,003	$ 1,434,120
Employee benefits	230,989	25,386	256,375
Contract services	48,739	42,191	90,930
Program supplies	55,889	-	55,889
Occupancy	69,582	7,647	77,229
Other operating expenses	217,232	23,873	241,105
Depreciation	26,293	2,890	29,183
Total	$ 1,940,841	$ 243,990	$ 2,184,831

8. Malpractice Claims

The Center insures its medical malpractice risks on a claims-made basis. There were no known malpractice claims outstanding at June 30, 2024 which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Center intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

9. Retirement Plan

The Center has a 403(b) retirement plan covering substantially all employees. Contributions by the Center to the plan amounted to $31,168 and $27,383 for the years ended June 30, 2024 and 2023, respectively.

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10. Contribution of Non-financial Assets

The Memorial Hospital (TMH) provides the Center with office and clinic space located in Conway, New Hampshire at no cost. In-kind contributions and related expense from TMH to the Center amounted to $59,004 for the years ended June 30, 2024 and 2023.

11. Litigation

From time-to-time, certain complaints are filed against the Center in the ordinary course of business. Management vigorously defends the Center's actions in those cases and utilizes insurance to cover costs in excess of stated deductibles. In the opinion of management, there are no matters that will materially affect the Center's financial statements.

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

BOARD ROSTER MAY 2025

Name, Office	Profession, Place of Work	[redacted]
Caitlin Behr, RN President	Registered Nurse Memorial Hospital and Fresh Face Studio	[redacted]
Richard Faucher Vice President	ESL and HiSET Teacher Carroll County Adult Education	[redacted]
Angela Zakon Treasurer	Certified Public Accountant, Supervisor Leone, McDonnell & Roberts	[redacted]
Ellen Blanchard Secretary	School Nurse Retired	[redacted]
Eileen Conley	Registered Nurse, Preadmission and Endoscopy Littleton Regional Hospital	[redacted]
Richard L. Faucher	ESL and HiSET Teacher Carroll County Adult Education	[redacted]
Soyla Hernandez	Community Health Worker Granite United Way/Carroll County Public Health	[redacted]
Kirk Leoni	Certified Public Accountant Retired	[redacted]
Mark Lessard	Law Enforcement Retired	[redacted]
Jeanne-Marie Maher, MD	Physician Retired	[redacted]
Sandi Poor	Medical Billing Specialist Retired	[redacted]
Stephanie Stepanauskas	Vocational Rehabilitator, Para-educator Retired	[redacted]

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Josephine Lamb, APRN, MSN

Family Nurse Practitioner

[redacted] [redacted]

Family Nurse Practitioner focused on empowering patients to meet their goals for optimal health outcomes. Strengths include communication, organization, and teamwork.

Professional Experience

White Mountain Community Health Center
Family Nurse Practitioner (April 2022- Present)
Medical Director (December, 2024-Present)
Whole-family primary care in a rural setting with an emphasis on collaboration to address physical, mental, and psychosocial health needs for an under-resourced population. Clinical policy development, direct supervision of nurse practitioners, mental health counselor and registered nurses, coordination with community organizations, and liaison between clinical and leadership team.
EMR competency in Athena One, EMDs

Medical Solutions (October 2019-February 2021) Travel RN- OB, Newborn
Supported perinatal, neonatal, and perioperative patients in in settings ranging from high-volume teaching hospitals to remote critical access facilities. Experience applying evidence-based standards and facility-specific protocols to meet the needs of patients and medical teams.
EMR competency in EPIC, Cerner, Allscripts, Medhost, and Centricity.

Frankfort Regional Medical Center (June 2021- November 2021) Travel RN L&D, Antepartum.
Nursing care for laboring and antepartum mothers. Circulated cesarean sections, OB triage, and patient transport coordination in a community hospital setting.

