



Lori A. Weaver
Commissioner

Katja S. Fox
Director

ARC
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

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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 for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by increasing the total price limitation by \$7,616,156 from \$14,909,518 to \$22,525,674 and extending the completion dates from June 30, 2025 to June 30, 2027, effective upon Governor and Council approval. 69.75% Federal funds, 10.58% General funds, 19.67% Other funds (Governor's Commission)

The original contracts were approved by Governor and Council on October 13, 2021 (Items #30 and #38C), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
The Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$810,666	\$223,216	\$1,033,882
Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$2,421,661	\$1,051,749	\$3,473,410
Families in Transition (Formerly known as: FIT/NHNNH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$4,710,216	\$2,293,836	\$7,004,052
Grafton County New Hampshire (North Haverhill, NH)	177397-B003	Statewide	\$1,314,325	\$959,292	\$2,273,617
Hope on Haven Hill, Inc. (Somersworth, NH)	275119-B001	Statewide	\$2,961,584	\$1,534,372	\$4,495,956
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292-B001	Statewide	\$2,691,066	\$1,553,691	\$4,244,757
Total:			\$14,909,518	\$7,616,156	\$22,525,674

Funds are available in the following accounts for State Fiscal Year 2025 and are anticipated to be available in State Fiscal Years 2026 and 2027, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to exercise an available contract renewal option for the Contractors, listed above, to continue to provide substance use disorder treatment and recovery support services to people who are uninsured or underinsured.

The Department is revising the scope of work to streamline contract requirements; clarify language; and remove provisions that do not significantly benefit individuals with substance use disorders and have proven to be burdensome to providers, including on-site rapid HIV testing and redundant training requirements for licensed counselors. The revised scope of work includes a minimum number of treatment hours per week an individual must receive in each type of service; reporting requirements that provide transparency; and a requirement to measure individuals' withdrawal symptoms using standardized withdrawal scales. New guidelines, developed by the Substance Abuse and Mental Health Services Administration for inpatient withdrawal services, were also added. These guidelines require that treatment providers offer individuals who are diagnosed with an opioid use disorder and are being discharged from inpatient withdrawal services, medication to treat their opioid use disorder, to prevent overdose.

Approximately 700 individuals who are uninsured or under insured will be served, across all contracts, through State Fiscal Year 2026.

The Contractors will continue providing a comprehensive array of treatment services that are accessible statewide, ensuring individuals with a substance use disorder receive the appropriate type of treatment and support, and have access to continued and expanded levels of care. Services include individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, high and low intensity residential treatment services, specialized residential services for pregnant and parenting individuals, and integrated medications for substance use disorders.

The Department will continue monitoring services through monthly, quarterly, and annual reporting, and through audits of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services' funded providers examines all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse;
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria;
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity; and
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original Agreements, the parties have the option to extend the agreements for up to four (4) additional

years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for two (2) years of the remaining two (2) years and three (3) months available.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder treatment and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual's health and ability to attain and sustain recovery and also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, incarceration, and overdose.

Source of Federal Funds: Substance Use Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464, T1084659, T1083955, T1085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759, T1087843 and TBD.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

CC of Nashua/Greater Nashua Mental
Health

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	92058501	\$99,174	\$0	\$99,174
2024	074-500589	Welfare Assistance	92058501	\$73,564	\$0	\$73,564
2025	074-500589	Grants for Public Asst & Relief	92058501	\$58,343	\$8,016	\$66,359
2026	102-500731	Contracts for Program Svs	92058501	\$0	\$39,193	\$39,193
2027	102-500731	Contracts for Program Svs	92058501	\$0	\$39,193	\$39,193
Sub-total				\$259,225	\$86,402	\$345,627

Dismas Home 290061-B001

PO 1083177

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	92058501	\$344,159	\$0	\$344,159
2024	074-500589	Welfare Assistance	92058501	\$56,838	\$0	\$56,838
2025	074-500589	Grants for Public Asst & Relief	92058501	\$57,143	\$28,009	\$85,152
2026	102-500731	Contracts for Program Svs	92058501	\$0	\$10,927	\$10,927
2027	102-500731	Contracts for Program Svs	92058501	\$0	\$10,927	\$10,927
Sub-total				\$594,934	\$49,863	\$644,797

Families in Transition 157730-B001

PO 1083185

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	92058501	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	92058501	\$80,676	\$0	\$80,676
2025	074-500589	Grants for Public Asst & Relief	92058501	\$90,173	\$43,836	\$134,009
2026	102-500731	Contracts for Program Svs	92058501	\$0	\$209,575	\$209,575
2027	102-500731	Contracts for Program Svs	92058501	\$0	\$209,575	\$209,575
Sub-total				\$676,246	\$462,986	\$1,139,232

Grafton Cty 177397-B003

PO 1088987

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	92058501	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	92058501	\$131,058	\$0	\$131,058
2025	074-500589	Grants for Public Asst & Relief	92058501	\$154,974	\$21,292	\$176,266
2026	102-500731	Contracts for Program Svs	92058501	\$0	\$170,830	\$170,830
2027	102-500731	Contracts for Program Svs	92058501	\$0	\$170,830	\$170,830
Sub-total				\$420,059	\$362,952	\$783,011

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	92058501	\$332,570	\$0	\$332,570

2024	074-500589	Welfare Assistance	92058501	\$193,333	\$0	\$193,333
2025	074-500589	Grants for Public Asst & Relief	92058501	\$243,158	\$34,372	\$277,530
2026	102-500731	Contracts for Program Svs	92058501	\$0	\$104,605	\$104,605
2027	102-500731	Contracts for Program Svs	92058501	\$0	\$104,605	\$104,605
Sub-total				\$911,963	\$243,582	\$1,155,545

Southeastern NH Alcohol & Drug Abuse Services

155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	92058501	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	92058501	\$150,218	\$0	\$150,218
2025	074-500589	Grants for Public Asst & Relief	92058501	\$190,029	\$33,691	\$223,720
2026	102-500731	Contracts for Program Svs	92058501	\$0	\$129,497	\$129,497
2027	102-500731	Contracts for Program Svs	92058501	\$0	\$129,497	\$129,497
Sub-total				\$410,409	\$292,685	\$703,094
SUB TOTAL GOV COMM				\$3,272,836	\$1,498,470	\$4,771,306

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

CC of Nashua/Greater Nashua Mental Health

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92057501	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	92057501	\$210,590	\$0	\$210,590
2024	074-500589	Welfare Assistance	92057501	\$156,690	\$0	\$156,690
2025	074-500589	Grants for Public Asst & Relief	92057501	\$124,514	\$0	\$124,514
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$45,491	\$45,491
2026	102-500731	Contracts for Program Svs	TBD	\$0	\$22,916	\$22,916
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$45,491	\$45,491
2027	102-500731	Contracts for Program Svs	TBD	\$0	\$22,916	\$22,916
Sub-total				\$551,441	\$136,814	\$688,255

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92057501	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	92057501	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	92057501	\$29,631	\$0	\$29,631
2025	074-500589	Grants for Public Asst & Relief	92056506	\$0	\$0	\$0
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$12,684	\$12,684
2026	102-500731	Contracts for Program Svs	TBD	\$0	\$6,389	\$6,389
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$12,684	\$12,684
2027	102-500731	Contracts for Program Svs	TBD	\$0	\$6,389	\$6,389
Sub-total				\$254,182	\$38,146	\$292,328

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	92057501	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	92057501	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	92057501	\$230,219	\$0	\$230,219
2025	074-500589	Grants for Public Asst & Relief	92057501	\$82,684	\$0	\$82,684
2025	074-500589	Grants for Public Asst & Relief	92056506	\$0	\$0	\$0
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$243,254	\$243,254
2026	102-500731	Contracts for Program Svs	TBD	\$0	\$122,541	\$122,541
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$243,254	\$243,254
2027	102-500731	Contracts for Program Svs	TBD	\$0	\$122,541	\$122,541
Sub-total				\$1,641,460	\$731,590	\$2,373,050

Grafton City

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92057501	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	92057501	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	92057501	\$279,479	\$0	\$279,479
2025	074-500589	Grants for Public Asst & Relief	92057501	\$330,740	\$0	\$330,740
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$198,283	\$198,283
2026	102-500731	Contracts for Program Svs	TBD	\$0	\$99,887	\$99,887
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$198,283	\$198,283
2027	102-500731	Contracts for Program Svs	TBD	\$0	\$99,887	\$99,887
Sub-total				\$894,266	\$596,340	\$1,490,606

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92057501	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	92057501	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	92057501	\$96,890	\$0	\$96,890
2025	074-500589	Grants for Public Asst & Relief	92057501	\$98,202	\$0	\$98,202
2025	074-500589	Grants for Public Asst & Relief	92056506	\$0	\$0	\$0
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$121,414	\$121,414
2026	102-500731	Contracts for Program Svs	TBD	\$0	\$61,164	\$61,164
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$121,414	\$121,414
2027	102-500731	Contracts for Program Svs	TBD	\$0	\$61,164	\$61,164
Sub-total				\$408,025	\$365,156	\$773,181

Southeastern NH Alcohol & Drug Abuse Services

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92057501	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	92057501	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	92057501	\$187,852	\$0	\$187,852
2025	074-500589	Grants for Public Asst & Relief	92057501	\$228,721	\$0	\$228,721
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$150,307	\$150,307
2026	102-500731	Contracts for Program Svs	TBD	\$0	\$75,718	\$75,718
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$150,307	\$150,307
2027	102-500731	Contracts for Program Svs	TBD	\$0	\$75,718	\$75,718

Sub-total			\$565,270	\$452,050	\$1,017,320
SUB TOTAL CLINICAL			\$4,314,644	\$2,320,096	\$6,634,740

**05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)**

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	TBD	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	TBD	\$277,200	\$0	\$277,200
2024	074-500589	Welfare Assistance	TBD	\$506,348	\$0	\$506,348
2025	074-500589	Grants for Public Asst & Relief	TBD	\$581,797	\$0	\$581,797
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$120,467	\$120,467
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$361,403	\$361,403
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$120,467	\$120,467
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$361,403	\$361,403
Sub-total				\$1,572,545	\$963,740	\$2,536,285

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	TBD	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	TBD	\$420,381	\$0	\$420,381
2024	074-500589	Welfare Assistance	TBD	\$712,086	\$0	\$712,086
2025	074-500589	Grants for Public Asst & Relief	TBD	\$827,143	\$0	\$827,143
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$137,407	\$137,407
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$412,223	\$412,223
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$137,407	\$137,407
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$412,223	\$412,223
Sub-total				\$2,392,510	\$1,099,260	\$3,491,770

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	TBD	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	TBD	\$433,400	\$0	\$433,400
2024	074-500589	Welfare Assistance	TBD	\$439,855	\$0	\$439,855
2025	074-500589	Grants for Public Asst & Relief	TBD	\$442,741	\$0	\$442,741
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$115,704	\$115,704
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$347,113	\$347,113
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$115,704	\$115,704
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$347,113	\$347,113
Sub-total				\$1,641,596	\$925,634	\$2,567,230

**Southeastern NH Alcohol & Drug Abuse
Services**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	TBD	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	TBD	\$551,600	\$0	\$551,600
2024	074-500589	Welfare Assistance	TBD	\$399,566	\$0	\$399,566
2025	074-500589	Grants for Public Asst & Relief	TBD	\$349,821	\$0	\$349,821

2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$101,120	\$101,120
2026	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$303,358	\$303,358
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$101,120	\$101,120
2027	074-500589	Grants for Public Asst & Relief	TBD	\$0	\$303,358	\$303,358
Sub-total				\$1,715,387	\$808,956	\$2,524,343
SUB TOTAL SOR				\$7,322,038	\$3,797,590	\$11,119,628
Grand Total All				<u>\$14,909,518</u>	<u>\$7,616,156</u>	<u>\$22,525,674</u>

**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Community Council of Nashua, N.H., d/b/a Greater Nashua Mental Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021 (Item #38C), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,033,882
3. Modify Exhibit B, Scope of Services – Amendment #2, by replacing it in its entirety with Exhibit B – Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Operational Requirements – Amendment #1, by replacing it in its entirety with Exhibit B-1, Operational Requirements – Amendment #4, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 44.00%, Federal funds from the Substance Use Prevention and Treatment Block Grant, as awarded by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.959, on:
 - 1.1.1. October 1, 2020, FAIN TI083464.
 - 1.1.2. October 1, 2021, FAIN TI084659.
 - 1.1.3. February 15, 2023, FAIN TI085821.
 - 1.1.4. February 20, 2024, FAIN B08T1087053.
 - 1.1.5. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.2. 22.57% General Funds
 - 1.3. 33.43% Other Funds (Governor's Commission)
6. Modify Exhibit C, Payment Terms, Amendment #1, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as

specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-10, SUD Treatment Services Budget, Amendment #4. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting. The Contractor shall:

- 3.1. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-10, SUD Treatment Services Budget, Amendment #4 is received from the Department prior to submitting invoices for payment; and
 - 3.2. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
7. Modify Exhibit C, Amendment #1, Payment Terms, Section 5 to read:
5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days after Governor and Executive Council approval, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-7, SUD Treatment Services Budget, Amendment # 4.
 - 5.1.2. Reserved.
8. Modify Exhibit C, Amendment #1, Payment Terms, Section 19, to read:
19. Audits
- 19.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 19.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
 - 19.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
 - 19.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 19.2. 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.
 - 19.2.1. 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.
 - 19.3. 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.
 - 19.4. 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.
 - 19.5. 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.

- 19.6. 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.
9. Add Exhibit C-9, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
10. Add Exhibit C-10, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

Initial
CW

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

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

State of New Hampshire
Department of Health and Human Services

3/7/2025

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

The Community Council of Nashua, N.H.
d/b/a Greater Nashua Mental Health

3/6/2025

Date

Signed by:

Cynthia L Whitaker, PsyD

Name: Cynthia L Whitaker, PsyD

Title: President and CEO

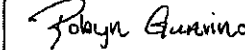
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

3/7/2025

Date

DocuSigned by:



748734841044160

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B**

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide Substance Use Disorder (SUD) treatment and recovery support services that:
 - 1.1.1. Assist individuals with:
 - 1.1.1.1. Stopping or reducing substance misuse;
 - 1.1.1.2. Improving social functioning, and physical and mental health; and
 - 1.1.1.3. Reducing risk for recurrence of substance misuse;
 - 1.1.2. Focus on strengths and resilience of individuals and families;
 - 1.1.3. Are culturally sensitive and relevant to individuals served;
 - 1.1.4. Promote person-centered and self-directed approaches to care; and
 - 1.1.5. Are trauma informed and designed to acknowledge the impact of violence and trauma on individuals' lives and the importance of addressing trauma in treatment.
- 1.2. The Contractor shall comply with all requirements in Exhibit B-1, Operational Requirements, Amendment #4, as applicable.
- 1.3. For the purposes of this Agreement, all references to:
 - 1.3.1. Business days shall mean Monday through Friday and excluding state and federal holidays.
 - 1.3.2. Calendar days or days shall mean Monday through Sunday, including state and federal holidays.
 - 1.3.3. Business hours shall mean Monday through Friday from 8:00 AM to 5:00 PM, excluding state and federal holidays.

2. Population Served

- 2.1. The Contractor shall ensure services are provided to individuals who:
 - 2.1.1. Are age 12 years or older, or under age 12 with signed consent from a parent or legal guardian;
 - 2.1.2. Have been diagnosed by:
 - 2.1.2.1. A professional licensed by the state of NH acting within the scope of their license or
 - 2.1.2.2. An unlicensed counselor who:
 - 2.1.2.2.1. Is working toward licensure and is in, at least, the second year of an accredited graduate clinical program;
 - 2.1.2.2.2. Is serving in a clinical internship with the Contractor for services provided within this Agreement;

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- 2.1.2.2.3. Is under the supervision of a professional licensed by the state of NH, who is acting within the scope of their license, to act as a supervisor of an unlicensed individual; and
- 2.1.2.2.4. Has completed the required coursework for licensure, as required by:
 - 2.1.2.2.4.1. NH Board of Alcohol and Other Drug Use Providers;
 - 2.1.2.2.4.2. NH Board of Mental Health Practice; or
 - 2.1.2.2.4.3. NH Board of Psychology; and
- 2.1.3. Meet the American Society of Addiction Medicine Criteria published in October 2013 or later, (ASAM), for the services provided under this Agreement.
- 2.2. The Contractor shall provide services under this Agreement to individuals who are residents of, or unhoused in, NH; who meet the eligibility requirements identified above; and who are uninsured or whose insurance does not cover SUD treatment.
- 2.3. The Contractor may provide services to specialty populations, as determined by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:
 - 2.3.1. Pregnant and parenting individuals;
 - 2.3.2. Individuals with a history of injection drug use;
 - 2.3.3. Individuals with co-occurring substance use and mental health disorders;
 - 2.3.4. Individuals with, or at risk of tuberculosis;
 - 2.3.5. Individuals under the age of 18;
 - 2.3.6. Racial and ethnic minorities; and
 - 2.3.7. Individuals identifying as LGBTQI+.
- 2.4. The Contractor shall ensure consent for services is obtained from individuals receiving services aged 12 and older, or the parent or legal guardian of an individual receiving services who is under the age of 12, in accordance with NH RSA 318-B:12-a and 42 CFR Part 2, prior to providing services.
- 2.5. The Contractor shall ensure individuals under 18 years of age are not denied services due to:
 - 2.5.1. The parent's inability and/or unwillingness to pay the service fee(s); or
 - 2.5.2. The minor's decision to receive confidential services, pursuant to NH RSA 318-B:12-a.
- 2.6. The Contractor shall not deny services to individuals who:
 - 2.6.1. Receive medication for SUD (MSUD), from other service providers, including the individual's primary care provider;
 - 2.6.2. Have co-occurring mental health disorders; or

The Community Council of Nashua, NH
d/b/a Greater Nashua Mental Health

B-2.1

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- 2.6.3. Are taking prescribed medications, regardless of the class of medication.
- 2.7. The Contractor shall enroll eligible individuals in the following order of priority:
 - 2.7.1. Pregnant individuals who inject drugs;
 - 2.7.2. Pregnant individuals;
 - 2.7.2.1. If the Contractor is unable to admit a pregnant individual to the needed level of care within 24 hours, the Contractor shall:
 - 2.7.2.1.1. Assist the individual with identifying alternative providers and accessing services with these providers, which includes referrals for prenatal care and actively reaching out to identify providers on the behalf of the individual; and
 - 2.7.2.1.2. Provide interim services within 48 hours of the level of care determination until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider. The Contractor shall ensure interim services include:
 - 2.7.2.1.2.1. A minimum of one (1), 60-minute, individual or group outpatient session per week;
 - 2.7.2.1.2.2. Recovery support services, as appropriate; and
 - 2.7.2.1.2.3. Daily calls to the individual to assess and respond to any emergent needs.
 - 2.7.3. Individuals with dependent children;
 - 2.7.4. Individuals with a history of injection drug use;
 - 2.7.4.1. If the Contractor is unable to admit an individual with a history of injection drug use within 14 days of the individual applying for services, the Contractor shall provide and document interim services until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider; and
 - 2.7.5. Individuals who require priority admission at the request of the Department.
- 2.8. The Contractor shall report information related to priority populations to the Department, in a format approved by the Department, on a monthly basis.