Baptist Health Lexington (June 2016-October 2019) RN in Labor, Delivery, and Antepartum
Provided direct care, assessment, education, services coordination, and ongoing support for perinatal patients and families. Experience with intrapartum, triage, high risk antepartum and postpartum care. Circulated OBGYN surgeries.
EMR- EPIC

University of Kentucky Medical Center (July 2015- June 2016) PCT in Cardiovascular Acute Care
Provided supportive presence, and clinical care to acutely ill cardiovascular and pulmonary patients at a fast-paced tertiary medical center.

Patricia Lamb LCSW and Stephen Lamb, MD (2005-2011) Administrative support including scheduling, check-in, payment collection, medical records, and billing, credentialing, and prior authorizations as needed.

Mayapple Creations (2004-2014) Business Owner
Designed and created eco-friendly jewelry, worked with retail and wholesale clients nationwide, responsible for financial management, marketing, supply chain management, and operations.

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Josephine Lamb, APRN, MSN
Family Nurse Practitioner

[redacted] [redacted]

Education

Frontier Nursing University (December 2021) *Master of Science in Nursing, FNP*
4.0 GPA. Sigma Theta Tau
- University of Kentucky (August 2017) *Bachelor of Science in Nursing,*
4.0 GPA, Honor Society
- Kentucky State University School of Nursing (May 2016) *Associate's Degree in Nursing,*
Class President, Dean's List, 4.0 GPA
- Bluegrass Community and Technical College (Jul 2014) *Associate's in Science,*
4.0 GPA, Dean's List, Phi Theta Kappa

Certifications and Licensure

✓ AANP Certification: Family Nurse Practitioner
✓ RN license: Maine (compact)
✓ APRN license: New Hampshire and Maine
✓ BLS (Basic Life Support for Healthcare Providers)
✓ DEA License 2022-present
✓DOT Medical Examiner Certificate 2022- present

Additional Trainings

- National Association of Community Health Centers Clinical Leadership Training for New Clinical Leaders *(April 2025)*
- ASAM 24 Hour Buprenorphine Waiver Training- April 2023
- Yoga Nurse Essentials Certification

Professional Affiliations

- American Association of Nurse Practitioners
- New Hampshire Nurse Practitioners Association
- Sigma Theta Tau Honor Society

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Krystal Brown

PROFESSIONAL SUMMARY

Experienced and responsible Registered Medical Assistant with excellent teamwork and communication skills demonstrated by 15 years of experience in healthcare.

EXPERIENCE

Clinical Coordinator, White Mountain Community Health Center, Conway NH 2024-Present

Organizational and administrative skills. Compassionate leader and time management and record keeping skills. I work comfortably under pressure and able to multi-task if needed. I am able to work in a fast paced environment and can effectively react to emergency situations as needed. I perform all duties within HIPAA regulations, implement policy and procedures. Provider oversight of VFC and Adult Immunization programs and the requirements of the NHIIS database. A "super-user" from the EMR system. Communicate medical results to patients under provider supervision. Assist under the direction of the Medical Director, ensures compliance with State of NH Board of Pharmacy for storage, dispensing, and disposal of medications amongst other duties as assigned by the Medical Director or Director of Operations.

RMA, White Mountain Community Health Center, Conway NH. 2018-Present

Assist patients with multiple chronic diagnoses. Help physicians examine and treat patients by assisting with instruments, injections and suture removal. Organize, update and maintain patient charts. Record patients' medical history, vital signs and test results in medical records. Escort patients to examination rooms and prepare them for physician exams. Train

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nursing staff to provide top-quality patient care. Educate patients about their treatments. Perform lab tests and communicate results. Instruct patients and family members on proper discharge care. Act as a patient advocate as part of the nursing team. Coordinate Quality Improvement Activities (QIA's) to identify performance areas for improvement. Initiate insurance prior authorization forms for continuation of medical treatment for the patient. Initiate phone calls and answering phone messages in regards to medical questions with patients, family members, other physicians and insurance companies. Conduct letters to patients. Skillfully develop departmental goals, objectives, standards of performance, policies and procedures.

Health Coach, Integrity Health Coaching Center, North Conway, NH 2017-2019

Help clients create and implement effective solutions to improve their health and wellness. Using general knowledge of medical conditions, nutrition, diet and exercise.

RMA, Primary Care at Memorial Hospital, North Conway, NH 2010-2016

Assisted patients with multiple chronic diagnoses. Helped physicians examine and treat patients by assisting with instruments, injections and suture removal. Organized, updated and maintained patient charts. Recorded patients' medical history, vital statistics and test results in medical records. Escorted patients to examination rooms and prepare them for physician exams. Trained nursing staff to provide top-quality patient care. Educated patients about their treatments. Performed lab tests and communicated results. Instructed patients and family members on proper discharge care. Acted as a patient advocate as part of the nursing team. Coordinated Quality Improvement Activities (QIA's) to identify performance areas for improvement. Initiated insurance prior authorization forms for continuation of medical treatment for the patient. Initiated phone calls and answering phone messages in regards to medical questions with patients, family members, other physicians and insurance

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companies. Conducted letters to patients. Skillfully developed departmental goals, objectives, standards of performance, policies and procedures.

EDUCATION

Fryeburg Academy - Fryeburg, Maine High school diploma 2006

SMCC - Portland, Maine 2006-2008 General Studies, focus of Nursing

Kaplan University - South Portland, Maine 2008-2010 Medical Assistant Program Certification

WMCC - Berlin/North Conway NH 2017-2022 Health Science Degree

CERTIFICATIONS

RMA - Registered Medical Assistant Program - 2014

BLS - Basic Life Support - Every 3 years

SKILLS – Leadership Skills - Communication skills - Adaptability/Managing multiple priorities - Analytical/Research skills - Fast learner -Teamwork - Computer literacy - Interpersonal Abilities.



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Cheryl Frankowski

[redacted]

Compassionate social service professional and active listener dedicate to working with individuals to empower them; utilizing motivational interviewing and direction to facilitate positive change and growth, while supporting them with identifying and overcoming barriers to their success.

Education

2018 Capella University, Minneapolis, MN. MS Certification Social and Community Service.

2013 Capella University, Minneapolis, MN. MS Psychology.

2009 Southern Maine University, Portland, ME. BA Psychology.

Employment History

October 2017 – Present

White Mountain Community Health – Care Coordinator/Social Worker – Assisted with development and implementation of care coordination program. Identified need for and role of community health worker (CHW). Hired, trained and supervised CHW. Collaborated with operations directory to draft and implement workflows to meet identified practice needs and improved patient care. Preformed patient intakes to assess and identify social determinant of health needs. Assisted with applying for and accessing community based resources, through partnerships and collaboration with community resource providers. Worked with primary care providers to collect and uploaded data related to care gap information, identified by patient's insurance provider. Worked directly with patients to identify mental health needs, contemplate change and follow through with accessing services. Active in several community forms/partnerships and completion of many trainings and certifications related to patient care, social determinants of health, disaster relief preparedness, and other social and community services.

June 2016 – October 2017

Northern Human Services – Supportive Employment Specialist – Assist individuals with identifying interests/skills to explore employment options, assist with skill development, resume writing, accessing education/trade school, and developing interviewing skills. Collaborated with local employers for job development. Certificate in Supported Employment and Certified Career Advising Training Essentials.

Case Management – Assess global needs of individual consumer. Draft monitor and adjust treatment plans to specific consumer needs and assessments. Advocate, collaborate, refer, connect and assist consumers with accessing community based resources to facilitate needs and interests. Member of Assertive Community Action Team (ACT) exceeding state criteria at time. ANSA and IMR certification and addiction recovery training.

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August 2011 – June 2016 Private care- Case Management – Provided individual case management for two individual consumers. One with life long history of mental illness and the other with brain injury resulting in physical impairment. Managed schedules, facilitated collaboration and treatment discussions and implementations. Supervised and assisted with daily living tasks. Formulated and implemented behavior modification with appropriate interventions: improving both physical and mental health as well as social interactions. Provided transportation for appointments, weekly gym training, and various outings in the community. Coordinated care with other providers as well as ongoing communication with family, related to care, progress, and concerns.