3. Scope of Services

3.1. Clinical Services

- 3.1.1. The Contractor shall adhere to their organization's clinical care manual that includes policies and procedures related to all clinical services provided, including, but not limited to screening, assessment, progress notes, continuing care decisions, and discharge.

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- 3.1.2. The Contractor shall develop and implement written policies and procedures governing its operation and all services provided through this Agreement.
- 3.1.3. The Contractor shall ensure staff are trained on all policies and procedures, which are reviewed and revised annually.
- 3.1.4. The Contractor shall provide the following SUD treatment services to eligible individuals, based on the ASAM 2013 criteria. If using ASAM 2023 criteria, the Contractor must follow guidance outlined by ASAM 2023 for the equivalent levels of care:
 - 3.1.4.1. **Individual Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.2. **Group Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.3. **Intensive Outpatient Treatment** as defined as ASAM Level 2.1, which includes nine (9) to 19 clinical service hours per week.
 - 3.1.4.4. **Integrated Medication Assisted Treatment Services** that provide for medication, prescription, and monitoring treatment for any individual being treated for SUD with an FDA approved medication. Integrated Medication Assisted Treatment Services are not defined by ASAM. The Contractor shall:
 - 3.1.4.4.1. Provide non-medical treatment services to individuals in conjunction with the medical services provided either directly by the Contractor or by an outside medical provider;
 - 3.1.4.4.2. Be responsible for coordination of care and meeting all requirements for the service provided; and
 - 3.1.4.4.3. Ensure services are integrated with other SUD treatment services and in accordance with federal guidelines.
 - 3.1.4.5. **Recovery Support Services**, provided in conjunction with a minimum of one (1) of the services identified above. The Contractor must ensure Recovery Support Services includes:
 - 3.1.4.5.1. **Intensive Case Management** in accordance with SAMHSA TIP 27: Comprehensive Case Management for Substance Abuse Treatment.
- 3.1.5. The Contractor shall ensure clinical services are provided separately for youth and adults, unless otherwise approved by the Department. The Contractor shall ensure:
 - 3.1.5.1. Youth and adults do not share the same residency space; and
 - 3.1.5.2. Communal spaces such as kitchens, group rooms, and recreation are used at separate times.

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3.2. Interim Services

- 3.2.1. The Contractor shall offer interim services to all individuals waiting for clinical services and ensure interim services include, but are not limited to:
- 3.2.1.1. Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
 - 3.2.1.2. Referral for HIV or TB treatment services, if necessary.
 - 3.2.1.3. Individual and/or group counseling on the effects of alcohol and other drug use.
 - 3.2.1.4. Relapse prevention and recovery support services.

3.3. Infectious Diseases

3.3.1. Human Immunodeficiency Virus

- 3.3.1.1. The Contractor shall conduct an HIV/AIDS screening upon an individual's admission to treatment. The Contractor shall ensure the screening includes:
- 3.3.1.1.1. The provision of information;
 - 3.3.1.1.2. Risk assessment; and
 - 3.3.1.1.3. Intervention and risk reduction education.

3.3.2. Tuberculosis

- 3.3.2.1. The Contractor shall directly, or through arrangements with other public or non-profit private entities, routinely make the following TB services available to each individual receiving SUD treatment services:
- 3.3.2.1.1. Counseling with respect to TB;
 - 3.3.2.1.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and
 - 3.3.2.1.3. Providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.
- 3.3.2.2. The Contractor shall refer individuals, who are denied admission to the program on the basis of lack of capacity, to other providers of TB services.
- 3.3.2.3. The Contractor shall implement infection control procedures consistent with procedures established by the Department to prevent the transmission of TB, which include:
- 3.3.2.3.1. Screening patients and identifying individuals who are at high risk of becoming infected;

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- 3.3.2.3.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2; and
 - 3.3.2.3.3. Providing case management to ensure individuals receive services.
 - 3.3.2.4. The Contractor shall report all individuals with active TB, as required by State law and in accordance with Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2.
- 3.4. Intake
- 3.4.1. The Contractor shall complete an intake screening for all individuals requesting services. The Contractor shall:
 - 3.4.1.1. Communicate directly with the individual within two (2) business days from the date the individual initially contacts the Contractor for services. The Contractor shall ensure communication includes contact that is:
 - 3.4.1.1.1. Face-to-face, in person;
 - 3.4.1.1.2. Face-to-face, virtually and/or electronically; or
 - 3.4.1.1.3. By telephone; and
 - 3.4.1.2. Complete an initial intake screening for the individual within two (2) business days from the date of the first direct contact, utilizing the Social Detox Screen within the Department-provided record system, or another social detox screening tool, as well as the ASAM Immediate Needs Profile, to determine the probability of the individual having a SUD and an estimate of the appropriate ASAM level of care.
 - 3.4.2. The Contractor shall document the results of the screening in Department-provided record system for the individuals receiving services through this Agreement.
 - 3.4.3. The Contractor shall assess income of each individual receiving services through this Agreement using the Fee Determination Form in Department-provided record system to determine the individual's cost share of service fees. The Contractor shall ensure:
 - 3.4.3.1. Individuals with an income of at least 139% of the federal poverty level are subject to a percentage of the cost share;
 - 3.4.3.2. Individuals with an income at or above 400% of the federal poverty guidelines are subject to the entire cost share;
 - 3.4.3.3. The income assessment is administered within two (2) business days from the date of initial contact for services and reassessed minimum of monthly thereafter; and

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3.4.3.4. Each income assessment and/or reassessment are signed by the individual and kept in the individual's record.

3.4.4. The Contractor shall ensure all attempts to contact the individual are documented in the individual's record or call log.

3.5. Clinical Evaluation

3.5.1. The Contractor shall use clinical evaluations, conducted and completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2; to make level of care determinations and to develop initial treatment plans. The Contractor shall ensure clinical evaluations include:

3.5.1.1. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5 TR) diagnostic information;

3.5.1.2. Complete biopsychosocial information; and

3.5.1.3. A recommendation for an ASAM level of care that is completed by the Contractor, or by a referring agency less than 30 days prior to the individual's admission to the Contractor's SUD treatment program.

3.5.2. The Contractor shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation are recorded in the individual's record within r three (3) sessions for any outpatient levels of care, whichever is later.

3.5.3. The Contractor shall complete a new clinical evaluation for the individual, prior to admission, if:

3.5.3.1. More than 30 days have passed since the referring provider completed the evaluation;

3.5.3.2. The evaluation was conducted and completed by someone other than a licensed counselor, or unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;

3.5.3.3. The evaluation did not include DSM 5 TR diagnostic information and a recommendation for a specific ASAM level of care; or

3.5.3.4. An individual presents for admission to services without a completed evaluation.

3.5.4. If the Contractor is unable to complete the evaluation prior to admission due to geographic or other barriers, the Contractor shall assist the individual with accessing an evaluation through their local NH The Doorways program (Doorway/s), or other appropriate provider.

3.5.5. The Contractor shall provide SUD treatment services at the appropriate ASAM level of care, as determined by the individual's clinical evaluation, unless:

3.5.5.1. The individual chooses to receive a service with a lower intensity ASAM level of care; or

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3.5.5.2. The service with the indicated ASAM level of care is unavailable at the time the level of care is determined; in which case the individual may choose:

3.5.5.2.1. A service with a lower intensity ASAM level of care;

3.5.5.2.2. To be placed on the waitlist until a service with the assessed ASAM level of care becomes available; or

3.5.5.2.3. To be referred to another agency in the individual's service area that provides service with the indicated ASAM level of care.

3.5.6. If the level of care recommended by the clinical evaluation is available, and the individual is admitted to a different level of care, the Contractor shall document the reasoning for the admittance in the individual's record.

3.6. Waitlists

3.6.1. The Contractor shall maintain a waitlist of all individuals waiting for SUD treatment services under this Agreement and shall follow the requirements in Exhibit B-1, Amendment #4, of this Agreement regarding waitlists.

3.6.2. The Contractor shall track the wait time for individuals to receive services from the date of initial contact to the date the individual first received SUD services, other than the evaluation described above.

3.6.3. The Contractor shall provide the following reports to the Department upon request:

3.6.3.1. The average wait time for all individuals, by the type of service and payer source for all services; and

3.6.3.2. The average wait time for priority populations, identified in Section 2.3, by the type of service and payer source for the services.

3.7. Assistance Enrolling in Insurance Programs

3.7.1. The Contractor shall assist individuals, and/or their parents or legal guardians, who are unable to secure the financial resources necessary for initial entry into a SUD treatment program, to obtain other potential sources of payment within 14 days of admission, including enrollment in public or private insurance.

3.7.2. The Contractor shall document assistance provided with securing financial resources, or the individuals' refusal of assistance, in the individual's service record.

3.7.3. The Contractor shall track the length of time taken to enroll pregnant individuals in Medicaid and shall report that information to the Department upon request.

3.8. Use of Evidence-Based Practices

3.8.1. The Contractor shall ensure all services in this Agreement are provided:

3.8.1.1. Using evidence-based practices; as demonstrated by ^{Initial} meeting 

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one of the following criteria:

- 3.8.1.1.1. The service is included as an evidence-based mental health and substance misuse intervention in the SAMHSA Evidence-Based Practices Resource Center;
- 3.8.1.1.2. The service is published in a peer-reviewed journal and has been found to have positive effects; or
- 3.8.1.1.3. The service is based on a theoretical perspective that has validated research; and
- 3.8.1.2. In accordance with:
 - 3.8.1.2.1. ASAM Criteria;
 - 3.8.1.2.2. SAMHSA Treatment Improvement Protocols; and
 - 3.8.1.2.3. SAMHSA Technical Assistance Publications.
- 3.8.2. The Contractor shall assess all individuals for risk of self-harm at all phases of treatment, including, initial contact; screening, intake, initial clinical evaluation/assessment, admission; and discharge.
- 3.8.3. The Contractor shall provide on-going assessments of mental health symptoms for individuals receiving services when and where clinically appropriate. The Contractor shall ensure mental health assessments are administered at the time of clinical evaluation/assessment and upon discharge, at a minimum.
- 3.8.4. The Contractor shall assess all individuals for withdrawal risk, when clinically appropriate, and at initial contact, screening, intake, initial clinical evaluation/assessment, and admission.

3.9. Treatment Planning

- 3.9.1. The Contractor shall ensure individualized treatment plans are completed for all individuals admitted for services, including transitional living services. The Contractor shall ensure all initial treatment plans:
 - 3.9.1.1. Are completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
 - 3.9.1.2. Are based on clinical evaluation data that addresses problems in all ASAM domains, justifying the individual's admittance to the current level of care;
 - 3.9.1.3. Are completed within three (3) sessions to any outpatient level of care;
 - 3.9.1.4. Identifies and documents:
 - 3.9.1.4.1. The individual's strengths and resources for achieving goals and objectives;

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- 3.9.1.4.2. Referrals to outside agencies for the purpose of achieving a specific goal or objective when the service cannot be provided through this Agreement;
- 3.9.1.5. Include:
 - 3.9.1.5.1. The individual's involvement in identifying, developing, and prioritizing goals, objectives, and action steps;
 - 3.9.1.5.2. Treatment plan goals, objectives, and action steps written in terms that are S.M.A.R.T., which are:
 - 3.9.1.5.2.1. Specific, clearly defining what shall be done;
 - 3.9.1.5.2.2. Measurable, including clear criteria for progress and completion;
 - 3.9.1.5.2.3. Attainable, within the individual's ability to achieve;
 - 3.9.1.5.2.4. Realistic, the resources are available to the individual; and
 - 3.9.1.5.2.5. Timely, something that needs to be completed within a stated period for completion that is reasonable;
- 3.9.1.6. Are signed by the individual and the counselor, agreeing to the treatment plan; or if applicable, documentation of the individual's refusal to sign the treatment plan; and
- 3.9.1.7. If the individual is receiving services via telehealth only, the individual's verbal agreement to the treatment plan is documented in the individual's service record.
- 3.9.2. The Contractor shall collaborate with the individual receiving services to review their treatment plan, at the following minimum intervals, as identified by ASAM:
 - 3.9.2.1. All ASAM Level 1 programs: Every six (6) clinical sessions or every six (6) weeks, whichever is less frequent;
 - 3.9.2.2. ASAM Level 2.1 programs: Every 14 days;
 - 3.9.2.3. ASAM Level 2.5, Level 3.5, and Level 3.7 programs: Every seven (7) days;
 - 3.9.2.4. ASAM Level 3.1: Every 30 days; and
 - 3.9.2.5. Transitional living services: Every 30 days.
- 3.9.3. The Contractor shall amend treatment plans for all ASAM levels of care, and transitional living services, when:
 - 3.9.3.1. Changes are made in any ASAM domain;

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- 3.9.3.2. Goals have been met and problems have been resolved; or
- 3.9.3.3. New goals and new problems have been identified.
- 3.9.4. The Contractor shall ensure treatment plan amendments for all ASAM levels of care and transitional living services, or the progress note associated with an amendment, include a justification for:
 - 3.9.4.1. Continued treatment at the current level of care;
 - 3.9.4.2. Transfer from one level of care to another within the same agency; or
 - 3.9.4.3. Discharge from treatment at the agency.
- 3.9.5. The Contractor shall ensure the justification includes a minimum of one (1) of the following three (3) ASAM Continuing Service Criteria for continuing services:
 - 3.9.5.1. Continuing Service Criteria A: The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue working toward treatment goals;
 - 3.9.5.2. Continuing Service Criteria B: The individual is not yet making progress but has the capacity to resolve their issues. The individual is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue working toward treatment goals; or
 - 3.9.5.3. Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care which the individual is receiving treatment is the least intensive level at which the individual's problems can be addressed effectively.
- 3.9.6. The Contractor shall ensure any treatment plan amendments are signed by the individual and the counselor, agreeing to the updates; or if applicable, documentation of the individual's refusal to sign the treatment plan; and if the individual is receiving services via telehealth only, documentation of the individual's verbal agreement to the treatment plan.
- 3.9.7. The Contractor shall track the individual's progress relative to specific goals and objectives in progress notes.

3.10. Coordination of Care

- 3.10.1. The Contractor shall utilize the Department's designated Closed Loop Referral system to connect individuals to health and social service providers, as appropriate.

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- 3.10.2. The Contractor shall ensure all coordination of care activities are compliant with state and federal laws and rules, including but not limited to NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2.
- 3.10.3. The Contractor shall refer individuals to, and coordinate the individual's care with, other providers and document the coordination, or individual's refusal of the coordination, in the individual's service record. The Contractor shall ensure referrals include:
 - 3.10.3.1. Primary care providers. If the individual does not have a primary care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.2. Behavioral health care providers when serving individuals with co-occurring substance use and mental health disorders. If the individual does not have a behavioral health care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.3. MSUD as clinically appropriate, including medications for alcohol use disorder (AUD). The Contractor shall track the percentage of individuals with a diagnosis of AUD who were offered a referral to MSUD, and report the percentage to the Department on a quarterly basis; and
 - 3.10.3.4. Peer recovery support providers. If the individual does not have a peer recovery support provider, or the Contractor does not provide peer support services, the Contractor shall make an appropriate referral to one and coordinate care with that provider.
- 3.10.4. The Contractor shall coordinate individual services with the Department's Doorway contractors, as appropriate, including:
 - 3.10.4.1. Ensuring timely admission of individuals to services;
 - 3.10.4.2. Completing initial clinical evaluations as needed; and
 - 3.10.4.3. Referring individuals to Doorway services when the Contractor cannot admit an individual for services within 48 hours.
- 3.10.5. The Contractor shall coordinate with the NH Ryan White CARE Program, for individuals identified as at risk of or with HIV/AIDS.
- 3.10.6. The Contractor shall coordinate with other social service agencies engaged with the individual, as applicable, which may include but are not limited to the NH Division for Children, Youth, and Families and Probation and Parole.
- 3.10.7. The Contractor shall clearly document when the individual refuses any referrals or care coordination in the individual's service record.
- 3.10.8. The Contractor shall not prohibit individuals from receiving services under this Agreement when an individual does not consent to information sharing.
- 3.10.9. The Contractor shall notify individuals who consent to information sharing that they have the ability to rescind the consent at any time without any

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impact on services provided under the awarded contract.