June 2009 – July 2011

Saco River Medical Group – Medical Secretary – data entry, billing, coding, managed incoming/outgoing calls with multiple lines, scheduling for multiple providers involving a variety of specialties, balanced daily ledger and prepared bank deposits.

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Erin White

[redacted]

Address [redacted]

Profile

Objective To secure a permanent position within your company that provides training and job advancement. This will enable me to gain further experience, knowledge and become a successful team member in your organization.

Availability Monday-Friday 40 Hrs.

Key Skills

Customer Service Skills, Attention to detail, Registered Pharmacy Technician, Medical Coding and Billing, Medical Transcription, CHW Training, Recovery Support Worker Training

Education

Ashworth High School Norcross, Georgia High school diploma
Ashworth College Medical Coding and Billing, Medical Transcription

Work Experience

Rite-Aid pharmacy (Pharmacy Technician) 2012-2018
White Mtn Comm. Health Ctr. 2018 to present (Medical Billing 2018-2020) Front Desk, CHW 2020-2023, 12/2023 to current Certified Recovery Support Worker 12/23/2024 to current, Certified Community Health Worker 4/8/2025 to current.

Activities and Interests

Internet [redacted]

I also enjoy spending time with my family, making jewelry, and making crafts.

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[redacted]

Lauren Bahre

SKILLS

Ability to adapt to and operate a wide array of computer platforms to manage customer service experience of guests. Well versed

In handling sensitive customer data and solving complex service issues with customers through a variety of means, be it email.

phone, or in person. Skilled in time management and adherence to company policies. Adept at creating reservations and handling customer service issues in a fast paced environment using a variety of platforms. Customer focused in fast paced changing environments.

EXPERIENCE

Debony Salon, Jackson N.H

Front desk receptionist

January 2022-June 2022

- Accountable for all register transactions and opening, closing and balancing cash drawer daily.
- Responsible for all aspects of client bookings, appointment reminders, rescheduling and all customer service issues.
- Required to multi task efficiently to support fellow staff and work together to solve customer service complaints.

Bagels Plus, North Conway N.H

Baker and Counter Worker.

June 2021-January 2022

- Responsible for arriving and baking all orders and bagels for the foods and efficiently including preparations for the following day and clean up,
- Work any station in front of house. including cash register. runner. and cooking and preparing food.
- Responsible for correctly preparing daily deposits for cash and securing other assets.

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- Perform all work tasks accurately, quickly and efficient to ensure best customer experience.

REI Co-op, North Conway N.H

Sales Lead and Key Holder

August 2019 - Present

- Responsible for overseeing employees daily tasks in order to ensure smooth operations flow in all departments
- Act as Manager on Duty when needed.
- Perform various managerial duties ensuring proper opening and closing procedures are followed
- Interact with a wide variety of guests to ensure satisfactory customer service experience in all business aspects.

Cranmore Ski Resort, North Conway N.H.

Lead Ticket Seller

December 2018- March 2019

- Primary duty was to create phone reservations for guests day to day.
- Open or close computer and registers as well as perform nightly banking duties.
- Handle a large influx of customers at one time checking in for reservations.
- Operate multiple computer programs to solve customer service complaints and manage reservations across multiple platforms for multiple services.

Designed Gardens, North Conway N.H.

Garden Manager

April 2013- August 2019

- Responsible for time management of employees and dispersing daily tasks.
- Coordinate with the company owner to satisfy all client needs in a timely manner.
- Organize, distribute and manage all products, often serving as purchaser for plant materials.
- Manager of installations and general maintenance accounts for multiple clients per day.
- Responsible for working with vendors to secure highest quality plants and materials for varying job sites.

Starbucks, North Conway N.H.–

Barista

November 2015 - April 2017

- Possess full knowledge of menu items and craft beverages efficiently and correctly.
- Assist fellow employees in meeting customer service needs.

EDUCATION

Fryeburg Academy, Fryeburg Maine

2000-2004

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ACHIEVEMENTS

Promoted to Key Holder with requirement of performing Manager On Duty role as needed. Nominated for national REI award. Anderson Award.

Promoted to Garden Manager to help successfully run a thriving landscape business, including booking appointments with potential clients, managing invoices and working through customer service relations.