3.11. Transfer or Discharge

- 3.11.1. The Contractor shall identify the reason for transfer or discharge in the Program Enrollment section of the Department-provided record system, for each individual entered into the Department-provided record system, at the time of transfer or discharge from the program.
- 3.11.2. The Contractor shall ensure the counselor updates the ASAM assessment and amends the treatment plan when transferring an individual from one level of care to another within the same agency or when discharging the individual to another treatment provider.
- 3.11.3. The Contractor shall complete discharge summary when an individual is discharged from treatment at the contracted agency. The Contractor shall ensure the discharge summary addresses all ASAM domains, including the process of discharge planning at the time of the individual's intake to the program, and includes:
 - 3.11.3.1. Dates of admission and discharge.
 - 3.11.3.2. Reason for admission.
 - 3.11.3.3. The individual's psychosocial substance misuse history and legal history.
 - 3.11.3.4. A summary of the individual's progress toward treatment goals.
 - 3.11.3.5. The individual's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment.
 - 3.11.3.6. A summary of the individual's physical and mental health condition at the time of discharge.
 - 3.11.3.7. A continuing care plan, including all ASAM domains, with specific information regarding referrals or further treatment.
 - 3.11.3.8. The dated signature of the counselor completing the summary.
 - 3.11.3.9. At least one (1) of the following four (4) ASAM Transfer/Discharge Criteria and how the individual meets the requirement, including transitional living services:
 - 3.11.3.9.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated.
 - 3.11.3.9.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The

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patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated;

3.11.3.9.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit their ability to resolve their problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or

3.11.3.9.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care.

3.11.4. The Contractor shall ensure the discharge summary is completed no later than seven (7) days following an individual's discharge.

3.11.5. The Contractor shall discharge an individual from the Department-provided record system when they are no longer receiving services at the agency. The Contractor shall close the Episode in the Department-provided record system even if the individual is expected to return at a future date, including, after completing treatment at a different agency. The time frames for discharge from the Department-provided record system are as follows:

3.11.5.1. Individuals receiving outpatient services (individual outpatient, intensive outpatient, and partial hospitalization program), who have not received services in the past thirty (30) days shall be discharged by day 30. Upon the individual's return to treatment a new episode of care shall be started and all standard admission steps must be taken.

3.11.6. The Contractor shall ensure a new episode of care is started and all standard admission steps are completed for individuals returning for services after being discharged.

3.12. Individual and Group Education

3.12.1. The Contractor shall offer all individuals receiving services under this Agreement individual or group education on prevention, treatment, and nature of:

3.12.1.1. SUD;

3.12.1.2. Relapse prevention;

3.12.1.3. Hepatitis C Virus (HCV);

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- 3.12.1.4. HIV;
- 3.12.1.5. Sexually Transmitted Diseases (STDs);
- 3.12.1.6. Infectious diseases associated with injection drug use;
- 3.12.1.7. Individual and/or group counseling for individuals of childbearing age, regardless of gender, on the effects of alcohol and other drug use on a fetus; and
- 3.12.1.8. The relationship between nicotine use and substance use with other mental health disorders, if the individual uses nicotine.

3.12.2. The Contractor shall ensure that all individuals are screened at intake and discharge for tobacco use, treatment needs and referral to the NH QuitLine, as part of treatment planning.

3.12.3. The Contractor shall maintain an outline of each educational session provided.

3.13. Tobacco-Free Environment

3.13.1. The Contractor shall ensure all facilities where services under this Agreement are provided are nicotine-free environments by having policies and procedures that apply to all staff, individuals receiving services, and visitors, that include but are not limited to:

3.13.1.1. Prohibiting smoking of any nicotine product, the use of oral tobacco products or "spit" tobacco, and the use of electronic devices, including vaping devices;

3.13.1.2. Prohibiting the use of nicotine products within the Contractor's facilities at any time;

3.13.1.3. Prohibiting the use of nicotine in any Contractor-owned vehicle;

3.13.1.4. Whether or not the use of nicotine products is prohibited outside of the facility on the grounds. If use of nicotine products is allowed outside of the facility on the grounds, the Contractor shall ensure:

3.13.1.4.1. Designated smoking area(s) are located a minimum of 20 feet from the main entrance;

3.13.1.4.2. All materials used for smoking in the designated area, including cigarette butts and matches, are extinguished and disposed of in appropriate containers;

3.13.1.4.3. Periodic cleanup of the designated smoking area is scheduled and completed as scheduled and/or needed; and

3.13.1.4.4. If the designated smoking area is not properly maintained, it shall be eliminated at the discretion of the Contractor; and

3.13.1.5. Prohibiting nicotine use in personal vehicles when transporting

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individuals on authorized business.

- 3.13.2. The Contractor shall ensure the nicotine -free environment policy is included in employee, individual, and visitor orientations and posted in the Contractor's facilities and vehicles.
- 3.13.3. The Contractor shall not use nicotine use, in and of itself, as grounds for discharging individuals from the services being provided under this Contract.

4. Electronic Record System

- 4.1. The Contractor shall use the Department-provided electronic health record system (EHRS) to record contact with individuals within three (3) days, unless otherwise stated in the guidance document(s). The Contractor shall utilize the Department-provided EHRS to record all NH Bureau of Drug & Alcohol Services (BDAS) individual interactions, including:
 - 4.1.1. Determining individual eligibility;
 - 4.1.2. Reporting all data that is used to calculate and analyze National Outcome Measures; and
 - 4.1.3. Providing other information as required by the Department.
- 4.2. The Contractor shall provide the individual with the Department-provided EHRS information acknowledgement form and obtain the individual's signature on that form at the time of admission to treatment, prior to providing services.
- 4.3. The Contractor shall ensure information for individuals refusing to sign the information acknowledgement is not entered into the EHRS and the Contractor shall contact the Department to establish alternative reporting and billing procedures.
- 4.4. The Contractor shall ensure services are provided to individuals who refuse to sign the information acknowledgement, despite not being able to enter that individual into the state provided EHRS. The Contractor shall:
 - 4.4.1. Establish a policy to document individual activity elsewhere;
 - 4.4.2. Obtain Department approval of the established policy;
 - 4.4.3. Notify the Department of each individual's refusal; and
 - 4.4.4. Ensure the Department has access to records as requested.
- 4.5. The Contractor shall ensure the Department-provided EHRS is only used for individuals who are in a program that is funded by, or under the oversight of, the Department. The Contractor may use Department-provided EHRS to enter information for services not covered by this Agreement. Training may be provided by the contracted agency, with prior approval of the content by the Department, if the following conditions apply:
 - 4.5.1. The Department has approved the Contractors' use of the Department-provided EHRS for this purpose;
 - 4.5.2. The Contractor utilized the state provided EHRS for this purpose; and

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- 4.5.3. The Contractor does not have an alternative EHRS available for use.
- 4.6. The Contractor shall cease using the Department-provided EHRS for services not covered by this Agreement no later than 6/30/2027 and shall thereafter use a separate EHRS.
- 4.7. The Contractor shall cease utilizing the Department-provided EHRS if an individual obtains funding from another source while in treatment, unless otherwise approved by the Department. Individuals who are in a program that is funded by or under the oversight of the Department include:
- 4.7.1. Individuals receiving Department-funded SUD treatment services,
- 4.7.2. Individuals receiving services from Impaired Driver Care Management Programs; and
- 4.7.3. Individuals receiving services from Impaired Driver Service Providers, regardless of funding source.
- 4.8. The Contractor may use their own EHRS, in addition to the Department-provided EHRS, to record and track other data not collected in the state provided EHRS, only if the Department is allowed access to the electronic health records (EHR) upon request, for services provided under this Agreement.
- 4.9. The Contractor shall record that an individual has been discharged when the individual has completed a treatment episode in the state provided EHRS.
- 4.10. The Contractor shall follow all the instructions and requirements in the most current user guide for the EHRS, as provided by the Department.
- 4.11. The Contractor shall agree to and follow the Information Security Requirements in Exhibit K.

5. Telehealth

- 5.1. The Contractor may deliver outpatient services via telehealth through secure telecommunication technology, when clinically appropriate and within the Contractor's scopes of practice, as allowed by federal and state law, and as documented in the individual's treatment plan. The Contractor acknowledges and agrees that:
- 5.1.1. Telehealth services may be rendered from a remote site, other than the Contractor's facility, or a remote site, approved by the Contractor;
- 5.1.2. Confidentiality and privacy protections apply to all telehealth services, under the same laws that protect the confidentiality of in-person services; and
- 5.1.3. The use of public facing applications, such as Facebook Live, Twitch, TikTok, or other similar video communication applications, is prohibited.
- 5.2. The Contractor shall ensure telehealth complies with all security and privacy components identified in Exhibit K, DHHS Information Security Requirements. The Contractor shall ensure:
- 5.2.1. An individual's appropriate informed consent to using the telecommunication technology is received and kept on file;
- 5.2.2. A provider is present with the individual(s) during the ^{Initial} use of

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telecommunication technology;

- 5.2.3. Only authorized users have access to any individually identifiable personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Part 2 records as defined in 42 CFR Part 2 or electronic PHI (ePHI) that is shared or available through the telecommunication technology;
 - 5.2.4. Secure end-to-end communication of data is implemented, including all communication of ePHI remaining in the United States; and
 - 5.2.5. A system of monitoring the communications containing ePHI is implemented to prevent accidental or malicious breaches.
- 5.3. The Contractor shall adhere to all relevant state and federal regulations regarding telehealth not identified in the contract, including regulations regarding face-to-face services.

6. Staffing

- 6.1. The Contractor shall meet the following minimum staffing requirements, or request a waiver to the requirements, to provide the scope of work in this Agreement. Staffing levels must include:
- 6.1.1. A minimum of one (1) licensed supervisor, as identified in Section 2.1.2;
 - 6.1.2. Staffing ratios for the following:
 - 6.1.2.1. Individual Counseling: The ratio of individuals receiving services to licensed and unlicensed counselors, as identified in Section 2.1.2.1, who provide counseling to individuals on an individual basis in any ASAM level of care should be based on the following:
 - 6.1.2.1.1. Clinician's ability to provide appropriate, effective, and evidence-based treatment to individuals within the setting;
 - 6.1.2.1.2. Type of treatment provided;
 - 6.1.2.1.3. Composition of the individual population; and
 - 6.1.2.1.4. Availability of auxiliary services;
 - 6.1.2.2. SUD Treatment Groups: No more than 12 individuals with one licensed counselor or unlicensed counselor, as identified in Section 2.1.2, present or no more than 16 individuals when that counselor is joined by a second licensed counselor, unlicensed counselor, CRSW or uncertified recovery support worker; and
 - 6.1.2.3. Recovery Support Groups: No more than 12 individuals with one (1) NH CRSW present or no more than 16 individuals when that CRSW is joined by a second CRSW, or uncertified CRSW, licensed or unlicensed counselor, as identified in Section 2.1.2.
- 6.2. The Contractor shall actively seek to fill any open positions. Temporary staffing shortages are allowable, but not encouraged. Any temporary staffing shortages must

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be reported to Department in the quarterly contract compliance reports, as detailed in Section 9.7, and Contractor must be actively working to recruit new staff.

- 6.3. The Contractor shall notify Department in writing within one (1) month of hire when a new Administrator, Clinical Director, Executive Director, or any staff person essential to delivering this scope of services is hired to work in the program(s). The Contractor shall provide a copy of the resume of the employee, which clearly indicates the staff member is employed by the Contractor, with the new hire notification.
- 6.4. The Contractor shall notify the Department in writing within 14 calendar days, when there is not sufficient staffing to perform all required services for more than one (1) month.
- 6.5. The Contractor shall have policies and procedures related to student interns that address minimum coursework, experience and core competencies for interns having direct contact with individuals served by this Agreement.
- 6.6. The Contractor shall ensure student interns complete training on ethics, information security and confidentiality practices for handling PHI and SUD treatment records as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2, as approved by the Department, prior to beginning their internship:
- 6.7. The Contractor shall ensure attendance of all required training for interns is documented in the interns' records and shall provide a list that includes the intern's name, dates or attendance and topics of training to the Department, as requested.
- 6.8. The Contractor shall ensure the health, safety, and well-being of all individuals in areas where individuals congregate, including common areas, group rooms and classrooms.
- 6.9. The Contractor shall ensure written policies, required under this Agreement, are available for Department review, as requested.
- 6.10. The Contractor may request a waiver from the Department, in writing, for staffing requirements, if the requirements are inappropriate for the services provided, under this Agreement. The Contractor shall provide both clinical and safety justifications to the Department for approval when requesting exemption from any of the staffing requirements in this Agreement.
- 6.11. The Contractor shall ensure no licensed supervisor, as identified in Section 2.1.2.1, shall supervise more than 12 staff unless the Department has approved an alternative supervision plan.
- 6.12. The Contractor shall provide ongoing clinical supervision that occurs at regular intervals, is documented in all staff members' records, and meets the requirements of the individuals' license(s) or certification(s).
- 6.13. The Contractor shall provide training to all staff providing SUD services under this Agreement on the following topics. The training:
 - 6.13.1. Must include the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities; professional boundaries and power dynamics; and appropriate information security and confidentiality practices for handling PHI and substance use disorder treatment records, as safeguarded by NH RSA 172:8-a

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318-B:12, and 42 CFR Part 2;

6.13.2. May be provided by the Contractor with prior content approval from the Department; and

6.13.3. Must be completed within 60 days of hire and annually thereafter.

6.14. The Contractor shall provide in-service training to all staff providing SUD services under this Agreement within 15 days of the contract effective date or the staff person's employment start date, if the staff member started work after the contract effective date, and annually thereafter. The Contractor shall ensure in-service training topics are as follows:

6.14.1. Contract requirements;

6.14.2. Policies and procedures provided by the Department;

6.14.3. HCV;

6.14.4. HIV; and

6.14.5. TB.

6.15. The Contractor shall ensure staff attendance of all required training is documented in the staff members' records and shall provide a list of trained staff that includes dates and topics of training, to the Department, as requested.

7. Provisions Applicable to Contractors Receiving State Opioid Response (SOR) Funding

7.1. SOR Guidelines:

7.1.1. The Contractor shall establish formal information sharing and referral agreements with the Doorways in compliance with all applicable confidentiality laws, including 42 CFR Part 2 in order to receive payments for services funded with SOR resources.

7.1.2. The Contractor shall ensure all referrals of individuals to the Doorways are completed and documented in the individuals file, and available to the Department, as requested and as needed, for payment of invoices for services provided through SOR-funded initiatives.

7.1.3. The Contractor shall ensure individuals receiving services rendered from SOR funds have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD).

7.1.4. The Contractor shall coordinate ongoing care for individuals with documented history, or current diagnoses, of OUD or StimUD, receiving services rendered from SOR funds, with the Doorways, and in accordance with 42 CFR Part 2.

7.1.5. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, provide, or treat patients with marijuana. The Contractor shall ensure:

7.1.5.1. Treatment in this context includes the treatment of opioid use disorder;

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- 7.1.5.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders; and
- 7.1.5.3. This marijuana restriction applies to all subcontracts and memorandums of understanding that receive SOR funding.
- 7.1.6. If the Contractor is providing MSUD, the Contractor shall do so only with FDA-approved MSUD, which includes:
 - 7.1.6.1. Methadone; and
 - 7.1.6.2. Buprenorphine products including:
 - 7.1.6.2.1. Single-entity buprenorphine products;
 - 7.1.6.2.2. Buprenorphine/naloxone tablets;
 - 7.1.6.2.3. Buprenorphine/naloxone films; and
 - 7.1.6.2.4. Buprenorphine/naloxone buccal preparations.
- 7.1.7. If the Contractor is providing medical withdrawal management services that are supported by SOR funds, the Contractor shall do so only when the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 7.1.8. If the Contractor wishes to distribute Fentanyl test strips, the Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 7.1.8.1. Internal policies for the distribution of Fentanyl strips;
 - 7.1.8.2. Distribution methods and frequency; and
 - 7.1.8.3. Other key data as requested by the Department.
- 7.1.9. If the Contractor provides recovery housing, or refers individuals to recovery housing, the Contractor shall ensure any individuals receiving financial aid for the recovery housing, utilizing SOR funds, are in a facility that:
 - 7.1.9.1. Aligns with national industry standards; and
 - 7.1.9.2. Is registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with the New Hampshire Administrative Rules, He-A 305, Voluntary Registry for Recovery Houses,
- 7.1.10. The Contractor shall accept individuals on MSUD and facilitate access to MSUD on-site, or through referrals, for all individuals supported with SOR funds, as clinically appropriate.
- 7.1.11. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 7.1.12. The Contractor shall ensure individuals who rescind consent to information

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sharing with the Doorway do not receive any additional services utilizing SOR funding.

- 7.1.13. The Contactor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

7.2. Government Performance Results Act

- 7.2.1. The Contractor shall administer, or coordinate the administration of, the Government Performance Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010 required initial interview and associated follow-ups at six (6) months and discharge for all individuals with a diagnosed OUD or StimUD receiving program services.

- 7.2.2. The Contractor shall provide or coordinate ongoing follow-up and support of individuals engaged in services until a discharge GPRA interview is completed. The Contractor shall ensure:

- 7.2.2.1. Contact with each individual is attempted during a time when the individual would normally be available. Contact must be made in person, by telephone, or by an alternative method approved by the Department, according to the following guidelines:

7.2.2.1.1. If the first contact attempt is not successful, a second contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the first attempt;

7.2.2.1.2. If the second contact attempt is not successful, a third contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the second attempt;

- 7.2.2.2. Each successful contact must include:

7.2.2.2.1. Inquiries on the status of each individual's recovery and experience with their external service provider;

7.2.2.2.2. Identification of individual needs;

7.2.2.2.3. Assistance to the individual to address identified needs; and

7.2.2.2.4. Early intervention for individuals who have resumed use;

- 7.2.2.3. When the aforementioned follow-up interview results in a determination that the individual is at risk of self-harm, the Contractor must proceed in alignment with their crisis response policies and procedure; and

- 7.2.2.4. All efforts to contact individuals are clearly documented in a manner approved by the Department.