Promoted to Keyholder and primary baker for Bagels and Beyond, West Yarmouth, MA. Responsible for organization and baking for wholesale bagel deliveries, responsible for all opening and closing procedures.

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Deborah Eastman

[redacted]

Work Experience

Receptionist
White Mountain Endodontics - North Conway, NH
June 2020 to December 2020

Answer phones - schedule patients - billing - insurance claims - no software used at this office.

Office Administrator/Receptionist
Dr. George Ryan DDS / Conway Village Dental - Conway, NH
January 1995 to March 2020

Open & close office - Schedule & confirm patients - greet & welcome patients - billing - file insurance claims - mail - process payments - maintain the waiting room - worked with office manager to coordinate monthly meetings - Software Open Dental & Dentrix

Loan Servicing Specialist
First NH Bank - North Conway, NH
June 1988 to September 1993

Responsible for proper and accurate processing of loans, verified credit histories, prepared and updated files.
Servicing duties included computer input, filing processing loan payments. Deposit functions - bookkeeping, reconciling checking accounts.
Career Highlights - worked on team to convert entire banking system from existing obsolete equipment to "State of the Art" technology. Directed and implemented training for entire lending region on all computer applications relating to ongoing Systematics computer conversion. Source of continuing knowledge in all aspects of operational banking functions including commercial and retail transactions.

Education

Bachelor's in Science
College for Lifelong Learning University of NH - Conway, NH
June 1992 to June 1999

Associate in Art Studies
College for Lifelong Learning University of NH - Conway, NH
December 1990 to June 1995

Independent Home Study in Professional Secretarial Training
The Hart School for Professional Secretaries - Pompano Beach, FL
February 1989

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Independent Home Study in Bookkeeping and Accounting

No. American School of Bookkeeping and accounting - Scranton, PA
October 1986

Skills

- Dental Receptionist
- Insurance Verification
- Dentrix (8 years)
- Open Dental (3 years) Assessments Spreadsheets with Microsoft Excel -- Proficient January 2021 Knowledge of various Microsoft Excel features, functions, and formulas Full results: Proficient Administrative assistant/receptionist -- Highly Proficient January 2021 Using basic scheduling and organizational skills in an office setting Full results: Highly Proficient Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.
- Word
- Excel
- phone skills

Assessments

Scheduling — Highly Proficient

January 2021

Cross-referencing agendas and itineraries to avoid scheduling conflicts
Full results: Highly Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

Groups

Volunteer

1986 to 1993

Girl Scouts of the USA, Swift Water Council

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Erika Lundstedt

[redacted]

EXPERIENCE

Appldore Primary Care, Rochester, NH —*MA*
November 2024 -December 2024
Externship

SAU 45, Moultonborough, NH —*Teacher*
August 2016 - PRESENT
Middle Level Math and Social Studies teacher. Grades 5, 6, 7 and 8

SAU 9, Conway, NH — *Teacher*
August 2014 - June 2016
Middle Level Math teacher. Grades 7 and 8

Middletown Public Schools, Middletown, CT — *Teacher*
August 2009 - June 2014
Middle Level Math teacher. Grade 8

EDUCATION

Great Bay Community College, Portsmouth NH-*CMA*
September 2024- December 2024

Concordia University, Portland. OR— *MAT*
July 1998 - May 1999
Middle Level Education

Linfield College, McMinnville OR — *BA*
September 1989 - January 1994
American History

Linfield College, McMinnville, OR— *BA*
September 1989 - January 1994
Finance

SKILLS

Leadership

Administration

Communication

Collaboration

Creative

Attention to detail

Team player

Team building

Resourceful

Motivational

Organizational

Ability to keep people interested and engaged

Ability to manage multiple complex projects

Decision making

Time Management

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Julie Everett Hill, BSN RN

[redacted]
NH Nursing License #057841-21 (Compact State)

Profile

Registered Nurse with over 17 years of professional nursing experience, the last 9 years of which have been in a senior leadership role in a community health center. I am currently pursuing a graduate degree as a Psychiatric Mental Health Nurse Practitioner at the University of New Hampshire. I am passionate about equitable access to quality, affordable healthcare and am excited use my skill sets as a nurse leader and coach to create a unique integrated model of mental healthcare delivery in the primary care setting.