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- 7.2.3. The Contractor shall ensure the GPRA interviews are attempted at the following intervals:
 - 7.2.3.1. At the time of intake or no later than seven (7) calendar days after the Individual enters into treatment services;
 - 7.2.3.2. No later than six (6) months post intake into treatment services. The window for this interview opens five (5) months after the intake interview; and
 - 7.2.3.3. Upon discharge from the initially referred service.
- 7.2.4. The Contractor shall ensure completed GPRA data is entered into the Department determined administrative software, at a minimum of the following intervals:
 - 7.2.4.1. At the time of intake or no later than seven (7) calendar days after the GPRA interview is conducted;
 - 7.2.4.2. Six (6) months post intake into Doorway services; and
 - 7.2.4.2.1. Upon discharge from the initially referred service.
- 7.2.5. The Contractor shall document any loss of contact in the Department-approved administrative software system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.
- 7.2.6. The Contractor shall ensure contingency management strategies are utilized to increase engagement in follow-up GPRA interviews. Contingency management strategies may include but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview. The Contractor must ensure gift cards do not exceed \$30 in value and are not used to incentivize participation in treatment.

8. Reporting Requirements within the Department-provided record system

- 8.1. The Contractor shall report individual demographic data in the Department-provided record system for all individuals in section 2.2 of this Agreement as specified in the current Department-provided record system User Guide.
- 8.2. The Contractor shall report individual National Outcome Measures (NOMS) data in the Department-provided record system for all individuals receiving services under this Agreement, as follows:
 - 8.2.1. All individuals at admission; and
 - 8.2.2. All individuals upon discharge.
- 8.3. The Contractor shall report all data for individuals receiving services under this Agreement that are necessary for calculation of the following performance measures in the Department-provided record system, and as specified in its User Guide:
 - 8.3.1. Initiation: Percentage of individuals accessing services within 14 days of initial contact;
 - 8.3.2. Engagement: Percentage of individuals receiving three (3) or more eligible

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- services within 34 days of screening;
- 8.3.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of screening;
- 8.3.4. Treatment Completion: Percentage of individuals completing treatment; and
- 8.3.5. National Outcome Measures:
- 8.3.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use on the date of discharge compared to the date of first service;
- 8.3.5.2. Increase in/no change in the number of individuals employed or in school on the date of the last service compared to the date of the first service;
- 8.3.5.3. Reduction in/no change in the number of individuals arrested in past 30 days from the date of the first service to the date of the last service;
- 8.3.5.4. Increase in/no change in the number of individuals that have stable housing at the date of the last service compared to the date of the first service; and
- 8.3.5.5. Increase in/no change in the number of individuals participating in community support services at the date of the last service compared to the date of the first service.
- 8.4. The Contractor shall report all other data, as specified in the Department-provided record system User Guide, to support the Department's analysis and reporting on demographics, performance, services and other factors as determined by the Department and in a format specified by the Department.
- 8.5. The Contractor shall report the number of individuals with an alcohol use disorder who were referred for MSUD, as described in Section 3.10.3.3., to the Department on a quarterly basis.
- 8.6. The Contractor shall complete monthly contract compliance reporting no later than the 10th day of the month following the reporting month in a format determined, and as requested, by the Department.
- 8.7. The Contractor shall submit quarterly contract compliance reporting no later than the 10th day of following month in a format determined, and as requested, by the Department.
- 8.8. The Contractor shall notify the Department in writing of all contact with law enforcement as soon as possible, and no more than 24 hours following the incident.
- 8.9. The Contractor shall notify the Department in writing of all media contacts as soon as possible, and no more than 24 hours following the incident.
- 8.10. The Contractor shall report sentinel events in accordance with RSA 126-A:4,IV
- 8.11. The Contractor shall refer to the current Department-provided record system User Guide for guidance on NOMS and other data reporting requirements.

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9. Performance Measures

- 9.1. Contract performance shall be measured to evaluate service quality and efficacy in mitigating negative impacts of substance misuse, including but not limited to the opioid epidemic and associated overdoses. The following performance measures will be used by the Department to evaluate selected contractor performance:
- 9.1.1. Initiation: Percentage of individuals accessing services within 14 days;
 - 9.1.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of admission to the appropriate level of care;
 - 9.1.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of admission to the appropriate level of care;
 - 9.1.4. Treatment completion: Percentage of individuals completing treatment; and
 - 9.1.5. NOMS, as detailed in Section 9.3: The percentage of individuals out of all individuals discharged improved in at least three (3) out of five (5) of the following NOMS outcome criteria:
 - 9.1.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use at discharge compared to the period of 7 days before and the date of first service during an episode of care (or previous episode of care for individuals referred for services from a different DEPARTMENT contracted SUD treatment provider);
 - 9.1.5.2. Increase in/no change in number of individuals employed or in school on the date of last service compared to first service;
 - 9.1.5.3. Reduction in/no change in number of individuals arrested in past 30 days from date of first service to date of last service;
 - 9.1.5.4. Increase in/no change in number of individuals that have stable housing at last service compared to first service; and
 - 9.1.5.5. Increase in/no change in number of individuals participating in community support services at last service compared to first service.
- 9.2. The Contractor shall meet or exceed baseline performance requirements as determined by the Department.
- 9.2.1. The Department will actively and regularly collaborate with the Contractor to develop a performance improvement structure that will enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
 - 9.2.2. The Department may identify expectations for active and regular collaboration, including key performance measures, in this Agreement. Where applicable, the Contractor must collect and share data with the Department, as requested, and in a format specified, by the Department.
- 9.3. The Contractor shall participate in all quality improvement activities, as directed and requested by the Department, including, but not limited to:

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- 9.3.1. Electronic and in-person individual record reviews.
- 9.3.2. Site visits.
- 9.3.3. Training and technical assistance activities.
- 9.4. The Contractor shall monitor and manage the utilization rates of its services at all ASAM levels of care to ensure services are offered at a consistently high quality throughout the term of the contract. To maintain a consistently high quality of service and adequate capacity for SUD treatment and recovery support services statewide, the Contractor shall actively monitor its capacity, staffing levels, and resources to consistently and evenly deliver these services.
- 9.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.6. The Contractor shall participate in quarterly meetings with the Department to ensure compliance with the contractual requirements.
- 9.7. The Contractor may be required to provide other key data and metrics to the Department, including individual-level demographic, performance, and service data.

10. Audit Requirements

- 10.1. The Contractor is required to submit an annual financial audit to the Department if **any** of the following conditions exist:
 - 10.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 10.1.3. Condition C - The Contractor is a public company and required by the U.S. Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 10.2. If Condition A exists, the Contractor must submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department 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.
- 10.3. If Condition B or Condition C exists, the Contractor must submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.

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- 10.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor must be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 10.6. In the event that the Contractor undergoes an audit by the Department, the Contractor agrees to provide a corrective action plan to the Department within thirty (30) days from the date of the final findings that addresses any and all findings.
- 10.7. The Contractor must ensure the corrective action plan uses SMART (specific, measurable, achievable, relevant, and time-bound) goals and objectives, and includes:
- 10.7.1. The action(s) that shall be taken to correct each deficiency;
 - 10.7.2. The action(s) that shall be taken to prevent the reoccurrence of each deficiency;
 - 10.7.3. The specific steps and timeline for implementing the actions above;
 - 10.7.4. The plan for monitoring to ensure that the actions above are effective; and
 - 10.7.5. How and when the Contractor shall report to the Department on progress on implementation and effectiveness.

11. Background Checks

- 11.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
- 11.1.1. 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;
 - 11.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 11.1.3. 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.

12. Confidential Data

- 12.1. 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.
- 12.2. 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.

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The Contractor must provide attestations upon Department request.

13. Privacy Impact Assessment

- 13.1. 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:
- 13.1.1. How PII is gathered and stored;
 - 13.1.2. Who will have access to PII;
 - 13.1.3. How PII will be used in the system;
 - 13.1.4. How individual consent will be achieved and revoked; and
 - 13.1.5. Privacy practices.
- 13.2. 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.

14. Department Owned Devices, Systems and Network Usage

- 14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
- 14.1.1. 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;
 - 14.1.2. 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;
 - 14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 14.1.4. 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;
 - 14.1.5. Only use equipment, software, or subscription(s) authorized by the

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Department's Information Security Office or designee;

- 14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
- 14.1.7. 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."
- 14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
- 14.1.9. Agree when utilizing the Department's email system:
 - 14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".
 - 14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and
 - 14.1.9.3. 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."
- 14.1.10. 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:
 - 14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
 - 14.1.10.2. 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.
 - 14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.
- 14.1.11. 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.

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- 14.1.12. 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.

15. Contract End-of-Life Transition Services

15.1. General Requirements

- 15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- 15.1.2. 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.
- 15.1.3. 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.
- 15.1.4. 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.
- 15.1.5. 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.
- 15.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and

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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.

15.2. Completion of Transition Services

15.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of 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 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.

15.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

15.3. Disagreement over Transition Services Results

15.3.1. 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 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.

16. Exhibits Incorporated

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

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

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

17. Additional Terms

17.1. Impacts Resulting from Court Orders or Legislative Changes

17.1.1. 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.

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

17.2.1. The Contractor must submit:

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- 17.2.1.1. 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.
- 17.2.1.2. A written attestation, within 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 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
- 17.2.1.3. 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 12 months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

17.3. Credits and Copyright Ownership

- 17.3.1. 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."
- 17.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 17.3.3. 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.
- 17.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

17.4. Operation of Facilities: Compliance with Laws and Regulations

- 17.4.1. 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

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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.

17.5. Eligibility Determinations

- 17.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 17.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

18. Records

- 18.1. The Contractor must keep records that include, but are not limited to:
 - 18.1.1. 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.
 - 18.1.2. 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.
 - 18.1.3. 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.
 - 18.1.4. Medical records on each patient/recipient of services.
- 18.2. 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.

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- 18.3. 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.

19. Maintenance of Fiscal Integrity (Contracts/Amendments)

- 19.1. The Contractor must submit the following financial statements to the Department within 30 calendar days after the end of each month:

19.1.1. Balance Sheet for the Contractor's entire organization including all related parties;

19.1.2. Year-to-date Profit and Loss Statement for the Contractor's entire organization that includes, for all related parties:

19.1.2.1. All revenue sources and expenditures; and

19.1.2.2. A budget column allowing for budget to actual analysis;

19.1.3. Year-to-date Profit and Loss Statement for the Program funded under this Agreement that includes:

19.1.3.1. All revenue sources and all related expenditures for the Program; and

19.1.3.2. A budget column allowing for budget to actual analysis; and

19.1.4. Year-to-date Cash Flow Statement for the Contractor's entire organization including all related parties.

19.2. The Contractor must ensure all financial statements are prepared based on the accrual method of accounting and include all the Contractor's total revenues and expenditures, whether or not generated by or resulting from funds provided pursuant to this Agreement.

19.3. The Contractor's fiscal integrity will be evaluated by the Department using the following Formulas and Performance Standards:

19.3.1. Days of Cash on Hand:

19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

19.3.1.2. Formula: Cash, cash equivalents and short-term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

19.3.1.3. Performance Standard: The Contractor must have enough cash and cash equivalents to cover expenditures for a minimum of 30 calendar days with no variance allowed.

19.3.2. Current Ratio:

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- 19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.
- 19.3.2.2. Formula: Total current assets divided by total current liabilities.
- 19.3.2.3. Performance Standard: The Contractor must maintain a minimum current ratio of 1.5:1 with 10% variance allowed.
- 19.3.3. Debt Service Coverage Ratio:
- 19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.
- 19.3.3.2. Definition: The ratio of net income to the year-to-date debt service.
- 19.3.3.3. Formula: Net Income plus depreciation/amortization expense plus interest expense divided by year-to-date debt service (principal and interest) over the next twelve (12) months.
- 19.3.3.4. Source of Data: The Contractor's monthly financial statements identifying current portion of long-term debt payments (principal and interest).
- 19.3.3.5. Performance Standard: The Contractor must maintain a minimum standard of 1.2:1 with no variance allowed.
- 19.3.4. Net Assets to Total Assets:
- 19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.
- 19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.
- 19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.
- 19.3.4.4. Source of Data: The Contractor's monthly financial statements.
- 19.3.4.5. Performance Standard: The Contractor must maintain a minimum ratio of .30:1, with a 20% variance allowed.
- 19.3.5. Operating Surplus:
- 19.3.5.1. Rationale: The Contractor requires a surplus for fiscal sustainability including covering short-term and long-term liabilities.
- 19.3.5.2. Definition and Formula: The difference between operating revenue and operating expenses.
- 19.3.5.3. Source of Data: The Contractor's Year-to-Date financial statements.

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- 19.3.5.4. Performance Standard: The Contractor must maintain an operating surplus.
- 19.4. If the Contractor does not meet either:
 - 19.4.1. The Days of Cash on Hand Performance Standard and the Current Ratio Performance Standard for two (2) consecutive months; or
 - 19.4.2. The Operating Surplus Performance Standard for three (3) consecutive months; or
 - 19.4.3. Three (3) or more of any of the Performance Standards for one (1) month, or any one (1) Performance Standard for three (3) consecutive months, then the Contractor must:
 - 19.4.3.1. Meet with Department staff to explain the reasons that the Contractor has not met the standards; and/or
 - 19.4.3.2. Submit a comprehensive corrective action plan within 30 calendar days of receipt of notice from the Department.
- 19.5. The Contractor must update and submit the corrective action plan to the Department, at least every 30 calendar days, until compliance is achieved. The Contractor must:
 - 19.5.1. Provide additional information to ensure continued access to services as requested by the Department and ensure requested information is submitted to the Department in a timeframe agreed upon by both parties.
- 19.6. The Contractor must inform the Department by phone and by email within 24 hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement with the Department.



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Exhibit B-1 Amendment #4

Operational Requirements

1. Requirements for Organizational or Program Changes

- 1.1. The Contractor shall provide written notification to the Department no later than 30 days prior to changes in ownership, mergers, asset sales for more than half of the company's assets, sale of a controlling share of the company's voting securities, change of more than 50% of the board of directors, physical location, or name.
- 1.2. The Contractor shall submit a copy of the certificate of amendment from the New Hampshire Secretary of State with the effective date of the change to the Department, when there is a change of the ownership, physical location, or name of the organization.

2. Inspections, Enforcement, Remedies, & Plans of Correction

- 2.1. The Contractor shall comply with all provisions of this Agreement and submit any requested changes, including service provision and/or number of beds provided, in writing, to the Department for review and approval. All Department approved changes, with the exception of adjusting budget line items as described in Exhibit C, must be approved by the Governor and Executive Council through a contract amendment, as required by paragraph 18, Amendment, of the General Provisions, Form P-37.
- 2.2. The Contractor shall allow any Department representative to be admitted on the premises, at any time, to inspect the facility; all programs and services provided through this Agreement; and any records required by this Agreement.
- 2.3. Notwithstanding paragraph 8, Event of Default, and paragraph 9, Termination, of the General Provisions, Form P-37, the Contractor shall be issued a notice of deficiencies when the Department determines that the Contractor is not in compliance with contract requirements. The notice of deficiencies will identify each deficiency and the specific proposed remedy(ies), which may include, but are not limited to:
 - 2.3.1. The requirement of the Contractor to develop and submit a Plan of Correction (POC) to the Department within 21 days of receipt of a notice of deficiencies, for review and acceptance. The Contractor shall ensure the POC:
 - 2.3.1.1. Achieves compliance with contract requirements;
 - 2.3.1.2. Addresses all deficiencies and deficient practices as cited in the notice of deficiencies;
 - 2.3.1.3. Mitigates the likelihood of a new violation of contract requirements as a result of implementation of the POC; and
 - 2.3.1.4. Provides specific and discrete project goals for POC completion, including, but not limited to:
 - 2.3.1.4.1. Steps to be taken to correct each deficiency.
 - 2.3.1.4.2. Measures that will be put in place.
 - 2.3.1.4.3. System changes to be made to ensure that the deficiency does not recur.

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- 2.3.1.4.4. The date by which each deficiency will be corrected.
- 2.3.2. A Department-directed POC, specifying the corrective action steps to be taken by the Contractor. The Contractor will receive a department-directed POC with the notice of deficiencies when:
- 2.3.2.1. Deficiencies were identified during an inspection that require immediate corrective action to protect the health and safety of the individuals receiving services or staff providing services.
 - 2.3.2.2. The original POC is not submitted within 21 days of the date of the written notification of deficiencies;
 - 2.3.2.3. The revised POC from Section 2.4.1 is rejected by the Department; or
 - 2.3.2.4. The POC is not implemented by the completion date identified in the Department-accepted POC.
- 2.4. The Department shall notify the Contractor of the reasons for rejection of the POC, if the POC is not accepted. The Contractor shall:
- 2.4.1. Develop and submit a revised POC within 21 days of the date of the written notification of POC rejections.
 - 2.4.2. Ensure the revised POC complies with POC standards identified above.
- 2.5. The Contractor shall, upon request, admit and allow the Department access to the premises and records related to the Department-accepted and/or Department-directed POC, after the completion date identified in the POC, in order to verify the implementation of the POC, which may include, but are not limited to:
- 2.5.1. Review of materials submitted by the Contractor;
 - 2.5.2. Follow-up inspection; or
 - 2.5.3. Review of compliance during the next scheduled inspection.
- 3. Duties and Responsibilities**
- 3.1. The Contractor shall monitor, assess, and improve, as necessary, the quality of care and service provided to individuals on an ongoing basis.
 - 3.2. The Contractor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Contractor.
 - 3.3. The Contractor shall employ an administrator responsible for the day-to-day operations of services provided in this Agreement. The Contractor shall:
 - 3.3.1. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
 - 3.3.2. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Contractor, the staff position(s) to be delegated, and the authority and responsibility to act in the administrator's behalf when the administrator is absent.
 - 3.4. The Contractor shall ensure the following documents are posted in a public area:

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- 3.4.1. A copy of the Contractor's policies and procedures relative to the implementation of rights and responsibilities for individuals receiving services, including confidentiality per NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2; and
- 3.4.2. The Contractor's plan for fire safety, evacuation, and emergencies, identifying the location of, and access to all fire exits.
- 3.5. The Contractor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
- 3.6. The Contractor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
- 3.7. The Contractor shall follow the required procedures for the care of the individuals, as specified by the United States Centers for Disease Control and Prevention "Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings", November 2023, for residential programs, if the Contractor accepts an individual who is known to have a disease reportable under NH Administrative Rule He-P 301, or an infectious disease.
- 3.8. The Contractor shall comply with state and federal regulations on confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12.
- 3.9. The Contractor shall develop policies and procedures regarding the release of information contained in individual service records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:12.
- 3.10. The Contractor shall ensure all records relating to services provided through this Agreement are legible, current, accurate, and available to the Department during an inspection or investigation.
- 3.11. The Contractor shall ensure service site(s) are accessible to individuals with a disability, using Americans with Disabilities Act accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq. The Contractor shall ensure service sites include:
 - 3.11.1. A reception area separate from living and treatment areas;
 - 3.11.2. A private space for personal consultation, charting, treatment and social activities, as applicable;
 - 3.11.3. Secure storage of active and closed confidential individual records; and
 - 3.11.4. Separate and secure storage of toxic substances.
- 3.12. The Contractor shall establish a code of ethics for staff that includes a mechanism for reporting unethical conduct.
- 3.13. The Contractor shall develop, implement, and maintain specific policies, including:
 - 3.13.1. Rights, grievance, and appeals policies and procedures for individuals receiving services;
 - 3.13.2. Progressive discipline, leading to administrative discharge;
 - 3.13.3. Reporting and appealing staff grievances;

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- 3.13.4. Alcohol and other drug use while in treatment;
- 3.13.5. Individual and employee smoking that are in compliance with Exhibit B, Scope of Services;
- 3.13.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
- 3.13.7. Holding an individual's possessions;
- 3.13.8. Secure storage of staff medications;
- 3.13.9. Medication belonging to individuals receiving services;
- 3.13.10. Urine specimen collection, as applicable, that:
 - 3.13.10.1. Ensures collection is conducted in a manner that preserves individual privacy as much as possible; and
 - 3.13.10.2. Minimizes falsification;
- 3.13.11. Safety and emergency procedures on:
 - 3.13.11.1. Medical emergencies;
 - 3.13.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 3.13.11.3. Reporting injuries;
 - 3.13.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures; and
 - 3.13.11.5. Emergency closings.
- 3.13.12. The Contractor shall develop, implement and maintain procedures for:
 - 3.13.12.1. Protection of individual records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 3.13.12.2. Quality assurance and improvement.

4. Collection of Fees

- 4.1. The Contractor shall maintain procedures regarding collections from individuals for fees, co-insurance payments, cost-shares, private or public insurance, and other payers responsible for the individual's finances; and
- 4.2. The Contractor shall provide the individual, and the individual's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge at the time of screening and admission.

5. Screening and Denial of Services

- 5.1. The Contractor shall maintain a record of all individual screenings, including:

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- 5.1.1. The individual's name and/or unique identifier;
 - 5.1.2. The individual's referral source;
 - 5.1.3. The date of initial contact from the individual or referring agency;
 - 5.1.4. The date of screening; and
 - 5.1.5. The result of the screening, including the reason for denial of services if applicable.
 - 5.2. The Contractor shall record all referrals to and coordination with New Hampshire's The Doorways program and other interim services, or the reason that the referral was not made, for any individual who is placed on a waitlist. The Contractor shall:
 - 5.2.1. Record all contact with the individual between screening and removal from the waitlist; and
 - 5.2.2. Record the date the individual was removed from the waitlist and the reason for removal.
 - 5.3. In the instance an individual requesting services is denied service(s), the Contractor shall:
 - 5.3.1. Inform the individual of the reason for the denial of service(s); and
 - 5.3.2. Assist the individual in identifying and accessing appropriate available treatment.
 - 5.4. The Contractor shall not deny services to an individual solely because the individual:
 - 5.4.1. Previously left treatment against the advice of staff;
 - 5.4.2. Relapsed from an earlier treatment;
 - 5.4.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 5.4.4. Has been diagnosed with a mental health disorder.
 - 5.5. The Contractor shall report on denial of services to individuals at the request of the Department.
- 6. Staffing Requirements**
- 6.1. The Contractor shall develop current job descriptions for all staff, including contracted staff, volunteers, and student interns, which includes:
 - 6.1.1. Job title;
 - 6.1.2. Physical requirements of the position;
 - 6.1.3. Education and experience requirements of the position;
 - 6.1.4. Duties of the position;
 - 6.1.5. Positions supervised; and
 - 6.1.6. Title of immediate supervisor.



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- 6.2. The Contractor shall develop and implement policies regarding criminal background checks of prospective employees, which includes, but is not limited to:
- 6.2.1. Requiring a prospective employee to sign a release to allow the Contractor to conduct a criminal record check.
 - 6.2.2. Requiring the administrator or designee to obtain and review criminal record checks from the New Hampshire Department of Safety for each prospective employee.
 - 6.2.3. Ensuring criminal record check standards are reviewed to ensure the health, safety, or well-being of individuals; violation of shall be reason for non-selection for employment, including the following:
 - 6.2.3.1. Felony convictions in this or any other state;
 - 6.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 6.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
 - 6.2.4. Waiver of the criminal background check, granted by the Department, for good cause shown.
- 6.3. The Contractor shall ensure all staff, which includes contracted staff, meet the educational, experiential, and physical qualifications of the position as listed in their job description. The Contractor shall ensure staff:
- 6.3.1. Do not violate the criminal background standards established by 7.2.3 above, unless waived by the Department for good cause shown;
 - 6.3.2. Are licensed, registered or certified as required by state statute and as applicable;
 - 6.3.3. Receive an orientation within the first three (3) days of work or prior to direct contact with individuals, which includes:
 - 6.3.3.1. The Contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 6.3.3.2. The Contractor's policies on the rights, responsibilities, and complaint procedures for individuals receiving services;
 - 6.3.3.3. Federal and state confidentiality requirements;
 - 6.3.3.4. Grievance procedures;
 - 6.3.3.5. Job duties, responsibilities, policies, procedures, and guidelines;
 - 6.3.3.6. Topics covered by both the administrative and personnel manuals;
 - 6.3.3.7. The Contractor's infection prevention program;
 - 6.3.3.8. The Contractor's fire, evacuation, and other emergency plans which outline the responsibilities of staff in an emergency; and

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- 6.3.3.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F:46 and RSA 169-C:29; and
- 6.3.4. Sign and date documentation that they have taken part in an orientation as described above;
- 6.3.5. Complete a mandatory annual in-service education, which includes a review of all elements described above.
- 6.4. The Contractor shall ensure, prior to having contact with individuals receiving services, that employees and contracted employees:
 - 6.4.1. Submit proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 6.4.1.1. The name of the examinee;
 - 6.4.1.2. The date of the examination;
 - 6.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 6.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 6.4.1.5. The dated signature of the licensed health practitioner;
 - 6.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
 - 6.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to *Mycobacterium* TB through shared air space with persons with infectious TB.
- 6.5. The Contractor shall ensure employees, contracted employees, volunteers and independent Contractors who have direct contact with individuals who have a history of TB, or a positive skin test, have a TB symptomatology screening test.
- 6.6. The Contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student intern, volunteer, and contracted staff, which includes; but is not limited to:
 - 6.6.1. A completed application for employment or a resume;
 - 6.6.2. Identification data;
 - 6.6.3. The education and work experience of the employee;
 - 6.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 6.6.4.1. Position title;

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- 6.6.4.2. Qualifications and experience; and
- 6.6.4.3. Duties required by the position;
- 6.6.5. Written verification that the person meets the Contractor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;
- 6.6.6. A signed and dated record of orientation as required above;
- 6.6.7. A copy of each current New Hampshire license, registration or certification in a relevant health care field and CPR certification, if applicable;
- 6.6.8. Records and results of screening for communicable diseases as required above;
- 6.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 6.6.10. Documentation of annual in-service education, as required above, that includes dates of completion and signatures of staff;
- 6.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 6.6.12. A signed statement acknowledging the receipt of the Contractor's policy setting forth the individual's rights and responsibilities, confidentiality requirements, training, and implementation of the policy;
- 6.6.13. A statement, which shall be signed at the time the initial offer of employment, and is then executed annually thereafter, stating that the individual:
 - 6.6.13.1. Does not have a felony conviction in this or any other state;
 - 6.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation, or poses a threat to the health, safety or well-being of any individual; and
 - 6.6.13.3. Has not had a finding by the Department, or any other administrative agency in NH, or any other state, for assault, fraud, abuse, neglect or exploitation of any person; and
- 6.6.14. Documentation of the criminal records check and any waivers, as applicable.
- 6.7. An individual need not re-disclose any of the matters in the criminal background check if the documentation is available and the Contractor has previously reviewed the material and has been granted a waiver by the Department, so that the individual can continue employment.

7. Clinical Supervision of Unlicensed Counselors

- 7.1. The Contractor shall ensure all unlicensed counselors providing treatment, education and/or recovery support services; and all uncertified CRSWs, are under the direct supervision of a licensed supervisor.

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- 7.2. The Contractor shall ensure no licensed supervisor supervises more than 12 unlicensed staff, unless the Department has approved an alternative supervision plan.
- 7.3. The Contractor shall ensure unlicensed counselors receive a minimum of one (1) hour of supervision for every 40 hours of direct contact with individuals receiving services;
- 7.4. The Contractor shall ensure supervision is provided on an individual or group basis, or both, depending upon the employees' needs, experience and skill levels;
- 7.5. The Contractor shall ensure supervision includes:
 - 7.5.1. Review of case records;
 - 7.5.2. Observation of interactions with individuals receiving services;
 - 7.5.3. Skill development; and
 - 7.5.4. Review of case management activities;
- 7.6. The Contractor shall ensure supervisors maintain a log of the supervision date, duration, content and who was supervised by whom; and
- 7.7. The Contractor shall ensure staff who are licensed or certified shall receive supervision in accordance with the requirements of their licensure.

8. Orientation for Individuals Receiving Services

- 8.1. The Contractor shall conduct an orientation for individuals receiving services upon admission to program, either individually or by group, that includes:
 - 8.1.1. Rules, policies, and procedures of the program and facility;
 - 8.1.2. Requirements for successfully completing the program;
 - 8.1.3. The administrative discharge policy and the grounds for administrative discharge;
 - 8.1.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and
 - 8.1.5. Requiring the individual to sign and date a receipt that the orientation was conducted.

9. Progress notes

- 9.1. The Contractor shall ensure progress notes are completed for each individual, group, family treatment, or education session.
- 9.2. The Contractor shall ensure progress notes include, but are not limited to:
 - 9.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as applicable, as they relate to the current treatment plan;
 - 9.2.2. Assessments, including progress, evaluation of any interventions, and any obstacles or barriers; and
 - 9.2.3. Plans, including tasks to be completed between sessions and objectives for the next session.

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10. Discharge

- 10.1. The Contractor shall discharge an individual from a program for the following reasons:
 - 10.1.1. Program completion or transfer based on changes in the individual's functioning relative to the American Society of Addiction Medicine Criteria published in October 2013, (ASAM):
 - 10.1.2. Program termination, including:
 - 10.1.2.1. Administrative discharge;
 - 10.1.2.2. Non-compliance with the program; and
 - 10.1.2.3. The individual leaving the program before completion against advice of treatment staff;
 - 10.1.3. The individual is inaccessible, due to reasons that may include incarceration or hospitalization.
- 10.2. The Contractor shall forward copies of all the relevant patient and treatment information to a receiving provider when discharging an individual to another treatment provider, upon receiving a signed release of confidential information from the individual seeking treatment.
- 10.3. The Contractor shall ensure the counselor and case manager meet with the individual prior to discharge or transfer to establish a continuing care plan. The Contractor shall ensure the continuing care plan:
 - 10.3.1. Includes recommendations for continuing care in all ASAM domains;
 - 10.3.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 10.3.3. Assists the individual in making contact with other agencies or services.
- 10.4. The Contractor shall ensure the counselor documents, in the individual's service record, if and why the meeting described above could not take place.
- 10.5. The Contractor shall ensure individuals receiving services through this Agreement are only administratively discharged for the following reasons:
 - 10.5.1. The individual's behavior on program premises is abusive, violent, or illegal;
 - 10.5.2. The individual is non-compliant with prescription medications;
 - 10.5.3. Clinical staff documents therapeutic reasons for discharge, which may include the individual's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 10.5.4. The individual violates program rules in a manner that is consistent with the Contractor's progressive discipline policy.
- 10.6. The Contractor shall ensure individuals are offered the opportunity to create a continuing care plan to receive services at another substance use treatment agency, prior to being administratively discharged.

11. Individual Service Record System

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11.1. The Contractor shall implement a comprehensive system in paper and/or electronic format to maintain service records for each individual receiving services. The Contractor shall ensure service records are:

- 11.1.1. Organized into related sections with entries in chronological order;
- 11.1.2. Easy to read and understand;
- 11.1.3. Complete, containing all the relevant client information;
- 11.1.4. In compliance with all applicable confidentiality laws, including 42 CFR Part 2 and Exhibit K, DHHS Information Security Requirements;
- 11.1.5. Up-to-date, including notes on the most recent contact interactions; and
- 11.1.6. Accessible to the Department upon request.

12. Medication Services

12.1. The Contractor shall ensure no administration of medications, including physician samples, occur except by a licensed medical practitioner working within their scope of practice.

12.2. The Contractor shall ensure all prescription medications brought by an individual to the program are in their original containers and legibly display the following information:

- 12.2.1. The individual's name;
- 12.2.2. The medication name and strength;
- 12.2.3. The prescribed dose;
- 12.2.4. The route of administration;
- 12.2.5. The frequency of administration; and
- 12.2.6. The date ordered.

12.3. The Contractor shall ensure any change or discontinuation of prescription medications includes a written order from a licensed practitioner.

12.4. The Contractor shall ensure all prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the individual's person or stored in the individual's room, are stored as follows:

- 12.4.1. All medications are kept in a storage area that is:
 - 12.4.1.1. Locked and accessible only to authorized personnel;
 - 12.4.1.2. Organized to allow correct identification of each individual's medication(s);
 - 12.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 12.4.1.4. Equipped to maintain medication at the proper temperature;



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- 12.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, are kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel.
- 12.5. The Contractor shall ensure medication belonging to staff members are only accessible to staff members and are stored separately from medications belonging to individuals receiving services.
- 12.6. The Contractor shall ensure over-the-counter medications brought into the program by individuals receiving services are:
 - 12.6.1. In original, unopened containers;
 - 12.6.2. Are stored in accordance with this Exhibit B-1 section 13.4.1;
 - 12.6.3. Are marked with the name of the individual using the medication; and
 - 12.6.4. Are taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.
- 12.7. The Contractor shall ensure all medications self-administered by an individual, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the individual without supervision, are supervised by the program staff. The Contractor shall ensure staff:
 - 12.7.1. Remind the individual to take the correct dose of their medication at the correct time;
 - 12.7.2. May open the medication container but do not physically handle the medication itself in any manner;
 - 12.7.3. Remain with the individual to observe them taking the prescribed dose and type of medication; and
 - 12.7.4. Document each medication taken in an individual's medication log, which includes:
 - 12.7.4.1. The medication name, strength, dose, frequency and route of administration;
 - 12.7.4.2. The date and the time the medication was taken;
 - 12.7.4.3. The signature or identifiable initials of the staff supervising the consumption of the medication by the individual receiving services; and
 - 12.7.4.4. The reason for any medication refused or omitted, as applicable.
- 12.8. The Contractor shall ensure the individual's medication log is included in the individual's record and any remaining medication is taken with the individual upon their discharge.

13. Notice of Rights for Individuals Receiving Services

- 13.1. The Contractor shall ensure programs inform individuals of their rights in clear, understandable language and format, both verbally and in writing. The Contractor shall ensure:

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- 13.1.1. Applicants for services are informed of their rights to evaluations and access to treatment;
- 13.1.2. Individuals are advised of their rights upon entry into any program and annually thereafter; and
- 13.1.3. Initial and annual notifications of individual rights are documented in the individual's record.
- 13.2. The Contractor shall ensure every program within the service delivery system posts a notice of the individual rights, per Section 14.2.3 below, as follows:
 - 13.2.1. The notice is continually posted in an area accessible by all;
 - 13.2.2. The notice is presented in clear, understandable language and forms; and
 - 13.2.3. Each program and residence has, on the premises, complete copies of the rules pertaining to individual rights that are available for individual review.
- 14. Fundamental Rights of Individuals Receiving Services**
 - 14.1. The Contractor shall ensure no individual receiving treatment for a substance use disorder is deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.
- 15. Personal Rights**
 - 15.1. The Contractor shall ensure individuals, who are applicants for services or are receiving services, are treated by program staff with dignity and respect at all times.
 - 15.2. The Contractor shall ensure individuals are free from abuse, neglect and exploitation which may include; but is not limited to:
 - 15.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;
 - 15.2.2. Freedom from the intentional use of physical force except the minimum force necessary to prevent harm to the individual or others; and
 - 15.2.3. Freedom from personal or financial exploitation.
 - 15.3. The Contractor shall ensure individuals receiving services retain the right to privacy.
- 16. Client Confidentiality**
 - 16.1. The Contractor shall comply with the confidentiality requirements in 42 CFR part 2.
 - 16.2. The Contractor shall ensure copies of individual service records for the individual, attorney or other authorized person are available at no charge for the first 25 pages and not more than \$0.25 per page thereafter, after review of the record.
 - 16.3. The Contractor shall ensure, if a minor age 12 or older is treated for substance use disorders without parental consent as authorized by RSA 318:B12-a:
 - 16.3.1. The minor's signature alone authorizes a disclosure; and
 - 16.3.2. Any disclosure to the minor's parents or guardians requires a signed authorization to release.

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17. Grievances of Individuals Receiving Services

- 17.1. The Contractor shall ensure individuals receiving services have the right to complain about any matter, including any alleged violation of a right afforded by this Exhibit B-1 or by any state or federal law or rule.
- 17.2. The Contractor shall ensure any person has the right to complain or bring a grievance on behalf of an individual or a group of individuals.