Experience

White Mountain Community Health Center, Conway, NH (March 2009-Present)

December 2014-Present: Director of Operations

- Ensure compliance of programs, including Primary Care, Family Planning, Maternal Child Health.
- Preparation and evaluation of clinical quality data reports for quality improvement (QI) activities for HRSA UDS, State of NH, and other grant reporting.
- Analyze and recommend changes to organizational systems and procedures; assists with developing and implementing organizational policies and procedures and ensures compliance.
- Collaborate with finance director in budget preparation to ensure appropriate use of resources.
- Represent the health center publicly at forums and events.
- Oversight of the implementation of two electronic health record (EHR) systems. Provide ongoing customization of the EHR and practice management system ensuring accurate documentation of patient care and collection of data for program reporting needs, and to facilitate efficient staff workflow across the agency.
- Maintained essential operations of health center during the early stages of the COVID-19 pandemic; implemented telehealth, performed all COVID-19 related triage, contact tracing, test coordination, and oversaw COVID-19 vaccine program implementation.

2011 to 2014: Director of Clinical Services

- Provided direct patient care alongside pediatric APRN.
- Coordinated Maternal Child Health, Primary Care, and Family Planning programs
- Administered Breast and Cervical Cancer Screening program for indigent women
- Supervised all clinical staff, and assured adequate clinical staffing needs were met
- Vaccine manager for VFC and adult immunization programs
- Performed chart audits for clinical quality performance measures.

2009-2011: Registered Nurse- Primary Care Office

Triage, physical assessment, medication reconciliation, coordination of patient care with internal and external resources for patients across the lifespan. Specialty interest included asthma education and behavioral health.

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Memorial Hospital, North Conway, NH

June 2007-June 2010: Registered Nurse- Med/Surg

Medical Surgical nursing care of a broad range of patients from pediatric to geriatric. Roles included assessment of care of acutely ill patients with medical, surgical and/or orthopedic diagnoses. Patient education, care planning, complete patient assessment and accurate documentation in EMR were integral parts of this position.

Education

- PMHNP Graduate Student, University of New Hampshire; August 2023-present. Expected graduation date 12/2025.
- Bachelor of Science in Nursing, Western Governors University; May, 2022.
- Saint Anselm College; Advanced Nursing Leadership Program: 2013
- NHCTC, Berlin, NH: Associates Degree in Science, Nursing; May 17, 2007, Phi Theta Kappa Honor Society
- University of Southern Maine: 1992-1993, English Major

Certifications and relevant continuing education:

- National LGBTQIA+ Health Education Center Foundations of LGBTQIA+ Health 1 & 2 for Clinicians; July, 2023
- IHI Certificate in Quality Improvement; April, 2022
- Palliative Care Certificate; September 2021
- CrossFit Level 2; May 2021
- GGS Pre and Postnatal Coaching Certificate; February 2021
- Precision Nutrition Level 1; September 2018
- Advanced Motivational Interviewing: Health Education and Training Institute, Portland ME November 2018
- North Country Health Consortium Public Health Training Center: Community Health Assessment and Improvement Modules 1-4, 2013
- Yellow Belt- LEAN Systems Training for Quality Improvement: September 2013
- Current BLS
- Asthma Educators Institute 2010

Notable Professional Appearances

- Presenter at the NH Governor's Summit on Substance Misuse; May 10, 2016 Boots on the Ground: Working Together for Maximum Impact Panel presentation by healthcare, law enforcement, substance use disorder treatment, and the community discussing "initiatives to address substance misuse in Carroll County and how working across community sectors has the potential to have greater impact in reducing substance misuse." Over 800 attendees at the conference, 80-100 attending this breakout session.
- Presenter at the 3rd annual SBIRT Summit, sponsored by the NH Charitable Foundation; October 17, 2016 Implementation of SBIRT in the Community Health Center Setting