18. Treatment Rights

- 18.1. The Contractor shall ensure individuals receiving services have the right to adequate and humane treatment, including:
 - 18.1.1. The right of access to treatment including:
 - 18.1.1.1. The right to evaluation to determine an individual's need for services and to determine which programs are most suited to provide the services needed; and
 - 18.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and
 - 18.1.2. The right to quality treatment including:
 - 18.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the individuals and programs providing the treatment and to the conditions for which the individual is being treated;
 - 18.1.3. The right to receive services in such a manner as to promote the individual's full participation in the community;
 - 18.1.4. The right to receive all services or treatment to which an individual is entitled in accordance with the time frame set forth in the individual's treatment plan;
 - 18.1.5. The right to an individual treatment plan developed, reviewed and revised to address the individual's own goals;
 - 18.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the individual to participate in meaningful activities in the communities in which the individual lives and works;
 - 18.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment, including programs which least restrict:
 - 18.1.7.1. Freedom of movement; and
 - 18.1.7.2. Participation in the community, while providing the level of support needed by the individual;
 - 18.1.8. The right to be informed of all significant risks, benefits, side effects, and alternative treatment and services, and to give consent to any treatment, placement, or referral following an informed decision such that:

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- 18.1.8.1. Whenever possible, the consent shall be given in writing; and
- 18.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;
- 18.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 18.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 18.1.11. The right to voluntary placement, including the right to:
 - 18.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 18.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 18.1.12. The right to services which promote independence, including services directed toward:
 - 18.1.12.1. Eliminating, or reducing as much as possible, the individual's needs for continued services and treatment; and
 - 18.1.12.2. Promoting the ability of the individuals to function at their highest capacity and as independently as possible;
- 18.1.13. The right to refuse medication and treatment;
- 18.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 18.1.15. The right to consultation and second opinion including:
 - 18.1.15.1. At the individual's own expense, the consultative services of private physicians, psychologists, LADCs, and other health practitioners; and
 - 18.1.15.2. Granting to such health practitioners reasonable access to the individual, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to programs regarding the services and treatment provided by the programs;
- 18.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring an individual's participation and informed decision-making, including guardian, representative, attorney, family member, advocate, or consultant; and
- 18.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical, or pharmacological restraint, unless the individual is at risk of self-harm or harm to others.
- 18.2. The Contractor shall ensure no treatment professional is required to administer treatment contrary to such professional's clinical judgment.
- 18.3. The Contractor shall ensure programs maximize the decision-making authority of the individual.

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d/b/a Greater Nashua Mental Health

Initials CW
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Date _____



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 18.4. The Contractor shall ensure the following provisions apply to individuals for whom a guardian has been appointed by a court:
- 18.4.1. The guardian and all individuals involved in the provision of services are made aware of the individual's views, preferences and aspirations;
 - 18.4.2. A guardian only makes decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 18.4.3. The program requests a copy of the guardianship order from the guardian;
 - 18.4.4. The order is kept in the individual's record at the program;
 - 18.4.5. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the individual's choice and preference relative to those issues prevail unless the guardian's authority is expanded by the court to include those issues;
 - 18.4.6. A program takes steps that are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 18.4.6.1. Reviewing with the guardian the limits on their decision-making authority; and
 - 18.4.6.2. Bringing the matter to the attention of the court that appointed the guardian, if necessary;
 - 18.4.7. The guardian acts in a manner that furthers the best interests of the individual;
 - 18.4.8. In acting in the best interests of the individual, the guardian takes the views, preferences, and aspirations of the individual into consideration;
 - 18.4.9. The program takes steps that are necessary to prevent a guardian from acting in a manner that does not further the best interests of the individual and, if necessary, brings the matter to the attention of the court that appointed the guardian; and
 - 18.4.10. In the event that there is a dispute between the program and the guardian, the program informs the guardian of their right to bring the dispute to the attention of the court that appointed the guardian.

19. Termination of Services

- 19.1. The Contractor shall terminate an individual from services if the individual:
- 19.1.1. Endangers or threatens to endanger other individuals or staff, or engages in illegal activity on the property of the program;
 - 19.1.2. Is no longer benefiting from the service(s) provided;
 - 19.1.3. Cannot agree with the Contractor on a mutually acceptable course of treatment;
 - 19.1.4. Refuses to pay for the services received despite having the financial resources to do so; or

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The Community Council of Nashua, N.H.
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**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 19.1.5. Refuses to apply for benefits that could cover the cost of the services received despite the fact that the individual is or may be eligible for benefits.
- 19.2. The Contractor shall ensure termination does not occur unless the program has given both written and verbal notice to the individual and individual's guardian, if any, that:
 - 19.2.1. Identifies the effective date of termination;
 - 19.2.2. Lists the clinical or managerial reasons for termination; and
 - 19.2.3. Explains the individual's right to appeal and the appeals process.
- 19.3. The Contractor shall document in the service record of an individual who has been terminated that:
 - 19.3.1. The individual has been notified of the termination; and
 - 19.3.2. The termination has been approved by the program administrator.

20. State and Federal Requirements

- 20.1. If there is any error, omission, or conflict in the requirements listed below, the applicable federal, state, and local regulations, rules and requirements shall take precedence. The requirements specified below are provided herein to improve the Contractor's compliance.
- 20.2. The Contractor shall assist the individual in finding and engaging in a service, which may include, but is not limited to, helping the individual locate an appropriate provider, referring individuals to the needed service provider, setting up appointments for individuals with those providers, and assisting the individual with attending appointments with the service provider(s).
- 20.3. The Contractor agrees to the following state and federal requirements for all programs in this Contract as follows:
 - 20.3.1. Within seven (7) days of reaching 90% capacity, the program shall notify the Department that 90% capacity has been reached.
 - 20.3.2. The program admits each individual who requests and is in need of treatment for intravenous drug use not later than:
 - 20.3.2.1. 14 days after making the request; or
 - 20.3.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program.
 - 20.3.3. The program has established a waitlist that includes a unique patient identifier for each injection drug user seeking treatment, including individuals receiving interim services while awaiting admission.
 - 20.3.4. The program has a mechanism that enables it to:
 - 20.3.4.1. Maintain contact with individuals awaiting admission;

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- 20.3.4.2. Admit or transfer waiting list individuals at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the individual; and
- 20.3.4.3. The program takes individuals awaiting treatment off the waiting list only when one of the following conditions exist:
 - 20.3.4.3.1. Individuals cannot be located for admission into treatment; or
 - 20.3.4.3.2. Individuals refuse treatment
- 20.3.5. The program includes activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
- 20.3.6. The program has procedures for:
 - 20.3.6.1. Selecting, training, and supervising outreach workers.
 - 20.3.6.2. Contacting, communicating, and following up with individuals at high-risk of substance misuse, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - 20.3.6.3. Promoting awareness among people who inject drugs about the relationship between injection drug use and communicable diseases.
 - 20.3.6.4. Recommending steps to prevent communicable diseases.
- 20.3.7. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide inpatient hospital substance use disorder services, except in cases when each of the following conditions is met:
 - 20.3.7.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
 - 20.3.7.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
 - 20.3.7.3. A physician makes a determination that the following conditions have been met:
 - 20.3.7.3.1. The primary diagnosis of the individual is substance use disorder and the physician certifies that fact;
 - 20.3.7.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program;
 - 20.3.7.3.3. The service can be reasonably expected to improve the person's condition or level of functioning;

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Substance Use Disorder Treatment and Recovery Support Services**

- 20.3.7.3.4. The hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and
- 20.3.7.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 20.3.8. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- 20.3.9. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 20.3.10. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- 20.3.11. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- 20.3.12. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 20.3.13. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 20.3.14. The program uses the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 20.3.14.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
 - 20.3.14.2. Secure payments from individuals for services in accordance with their ability to pay.
- 20.3.15. The Contractor shall comply with all relevant state and federal laws such as, but not limited to:
 - 20.3.15.1. The Contractor shall, upon the direction of the Department, provide court-ordered evaluations and charge a sliding rate fee based on the scale in Exhibit C, Payment Terms. The Contractor shall then submit the court-ordered evaluation to the authorized requestor and shall, upon the direction of the Department, offer treatment to those individuals.

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**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

20.3.15.2. The Contractor shall comply with the legal requirements governing human subjects research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Contractors must inform and receive the Department's approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.

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d/b/a Greater Nashua Mental Health

Initials CUW
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Exhibit C-9, SUD Treatment Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: The Community Council of Nashua, N.H.
d/b/a Greater Nashua Mental Health

SUD Treatment &
Budget Request for: Recovery Support Sys

Service: SUD Services

Budget Period: 7/1/25-6/30/26

Line Item	Total Program Cost			Contractor Share / Match / Third Party Payee			Funded by DHH's contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 547,939.93	\$ 82,180.99	\$ 630,130.92	\$ 475,966.09	\$ 71,395.00	\$ 547,361.09	\$ 71,973.24	\$ 10,795.99	\$ 82,769.23
2. Employee Benefits	\$ 164,381.98	\$ 24,657.30	\$ 189,039.28	\$ 142,760.01	\$ 21,418.50	\$ 164,208.51	\$ 21,591.97	\$ 3,238.80	\$ 24,830.77
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ -	\$ -	\$ -
Lab	\$ 500.00	\$ 75.00	\$ 575.00	\$ 500.00	\$ 75.00	\$ 575.00	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 250.00	\$ 37.50	\$ 287.50	\$ 250.00	\$ 37.50	\$ 287.50	\$ -	\$ -	\$ -
Office	\$ 500.00	\$ 75.00	\$ 575.00	\$ 500.00	\$ 75.00	\$ 575.00	\$ -	\$ -	\$ -
6. Travel	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 810.00	\$ 121.50	\$ 931.50	\$ 810.00	\$ 121.50	\$ 931.50	\$ -	\$ -	\$ -
Postage	\$ 100.00	\$ 15.00	\$ 115.00	\$ 100.00	\$ 15.00	\$ 115.00	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Supplies	\$ 400.00	\$ 60.00	\$ 460.00	\$ 400.00	\$ 60.00	\$ 460.00	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 718,681.91	\$ 107,832.29	\$ 826,514.20	\$ 625,316.69	\$ 93,797.50	\$ 719,114.20	\$ 93,565.22	\$ 14,034.78	\$ 107,600.00

Indirect As A Percent of Direct

15.00000%

State of New Hampshire

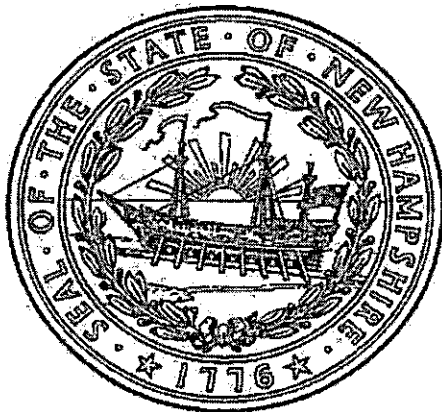
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE COMMUNITY COUNCIL OF NASHUA, N.H. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 24, 1923. 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: 63050

Certificate Number: 0005752978



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of April A.D. 2022.

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

David M. Scanlan
Secretary of State

State of New Hampshire

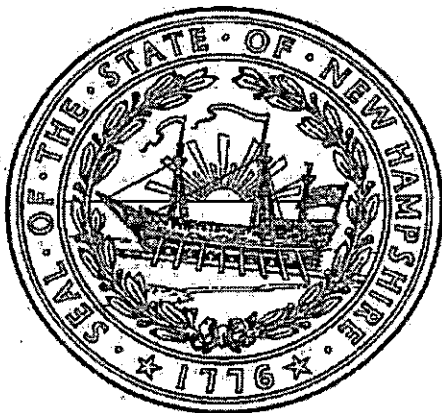
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GREATER NASHUA MENTAL HEALTH is a New Hampshire Trade Name registered to transact business in New Hampshire on November 13, 2018. 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: 807172

Certificate Number: 0006206714



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of April A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, James R. Jordan, Board Chair, 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 Community Council of Nashua, NH d/b/a Greater Nashua Mental Health
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on
February 26, 2025, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Cynthia L Whitaker, PsyD, MLADC, President & Chief Executive Officer (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Community Council of Nashua, NH d/b/a Greater Nashua Mental Health 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 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: 2/26/2025


Signature of Elected Officer
Name: James R. Jordan
Title: Board Chair
Greater Nashua Mental Health

Amendment #4 of the Substance Use Disorder Treatment and Recovery Support Services (RFP-2022-BDAS-01-SUBST-04-A04) contract



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2025

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 Eaton & Berube Insurance Agency, LLC 11 Concord Street Nashua NH 03064	CONTACT NAME: Cathy Beauregard PHONE (A/C, No, Ext): 603-882-2766 FAX (A/C, No): E-MAIL ADDRESS: cbeauregard@eatonberube.com														
INSURED The Community Council of Nashua NH, Inc dba Greater Nashua Mental Health 100 West Pearl Street Nashua NH 03060	INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Scottsdale Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B: Concord General Mutual</td> <td>20672</td> </tr> <tr> <td>INSURER C: Granite State Health Care & Human Services Self In</td> <td></td> </tr> <tr> <td>INSURER D: The Lawson Group</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER	NAIC #	INSURER A: Scottsdale Insurance Co		INSURER B: Concord General Mutual	20672	INSURER C: Granite State Health Care & Human Services Self In		INSURER D: The Lawson Group		INSURER E:		INSURER F:	
INSURER	NAIC #														
INSURER A: Scottsdale Insurance Co															
INSURER B: Concord General Mutual	20672														
INSURER C: Granite State Health Care & Human Services Self In															
INSURER D: The Lawson Group															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 355793523**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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			OPS1586723	11/12/2024	11/12/2025	EACH OCCURRENCE: \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			20038992	11/12/2024	11/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000			XLS1224786	11/12/2024	11/12/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	P02534HCHS2025 M1395801	1/1/2025 1/1/2025	1/1/2026 1/1/2026	☒ 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	Professional Liability Claims Made Retro Date: 11/12/1986			OPS1586723	11/12/2024	11/12/2025	Each Claim Aggregate \$5,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers Compensation coverage: NH; no excluded officers.

State of NH Department of Health and Human Services is listed as additional insured per written contract.

CERTIFICATE HOLDER**CANCELLATION 30 days/10 days non-payment**

State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	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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Greater Nashua
Mental Health

Greater Nashua Mental Health

Mission Statement

Empowering all people to thrive through excellent care, community engagement, and a commitment to innovation and growth.



FINANCIAL STATEMENTS

June 30, 2024

(With Comparative Totals for June 30, 2023)

With Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

Board of Directors
The Community Council of Nashua, NH, Inc.
d/b/a Greater Nashua Mental Health

Opinion

We have audited the accompanying financial statements of The Community Council of Nashua, NH, Inc. d/b/a Greater Nashua Mental Health (the Organization), which comprise the statement of financial position as of June 30, 2024, and the related statements of activities and changes in net assets, functional revenues and 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 June 30, 2024, and the changes in its net assets and its 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). 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.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, the Organization adopted Financial Accounting Standards Board Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, during the year ended June 30, 2024. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

In performing an audit in accordance with U.S. GAAS we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Board of Directors
The Community Council of Nashua, NH, Inc.
d/b/a Greater Nashua Mental Health

Report on Summarized Comparative Information

We have previously audited the Organization's 2023 financial statements and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 6, 2023. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2023 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 2, 2024

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Statement of Financial Position

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash and cash equivalents	\$ 1,151,048	\$ 6,124,028
Accounts receivable, net of allowance for credit losses and contractual's of \$546,246 in 2024 and \$212,321 in 2023	547,537	406,996
Grants receivable, net	2,980,485	970,436
Investments	5,594,589	11,127,207
Prepaid expenses	364,106	304,256
Right-of-use assets (ROU) - operating	548,437	660,417
Property and equipment, net	<u>8,544,148</u>	<u>3,171,952</u>
Total assets	<u>\$ 19,730,350</u>	<u>\$ 22,765,292</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Line of credit	\$ 750,000	\$ -
Accounts payable and accrued expenses	79,017	570,749
Accrued payroll and related activities	703,153	747,892
Accrued vacation	750,829	658,242
Estimated third-party liability	203,127	820,419
Deferred revenue	-	109,736
Lease obligations - operating	<u>553,528</u>	<u>661,026</u>
Total liabilities	<u>3,039,654</u>	<u>3,568,064</u>
Net assets		
Without donor restrictions		
Undesignated	13,750,980	16,468,566
Board-designated	<u>2,587,969</u>	<u>2,402,168</u>
Total without donor restrictions	16,338,949	18,870,734
With donor restrictions	<u>351,747</u>	<u>326,494</u>
Total net assets	<u>16,690,696</u>	<u>19,197,228</u>
Total liabilities and net assets	<u>\$ 19,730,350</u>	<u>\$ 22,765,292</u>

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

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Statement of Activities and Changes in Net Assets

**Year Ended June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

	2024			Total 2023
	Without Donor Restrictions	With Donor Restrictions	Total	
Revenues and support				
Program service fees, net	\$ 16,616,403	\$ -	\$ 16,616,403	\$ 17,864,412
New Hampshire Bureau of Behavioral Health	3,210,979	-	3,210,979	3,639,395
Federal and state grants	1,450,404	-	1,450,404	1,178,290
Rental income	9,585	-	9,585	7,512
Contributions and support	211,530	-	211,530	144,131
Other	494,867	-	494,867	464,711
Total revenues and support	21,993,768	-	21,993,768	23,298,451
Expenses				
Program services				
Children's and adolescents' services	3,162,411	-	3,162,411	2,758,361
Adult services	6,542,055	-	6,542,055	6,025,371
Older adult services	770,416	-	770,416	624,210
Deaf services	506,754	-	506,754	622,236
Substance abuse disorders	937,390	-	937,390	899,610
Medical services	1,903,995	-	1,903,995	1,835,783
Other programs	3,405,488	-	3,405,488	3,077,656
Total program services	17,228,509	-	17,228,509	15,843,227
General and administrative	7,882,550	-	7,882,550	7,197,311
Development	156,621	-	156,621	95,403
Total expenses	25,267,680	-	25,267,680	23,135,941
(Loss) income from operations	(3,273,912)	-	(3,273,912)	162,510
Other income				
Investment return, net of fees	312,290	5,281	317,571	219,953
Realized and unrealized gains on investments	429,837	19,972	449,809	200,547
Total other income	742,127	25,253	767,380	420,500
Change in net assets	(2,531,785)	25,253	(2,506,532)	583,010
Net assets, beginning of year	18,870,734	326,494	19,197,228	18,614,218
Net assets, end of year	\$ 16,338,949	\$ 351,747	\$ 16,690,696	\$ 19,197,228

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

THE COMMUNITY COUNCIL OF NASHUA, NH, INC. D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Functional Revenues and Expenses

**Year Ended June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

	<u>Children's and Adolescents' Services</u>	<u>Adult Services</u>	<u>Older Adult Services</u>	<u>Deaf Services</u>	<u>Substance Abuse Disorders</u>	<u>Medical Services</u>	<u>Other Programs</u>	<u>Total Programs</u>	<u>General and Administrative</u>	<u>Development</u>	<u>Total</u>	<u>2023 Total</u>
Revenues and support and other income												
Program service fees, net	\$ 4,518,454	\$ 6,646,229	\$ 1,155,494	\$ 353,624	\$ 293,040	\$ 1,121,550	\$ 2,528,012	\$ 16,616,403	\$ -	\$ -	\$ 16,616,403	\$ 17,864,412
New Hampshire Bureau of Behavioral Health	230,295	934,254	-	295,014	524,547	-	1,200,215	3,184,325	26,654	-	3,210,979	3,639,395
Federal and state grants	261,168	50,000	-	-	-	-	1,139,236	1,450,404	-	-	1,450,404	1,178,290
Rental income	-	-	-	-	-	-	-	-	9,585	-	9,585	7,512
Contributions and support	-	-	-	-	20,150	-	-	20,150	-	191,380	211,530	144,131
Other revenues and support	2,863	416,769	-	-	-	-	3,603	423,235	71,582	50	494,867	464,711
Other income	-	-	-	-	-	-	-	-	767,380	-	767,380	420,500
Total revenues and support and other income	<u>\$ 5,012,780</u>	<u>\$ 8,047,252</u>	<u>\$ 1,155,494</u>	<u>\$ 648,638</u>	<u>\$ 837,737</u>	<u>\$ 1,121,550</u>	<u>\$ 4,871,066</u>	<u>\$ 21,694,517</u>	<u>\$ 875,201</u>	<u>\$ 191,430</u>	<u>\$ 22,761,148</u>	<u>\$ 23,718,951</u>

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

THE COMMUNITY COUNCIL OF NASHUA, NH, INC. D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Functional Revenues and Expenses (Concluded)

**Year Ended June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

	Children's and Adolescents' Services	Adult Services	Older Adult Services	Deaf Services	Substance Abuse Disorders	Medical Services	Other Programs	Total Programs	General and Administrative	Development	Total	2023 Total
Total revenues and support and other income	\$ 5,012,780	\$ 8,047,252	\$ 1,155,494	\$ 648,638	\$ 837,737	\$ 1,121,550	\$ 4,871,066	\$ 21,694,517	\$ 875,201	\$ 191,430	\$ 22,761,148	\$ 23,718,951
Expenses												
Salaries and wages	2,165,557	4,125,708	524,425	317,565	625,712	1,384,227	2,302,697	11,445,891	4,038,831	92,831	15,577,553	14,731,743
Employee benefits	492,975	939,190	119,382	72,292	142,439	315,110	524,194	2,605,582	919,414	21,132	3,546,128	2,684,945
Payroll taxes	161,429	307,547	39,093	23,673	46,643	103,186	171,652	853,223	301,070	6,920	1,161,213	1,020,182
Professional services	3,983	22,463	1,851	34,068	34,346	40,644	51,196	188,551	458,771	64	647,386	994,819
Staff development and recognition	9,102	5,890	298	5,588	21,120	1,026	10,284	53,308	222,513	275	276,096	258,398
Utilities	-	4,068	-	-	-	-	-	4,068	169,697	-	173,765	198,095
Occupancy	151,407	231,110	33,843	18,998	24,537	32,849	147,194	639,938	25,634	5,607	671,179	469,423
Supplies and equipment	13,020	11,966	485	1,819	7,979	6,191	50,364	91,824	199,404	552	291,780	297,238
Software and technology	1,308	-	-	-	-	-	4,559	5,867	680,546	4,250	690,663	425,464
Travel and meals	51,911	125,253	28,142	17,761	9,347	575	20,352	253,341	12,956	187	266,484	217,843
Communications	9,409	27,300	4,050	4,736	1,495	1,377	33,089	81,456	331,394	16,006	428,856	472,435
Client support	15,184	197,226	581	-	9,495	-	4,184	226,670	2,000	506	229,176	182,753
Insurance	-	-	-	-	-	-	4,949	4,949	387,093	-	392,042	352,342
Dues and publications	5,401	-	-	-	-	1,080	175	6,656	54,661	-	61,317	73,843
Other	5	419,596	-	-	1,034	-	1,153	421,788	64,730	5,265	491,783	458,852
Depreciation	81,720	124,738	18,266	10,254	13,243	17,730	79,446	345,397	13,836	3,026	362,259	297,566
Total expenses	3,162,411	6,542,055	770,416	506,754	937,390	1,903,995	3,405,488	17,228,509	7,882,550	156,621	25,267,680	23,135,941
Income (loss) from operations before general and administrative allocation	1,850,369	1,505,197	385,078	141,884	(99,653)	(782,445)	1,465,578	4,466,008	(7,007,349)	34,809	(2,506,532)	583,010
General and administrative allocation	1,926,596	2,940,779	430,644	241,742	312,218	(782,452)	1,872,985	6,942,512	(7,003,339)	60,827	-	-
Change in net assets	\$ (76,227)	\$ (1,435,582)	\$ (45,566)	\$ (99,858)	\$ (411,871)	\$ 7	\$ (407,407)	\$ (2,476,504)	\$ (4,010)	\$ (26,018)	\$ (2,506,532)	\$ 583,010

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

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Statement of Cash Flows

**Year Ended June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Change in net assets	\$ (2,506,532)	\$ 583,010
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	362,259	297,566
Realized and unrealized gains on investments	(449,809)	(200,547)
Change in the ROU assets - operating, net of lease obligations - operating	4,482	609
Changes in operating assets and liabilities		
Accounts receivable	(140,541)	(30,758)
Grants receivable	(2,010,049)	9,646
Prepaid expenses	(59,850)	(50,524)
Accounts payable and accrued expenses	(444,128)	249,363
Accrued payroll and related activities	(44,739)	(1,073,919)
Accrued vacation	92,587	137,407
Estimated third-party liability	(617,292)	137,061
Deferred revenue	(109,736)	14,555
Net cash (used) provided by operating activities	<u>(5,923,348)</u>	<u>73,469</u>
Cash flows from investing activities		
Purchases of investments	(1,420,959)	(10,017,009)
Proceeds from the sale of investments	7,403,386	1,081,075
Purchase of property and equipment	(5,782,059)	(304,438)
Net cash provided (used) by investing activities	<u>200,368</u>	<u>(9,240,372)</u>
Cash flows from financing activities		
Net advances on the line of credit	<u>750,000</u>	<u>-</u>
Net decrease in cash and cash equivalents	(4,972,980)	(9,166,903)
Cash and cash equivalents, beginning of year	<u>6,124,028</u>	<u>15,290,931</u>
Cash and cash equivalents, end of year	<u>\$ 1,151,048</u>	<u>\$ 6,124,028</u>
Supplemental disclosures of noncash activities:		
Acquisition of property and equipment included in accounts payable and accrued expenses	\$ <u>-</u>	\$ <u>47,604</u>
Disposal of property and equipment included in accounts payable and accrued expenses in the prior year	\$ <u>-</u>	\$ <u>65,370</u>
ROU asset - operating acquired through a lease obligation	\$ <u>-</u>	\$ <u>619,165</u>

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

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

June 30, 2024

(With Comparative Totals for Year Ended June 30, 2023)

Organization

The Community Council of Nashua, NH, Inc. d/b/a Greater Nashua Mental Health (the Organization) is a comprehensive community health center located in Nashua, New Hampshire. The Organization's mission is to work with the community to meet the mental health needs of its residents by offering evaluation, treatment, resource development, education and research. The Organization is dedicated to clinical excellence and advocacy with its Child and Adolescent, Adult Outpatient Services, Older Adult Services, Deaf Services, Substance Abuse, Medical Services, and other programs.

1. Summary of Significant Accounting Policies

Newly Adopted Accounting Principle

Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to financial assets measured at amortized cost, which includes accounts receivable. The adoption of Topic 326 during the year ended June 30, 2024 did not have a material impact on the financial statements of the Organization as a significant portion of the payors to the Organization either have the full faith and backing of the U.S. government or are credit worthy with limited to no credit risk associated with them. Other than accounts receivable, there are no other financial assets that are measured at amortized cost.

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 regarding its financial position and activities 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.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

All contributions are considered to be available for operational use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as donor restricted support that increases that net asset class. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, donor restricted net assets are reclassified to net assets without donor restrictions and reported in the statement of activities and changes in net assets as net assets released from restrictions. The Organization records donor restricted contributions whose restrictions are met in the same reporting period as support without donor restrictions in the year of the gift.

The Organization reports contributions of land, buildings or equipment as support without donor restrictions, unless a donor places explicit restriction on their use. Contributions of cash or other assets that must be used to acquire long-lived assets are reported as donor restricted support and reclassified to net assets without donor restrictions when the assets are acquired and placed in service.

The financial statements include certain prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's June 30, 2023 financial statements, from which the summarized information was derived.

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.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding investments.

The Organization has cash deposits in major financial institutions which may exceed federal depository insurance limits. The Organization has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk with respect to these accounts.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

June 30, 2024

(With Comparative Totals for Year Ended June 30, 2023)

Accounts and Grants Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Organization monitors the amount of actual cash collected during each month against the Organization's outstanding accounts receivable balances, as well as the aging of balances. The Organization analyzes its past history and identifies supportable future trends for each of its major payer sources of revenue to estimate the appropriate allowance for credit losses and provision for bad debts. Management, as well as the Finance Committee of the Organization, regularly reviews the aging and collection rate of major payer sources. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the trade accounts receivable. Accounts receivable, net amounted to \$1,356,320 as of July 1, 2022.

Leases

At the inception of an arrangement, the Organization determines if an arrangement is, or contains, a lease based on the unique facts and circumstances present in that arrangement. Lease classification, recognition and measurement are then determined as of the lease commencement date. For arrangements that contain a lease, the Organization (i) identifies lease and non-lease components, (ii) determines the consideration in the contract, (iii) determines whether the lease is an operating or finance lease, and (iv) recognizes the lease ROU asset and liability. Lease obligations and their corresponding ROU assets are recorded based on the present value of lease payments over the expected lease term. The interest rate implicit in lease contracts is typically not readily determinable, and as such, the Organization used the risk free rate based on the information available at the lease commencement date, a rate which represents one that would be incurred to borrow, on a collateralized basis, over a similar term, an amount equal to the lease payments in a similar economic environment.

Some leases include options to renew and/or terminate the lease, which can impact the lease term. The exercise of these options is at the Organization's discretion and the Organization does not include any of these options within the expected lease term where it is not reasonably certain that these options will be exercised.

Fixed, or in-substance fixed, lease payments on operating leases are recognized over the expected term of the lease on a straight-line basis. Variable lease expenses that are not considered fixed, or in-substance fixed, are recognized as incurred. Fixed and variable lease expense on operating leases is recognized within other operating expenditures in the statement of functional revenues and expenses. The Organization has elected the short-term lease exemption and, therefore, does not recognize a ROU asset or corresponding lease liability for lease arrangements with an original term of 12 months or less.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

June 30, 2024

(With Comparative Totals for Year Ended June 30, 2023)

Investments

Investments in marketable securities and debt instruments with readily determined market values are carried at fair value. Fair values are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

Dividends, interest, and net realized and unrealized gains (losses) arising from investments are reported as follows:

- Increases (decreases) in net assets with donor restrictions if the terms of the gift require that they be maintained with the corpus of a donor restricted endowment fund;
- Increases (decreases) in net assets with donor restrictions if the terms of the gift or state law imposes restrictions on the use of the allocated investment income (loss); and
- Increases (decreases) in net assets without donor restrictions in all other cases.

During 2023, the Organization initiated a short-term investment strategy by transferring balances from cash and cash equivalents to a short-term investment portfolio in response to an improving rate environment and the opportunity to earn additional interest on excess cash.

Short-term investments are reported at fair value using quoted prices (unadjusted) for identical assets in active markets that the Organization has the ability to access as of year-end. The investments consist primarily of U.S. Treasury bills with maturities of greater than 90 days and less than 12 months from the date of purchase.

Property and Equipment

Property and equipment are carried at cost, if purchased, or at estimated fair value at date of donation in the case of gifts, less accumulated depreciation. The Organization's policy is to capitalize assets greater than \$5,000, while minor maintenance and repairs are charged to expense as incurred. Depreciation is recorded using the straight-line method over the following estimated lives as follows:

Furniture and equipment	3-10 years
Buildings and improvements	15-50 years
Computer equipment and software	3-10 years
Vehicles	5 years

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

June 30, 2024

(With Comparative Totals for Year Ended June 30, 2023)

Estimated Third-Party Liability

The Organization's estimated third-party liability consists of estimated amounts due to Medicaid under capitation contract agreements. During 2023, the Managed Care Organizations (MCO's) authorized the Organization to use 50% of any unmet minimum threshold levels for the period from July 1, 2022 to December 31, 2022 and 30% of any unmet minimum thresholds for the period from January 1, 2023 to June 30, 2023 to be used to invest for workforce improvements. During 2024, the MCO's authorized the Organization to use 50% of any unmet minimum threshold levels to be used to invest for workforce improvements.

Revenue Recognition

Program service fees, net revenue is reported at the estimated net realizable amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing client services. These amounts are due from third-party payors (including health insurers and government programs), and others, and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Organization bills third-party payors several days after services are provided. Revenue is recognized as performance obligations are satisfied. It is the Organization's expectation that the period between the time the service is provided to a client and the time a third-party payor pays for that service will be one year or less.

Under the Organization's contractual arrangements, the Organization provides services to clients for an agreed-upon fee. The Organization recognizes revenue for client services in accordance with the provisions of FASB Accounting Standards Codification (ASC) Topic 606, *Revenue from Contracts with Customers*.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual services rendered. Generally, performance obligations are satisfied over time when services are provided. The Organization measures the performance obligation from when the Organization begins to provide services to a client to the point when it is no longer required to provide services to that client, which is generally at the time of notification to the Organization.

Each performance obligation is separately identifiable from other promises in the contract with the client. As the performance obligations are met, revenue is recognized based upon allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative stand-alone selling price.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

Because all of its performance obligations relate to short-term contracts, the Organization has elected to apply the optional exemption provided in FASB ASC Subtopic 606-10-50-14(a), 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.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of functional revenues and expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. General and administrative costs were allocated based on a percentage of relative revenue by program. Program expenses are allocated based on client count.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. There was no unrelated business income tax incurred by the Organization for the years ended June 30, 2024 and 2023. Management has evaluated the Organization's tax positions and concluded the Organization has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to, or disclosure within, the accompanying financial statements.

Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through December 2, 2024, which is the date that the financial statements were available to be issued.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize its available funds. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, investments and a line of credit.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing operating activities as well as the conduct of services undertaken to support those operating activities.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a board approved budget and anticipates collecting sufficient revenue to cover expenditures not covered by donor-restricted resources or, where appropriate, borrowings. Refer to the statement of cash flows, which identifies the sources and uses of the Organization's cash and cash equivalents.

The following financial assets are expected to be available within one year of the statement of financial position date to meet general expenditures as of June 30:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents available for operations	\$ 573,883	\$ 5,438,388
Accounts receivable, net	547,537	406,996
Grants receivable, net	2,980,485	970,436
Short-term investments	<u>3,232,039</u>	<u>9,084,186</u>
Financial assets available to meet general expenditures within one year	<u>\$ 7,333,944</u>	<u>\$ 15,900,006</u>

Cash and cash equivalents in the statement of financial position includes amounts that are part of the endowment and Board-designated funds reserved for future capital expenditures, and thus are excluded from the above table.

The Organization's Board of Directors has designated a portion of its resources without donor restrictions to act as endowment funds. These funds are invested for long-term appreciation and current income but remain available and may be spent at the discretion of the Board of Directors.

The Organization has an available line of credit of \$1,000,000 which had \$750,000 drawn on it at June 30, 2024. See Note 7.

3. Program Service Fees and Concentrations of Credit Risk

For the years ended June 30, 2024 and 2023, approximately 79% and 77%, respectively, of the revenues and support of the Organization was derived from MCO contracts. As of June 30, 2024 and 2023, gross accounts receivable due from government grants was approximately 74% and 61%, respectively.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

4. Fair Value of Financial Instruments

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability. The Organization did not have any Level 3 assets as of June 30, 2024 and 2023, respectively.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets measured at fair value on a recurring basis as of June 30:

<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Common stock	\$ 924,080	\$ -	\$ 924,080
Equity mutual funds	285,240	-	285,240
U.S. Treasury bonds	4,131,372	-	4,131,372
Corporate bonds	-	253,897	253,897
	<u>\$ 5,340,692</u>	<u>\$ 253,897</u>	<u>\$ 5,594,589</u>
<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Common stock	\$ 810,093	\$ -	\$ 810,093
Equity mutual funds	244,966	-	244,966
U.S. Treasury bonds	9,837,632	-	9,837,632
Corporate bonds	-	234,516	234,516
	<u>\$10,892,691</u>	<u>\$ 234,516</u>	<u>\$11,127,207</u>

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

June 30, 2024

(With Comparative Totals for Year Ended June 30, 2023)

The fair value for Level 2 assets is primarily based on market prices of comparable or underlying securities, interest rates, and credit risk, using the market approach for the Organization's investments.