Community

- March 2020-Present: SAU9 School Health Advisory Council and Youth Behavioral Health Advisory Council, a collaborative council for planning, implementing, and assessing strategies to respond to behavioral health needs of students in our school district.
- Mount Washington Valley Toastmasters #3596556: Past president, Charter member
- January 2021-Present: Coach, Co-Owner Hive Community Fitness, Madison NH

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- September 2016-September 2020: CrossFit Coach. Coached four CrossFit group fitness classes per week. Responsible for onboarding new members via 1:1 personal training sessions. Provided individual habit-based nutrition coaching to clients in 1:1 and group settings. Responsible for coordinating large events. USA Weightlifting L1 Coach. SafeSport Certified.

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Lichen Jennings Rancourt

PROFILE
In the course of a long career in public libraries, I find the organization of non-profit finances the most enjoyable and rewarding part of the job. I would like to apply the bookkeeping and budgeting skills I have learned more directly in a new industry.

EDUCATION
Syracuse University, School of Information Studies, Syracuse, NY — Master of Library and Information Science with an advanced certificate in Digital Libraries, 2006
University of NH, Durham, NH — BA-English, 2000
High Mowing School, Wilton, NH — Valedictorian, 1995

EXPERIENCE

Finance Director, White Mountain Community Health Center — March 2024-Current
Manage all aspects of finances, recordkeeping, bookkeeping, and banking. Oversee billing department.

Finance Manager, White Mountain Community Health Center — January 2023-March 2024
Manage all aspects of finances, recordkeeping, bookkeeping, and banking.

Library Director, Jackson Public Library; Jackson, NH — 2014-2023
Oversee all aspects of running a small, rural public library. Recommend annual budget and track spending daily to operate within its parameters. Obtain funding through grant writing and other income sources. Pay all bills and assign expenses to their budgetary categories. Interpret, correct, and analyze financial reports.

Darcie's Bookkeeping Service; Manchester, NH — Bookkeeper
Work with Quickbooks and other office and financial tools to organize client data, reconcile bank statements with records, apply appropriate categories and budgets. Create reports for accountants and businesses.

Board Treasurer (volunteer), Lilliputian Montessori School, North Conway, NH — 2014-2016
Kept books on all finances. Initiated a budgeting process. Recommended structural and operational changes in pursuit of budgeting goals and organization solvency. Issued tuition invoices and collected payments.

Head of Information & Technology, Manchester City Library; Manchester, NH — 2010-2011
Supervised ten information department staff. Set department service priorities. Conducted staff training. Maintained all equipment and services including income generated at the information service desk via printing services. Supervised ten Information department employees.

Head of Technology, Manchester City Library; Manchester, NH — 2007-2010
Responsible for all technology including evaluating and implementing new equipment, website maintenance, training on current and new technologies, maintenance of city and library network, collection development, programming, outreach, and supervision of staff.

Information Technologist II, University of NH Library; Durham, NH — 2004-2007
Responsible for Library web presence, including approximately 1500 pages of content of varying complexity from 11 organizational units. Identified user needs to generate appropriate content. Collaborated with library faculty and staff on departmental sites and auxiliary projects.

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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: **White Mountain Community Health Center**

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Josephine Lamb	Medical Director	$ 10,567.02	$ 135,200.00
Krystal Brown	Clinical Coordinator	$ 9,231.35	$ 49,212.80
Cheryl Frankowski	Care Coordinator	$ 18,703.63	$ 47,860.80
Erin White	Community Health Worker	$ 4,508.60	$ 43,264.00
Lauren Bahre	Front Office Coordinator	$ 7,811.14	$ 41,641.60
Deborah Eastman	Practice Coordinator	$ 2,705.16	$ 51,916.80
Erika Lundstedt	Medical Assistant	$ 8,583.67	$ 45,760.00
Julie Hill	Director of Operations	$ 4,734.03	$ 90,854.40
Lichen Rancourt	Finance Director	$ 4,470.39	$ 85,794.80
		$ 71,315.00	**$ 591,505.20**