5. Property and Equipment

Property and equipment consists of the following:

	<u>2024</u>	<u>2023</u>
Land, buildings and improvements	\$ 11,205,313	\$ 6,026,105
Furniture and equipment	584,720	489,357
Computer equipment	559,278	498,683
Software	713,587	713,587
Vehicles	79,121	79,121
Construction in process	<u>429,634</u>	<u>30,345</u>
	13,571,653	7,837,198
Less accumulated depreciation	<u>(5,027,505)</u>	<u>(4,665,246)</u>
Property and equipment, net	<u>\$ 8,544,148</u>	<u>\$ 3,171,952</u>

6. Endowment

The Organization's endowment primarily consists of funds established for certain programs provided by the Organization. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

Interpretation of Relevant Law

The Organization has interpreted the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (the Act) as allowing the Organization to spend or accumulate the amount of an endowment fund that the Organization determines is prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift agreement. As a result of this interpretation, the Organization has included in net assets with perpetual donor restrictions (1) the original value of gifts donated to be maintained in perpetuity, (2) the original value of subsequent gifts to be maintained in perpetuity, and (3) the accumulation to the gifts to be maintained in perpetuity made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. If the donor-restricted endowment assets earn investment returns beyond the amount necessary to maintain the endowment assets' contributed value, that excess is included in net assets with donor restrictions until appropriated by the Board of Directors and, if applicable, expended in accordance with the donors' restrictions. The Organization has interpreted the Act to permit spending from funds with deficiencies in accordance with the prudent measures required under the Act. Funds designated by the Board of Directors to function as endowments are classified as net assets without donor restrictions.

In accordance with the Act, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of the Organization and the donor-restricted endowment fund;
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;
- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of the Organization; and
- (7) The investment policies of the Organization.

Spending Policy

The Organization has a total return spending rate policy which limits the amount of investment income used to support current operations. The long-term target is to limit the use of the endowment to 4% of the moving average of the market value of the investments over the previous 12 quarters ending June 30 of the prior fiscal year. There were no appropriations during 2024 or 2023.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
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Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

Return Objectives and Risk Parameters

The Organization has adopted investment policies, approved by the Board of Directors, for endowment assets that attempt to maintain the purchasing power of those endowment assets over the long term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk. Endowment assets are invested in a well-diversified asset mix, which includes equity and debt securities, that is intended to result in a consistent inflation-protected rate of return that has sufficient liquidity to make an annual distribution of accumulated interest and dividend income to be reinvested or used as needed, while growing the funds if possible. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund; investment assets and allocation between asset classes and strategies are managed to reduce the exposure of the fund to unacceptable levels of risk.

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 or the Act requires the Organization to retain as a fund of perpetual duration. Deficiencies result from unfavorable market fluctuations that occurred shortly after the investment of new contributions with donor-imposed restrictions to be maintained in perpetuity and continued appropriation for certain programs that was deemed prudent by the Board of Directors. The Organization has a policy that permits spending from underwater endowment funds, unless specifically prohibited by the donor or relevant laws and regulations. Any deficiencies are reported in net assets with donor-imposed restrictions. There were no deficiencies of this nature as of June 30, 2024 and 2023.

Endowment Composition and Changes in Endowment

The endowment net asset composition by type of fund as of June 30, 2024 was as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 351,747	\$ 351,747
Board-designated endowment funds	<u>2,587,969</u>	<u>-</u>	<u>2,587,969</u>
	<u>\$ 2,587,969</u>	<u>\$ 351,747</u>	<u>\$ 2,939,716</u>

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

The changes in endowment net assets for the year ended June 30, 2024 were as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, June 30, 2023	\$ 2,402,168	\$ 326,494	\$ 2,728,662
Investment return, net of fees	<u>185,801</u>	<u>25,253</u>	<u>211,054</u>
Endowment net assets, June 30, 2024	<u>\$ 2,587,969</u>	<u>\$ 351,747</u>	<u>\$ 2,939,716</u>

The endowment net asset composition by type of fund as of June 30, 2023 was as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 326,494	\$ 326,494
Board-designated endowment funds	<u>2,402,168</u>	<u>-</u>	<u>2,402,168</u>
	<u>\$ 2,402,168</u>	<u>\$ 326,494</u>	<u>\$ 2,728,662</u>

The changes in endowment net assets for the year ended June 30, 2023 were as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, June 30, 2022	\$ 2,302,975	\$ 313,012	\$ 2,615,987
Investment return, net of fees	<u>99,193</u>	<u>13,482</u>	<u>112,675</u>
Endowment net assets, June 30, 2023	<u>\$ 2,402,168</u>	<u>\$ 326,494</u>	<u>\$ 2,728,662</u>

7. Line of Credit

The Organization maintains a \$1,000,000 revolving line of credit with TD Bank, collateralized by a mortgage on real property and substantially all business assets, carrying a variable interest rate of TD base rate (8.50% at June 30, 2024). Interest is payable monthly. The line of credit had a \$750,000 outstanding balance at June 30, 2024 and no outstanding balance at June 30, 2023. The line of credit was renewed in April 2023 with a maturity date of March 31, 2025.

**THE COMMUNITY COUNCIL OF NASHUA, NH, INC.
D/B/A GREATER NASHUA MENTAL HEALTH**

Notes to Financial Statements

**June 30, 2024
(With Comparative Totals for Year Ended June 30, 2023)**

8. ROU Assets and Lease Obligations

The Organization leases space in Nashua, New Hampshire under the terms of two operating lease agreements. One lease is set to expire December 31, 2024 and calls for monthly payments of \$7,013. The other lease is set to expire on May 15, 2026; however, management believes it is reasonably certain to exercise the renewal option which extends the lease to May 15, 2028. This lease calls for monthly payments ranging from \$10,950 to \$11,845 through the end of the lease term. The Organization is responsible for Common Area Maintenance (CAM) charges for both leases which are excluded from the monthly payments above. For the years ended June 30, 2024 and 2023, the weighted average remaining lease term is 3.62 years and 4.62 years, respectively. For the years ended June 30, 2024 and 2023, the weighted average discount rate is 3.83% and 3.85%, respectively. Total operating lease costs for the years ended June 30, 2024 and 2023 was \$223,419 and \$86,608, respectively. Cash paid for operating leases was \$213,645 and \$91,290 for the years ended June 30, 2024 and 2023, respectively.

The future maturities of the lease obligations - operating is as follows:

2025	\$ 178,731
2026	142,139
2027	142,139
2028	<u>130,295</u>
	593,304
Less imputed interest	<u>(39,776)</u>
Lease obligations - operating	<u>\$ 553,528</u>

9. Tax Deferred Annuity Plan

The Organization maintains a 403(b) employer-sponsored retirement plan. Employees are eligible to participate as of the date of hire. The Organization has a matching contribution to 100% of employee deferrals up to 5% of eligible compensation. In order to be eligible for the match, an employee must work or earn a year of service, which is defined as at least 1,000 hours during the 12-month period immediately following date of hire. In addition, the Organization may elect to provide a discretionary contribution. There was no discretionary contribution made for the years ended June 30, 2024 and 2023. Expenses associated with this plan were \$423,985 and \$262,074 for the years ended June 30, 2024 and 2023, respectively.



Greater Nashua
Mental Health

BOARD OF DIRECTORS

2025

Chair	James Jordan
Vice Chair	Diane Vienneau
Secretary	Michelle Gardner
Treasurer	Gerard Hadley

Members In Alphabetical Order

Robert S. Amrein, Esquire

Pamela Burns, Emeritus

James S. Fasoli

Michelle Gardner

Gerard Hadley

James Jordan

Sunil Khadka

Lieutenant Charles MacGregor

Catherine McNamara

Beth O'Brien

Elizabeth Sheehan

Kristen Sheppard, MSW

Diana Walsworth

Brian Winslow

Diane Vienneau

Julie L. Christenson-Collins, M.S.W.

Summary of Qualifications:

- Seasoned clinical professional with 10 years supervisory and managerial experience in a diverse, fast-paced, and outcomes-driven setting.
- Ability to facilitate and lead effective team initiatives such as the development and implementation of staff orientation and training programs, policies and procedures, and other programming to achieve targeted outcomes and program goals.
- Achieved continuous improvement in measured program outcomes.

Professional Experience:

Crittendon Women's Union, Brighton, Massachusetts

2005 -2015

Director of Residential Services (2012 – 2015)

Managed operations of 58-family congregate emergency shelter facility in accordance with contract requirements, agency mission, and best practices including staff management and development, program operations, policy and procedure development, budget, and contract management. Developed and coordinated activities and initiatives to ensure achievement of contract and program goals including safety and wellbeing of families, permanent housing placement, educational achievement, career advancement, and financial literacy. Collected and analyzed program outcome data to evaluate progress toward program goals and report to funders.

Assistant Director of Case Management for Housing (2011 – 2012)

Coordinator of Case Management Services (2005 -2011)

Member of program management team, responsible for ensuring a safe, healthy program environment and high quality case management services for up to 58 homeless families living in two congregate facilities. Oversaw and managed a team of seven case managers, including direct supervision of licensed clinical social workers. Developed and coordinated activities and initiatives to ensure achievement of contract and program goals related to case management such as permanent housing placement, educational achievement, career advancement, and financial literacy. Collected and analyzed program outcomes data to evaluate progress toward program goals and report to funders. Provided on-call support to case management and direct care staff for risk management issues. Provided assessment and clinical case management assistance to connect families in need of specialized services such as child welfare services, substance abuse treatment services, and urgent psychiatric and mental health services and collaborated with specialized providers to support families' goals.

Children's Friend and Family Service, Salem, MA

2003 – 2005

Outpatient Clinician

Provided outpatient therapy to diverse group of individuals and families, with focus on work with adolescents. Conducted initial psychosocial assessments and developed treatment plans. Documented work in accordance with agency and insurance requirements. Engaged family members in therapeutic work with children and adolescents. Collaborated with client's collateral service providers such as teachers, social workers, and psychopharmacology providers as needed.

SHORE Educational Collaborative, Chelsea, MA

2004-2005

School Adjustment Counselor

Provided school-based adjustment counseling for youth with emotional and/or behavioral disorders in a special education setting. Collaborated with teachers and parents to achieve students' Individual Educational Plan goals. Conducted psychoeducational groups, with focus on social skills.

Institute for Family and Life Learning, Inc., Danvers, MA

2000-2003

Clinical Specialist

Provided clinical case management, individual, family, and group therapy in a residential school setting for youth with emotional and/or behavioral disorders. Conducted psychosocial assessments, developed treatment plans, and facilitated quarterly case conferences with collateral providers. Documented work in accordance with agency and contract requirements.

Education and Licensure:

B.S. Human Service Studies
Cornell University, Ithaca, NY

M.S.W. Clinical Social Work
Boston College, Chestnut Hill, MA

Licensed Independent Clinical Social Worker (L.I.C.S.W.) in the Commonwealth of Massachusetts

Cynthia L. Whitaker, Psy.D.

Education:

Antioch New England Graduate School, Keene, NH
Psy.D. in Clinical Psychology, 2006

University of New Hampshire at Manchester, Manchester, NH
Certificate in Sign Language Interpretation, 2004

Rhode Island College, Providence, RI
B.A. in Psychology and Communications with Honors, 1995
Communications emphasis in Speech and Hearing Sciences

Clinical Experience:

Riverbend Community Mental Health Henniker, NH 8/05-present
Child and Family Therapist

Presently engaged in working with a multidisciplinary team that provides mental health services to children and their families. Position includes provision of individual therapy, family therapy, case management, and advocacy. Coordination with other providers and schools is also involved in the position. Psychology post-doctorate supervision received from 4/06 through present.

Moore Center Services Manchester, NH 12/02-6/05
MIMS Worker/Supervisor

Provided Mental Illness Management Services (MIMS) to children and adults diagnosed with both a mental illness and a developmental disability. Responsibilities included supervising part-time staff, managing staff schedules, other administrative duties, and direct support of consumers involving teaching symptom management strategies and social skills as directed by consumers' treatment plans.

University at Albany Counseling Center Albany, NY 7/01-7/02
Ellis Hospital Mental Health Clinic Schenectady, NY
Pre-doctoral Intern in Psychology

APPIC accredited internship with focused training in two distinct settings, a university counseling center and a community mental health center. Core activities included intake assessment and referral, individual and group psychotherapy, crisis intervention in role as "psychologist of the day," individual supervision of second year doctoral student, group supervision of undergraduate peer trainers, and psychological assessment. Also received advanced training on the Rorschach Inkblot Procedure. Training at community mental health center focused on assessment and therapy with adults diagnosed with major mental illness and/or personality disorders in an outpatient setting.

Monadnock Developmental Services Keene, NH 8/99-6/01
Group Facilitator

Responsible for co-facilitating a monthly group for children who have a sibling with some type of physical or developmental disability, such as autism, leukemia, or cerebral palsy. The group included both expressive and process components and dealt with topics such as roles within a family and shame.

Wediko Children's Services Windsor, NH 9/00-6/01
Assistant Teacher (AmeriCorps Position)

Intensive diagnostic and treatment program that utilizes assessment, education, and behavioral intervention with males ranging in age from 8 to 18 who have emotional and/or behavioral challenges. Responsibilities included assisting lead teacher with academic material presented in classroom, teaching elective classes, implementing Individualized Education Plans (IEPs), and carrying out other duties necessary to maintain the therapeutic milieu of the residential school.

Psychological Services Center Keene, NH 8/99-5/01
Administrative Assistant

Assisted with the administration of a psychology training clinic, including managing billing clients and insurance agencies and coordinating referrals for service. Also involved in the instruction of first year students with the usage of scoring templates for the MMPI-2 and other testing materials owned by the clinic.

Antioch New England Graduate School Keene, NH Fall 2000
Teaching Assistant for Fundamental Clinical Skills I and II

Provided instruction to first year doctoral level students on utilizing confrontation in therapy and on giving mental status examinations. Facilitated small groups of students practicing and learning about beginning counseling and assessment techniques. Also responsible for reading papers and providing feedback to students about their developing skills.

Psychological Services Center Keene, NH 7/99-6/00
PSC Clinician

Pre-doctoral practicum experience involving working with adults, families, and children in an outpatient setting. Received specialized training in cardiac rehabilitation, counseling parents, conducting learning disability assessments, and working with people with eating disorders.

New Hampshire Hospital Concord, NH 9/98-5/99
Psychology Extern

Pre-doctoral training in assessment and therapy with adults diagnosed with major mental illness and/or personality disorders in an inpatient setting. Monthly seminars attended included Neuropsychology, Case Presentation, and Assessment (Rorschach). Also attended bi-weekly Grand Rounds.

Arbour-Fuller Hospital

S. Attleboro, MA 10/95-2/99

Activity Therapist /Behavior Therapy Specialist

Attended team meetings, determined rehabilitation goals for treatment plans, supervised activity therapy intake screenings, and conducted daily rehabilitation groups on a locked, acute unit for adolescents. Responsibilities also included implementing behavior plans, collecting data, and conducting different types of group therapy, on a locked, acute unit for adults with developmental disabilities.

Leadership Experience:

Beauty 4 Ashes

Member, Board of Directors

2004-present

New Hampshire Registry of Interpreters for the Deaf

Member at Large of Executive Board

2004-2005

Student Representative to Executive Board

2002-2004

ASL Club at the University of New Hampshire at Manchester

President

2002-2003

Antioch New England Graduate School

Member, Admission Team

Spring 2000 & 2001

Reviewed written applications of prospective students. Also conducted team and individual interviews and collaborated in final selections of students.

Research Experience:

Antioch New England Graduate School

Keene, NH

2000-2006

Dissertation Research

Completed dissertation entitled *The Third Party: Psychologists' Attitudes Regarding the Use of Interpreters in Therapy*.

Antioch New England Graduate School

Keene, NH

9/99-8/00

Student Member of Internal Review Board (IRB)

Attended monthly IRB meetings, read research proposals, and collaborated with other team members to provide recommendations to researchers.

Butler Hospital

Providence, RI

12/94-9/97

Volunteer Research Coordinator & Assistant

Under the supervision of Caron Zlotnick, Ph.D., responsible for coordinating a research project on Adolescent Suicide Attempters and Ideators, which involved a clinical assessment and report of each adolescent. Also scored, entered, and analyzed data on patients in the Women's Treatment Program at the hospital. Position required extensive knowledge of the SAS system.

Papers and Presentations:

The Third Party: What are Psychologists' Opinions of Interpreters in Therapy.
Presented at the Region I Conference of the Registry of Interpreters for the Deaf.
Providence, RI, July 2006

Anxiety and Stress Management the Natural Way. Presented workshop at the Spinal
Corrective Center in Amherst, NH, May 2006

Mental Illness Management Services. Presented workshop at Riverbend Mental
Health Center for staff training purposes, May 2006

Transitions for Parents. Developed program designed to explore parental roles in
freshman transitions at the University at Albany, June 2002

Parents as Partners. Developed document providing information about college
students' use of alcohol and other drugs and parental roles in moderating that was
placed on a website for parents at the University at Albany, June 2002

Depression and Women. Presented workshop to a sorority at the University at
Albany, April 2002

Stress Management. Presented a workshop to a group of Residential Assistants on the
University at Albany campus, April 2002

Handbook of Interpreting in Mental Health Settings. Unpublished Manuscript,
University of New Hampshire at Manchester, May 2000

Family Functioning and Loneliness in Adolescent Suicide Ideators and Attempters.
Presented paper at 32nd Annual Conference of the American Association of
Suicidology, April 1999

Gender and Memory. Presented at the Fourth Annual Undergraduate Research
Conference at Rhode Island College, Spring 1995

Professional Affiliations:

American Psychological Association
APA Division 12, Clinical Psychology
APA Division 22, Rehabilitation Psychology
Special Interest Section on Deafness
New Hampshire Association of the Deaf
New Hampshire Disaster Behavioral Health Response Team (DBHRT)
Registry of Interpreters for the Deaf
New Hampshire Registry of Interpreters for the Deaf
Weare Citizens Emergency Response Team (CERT)

Languages of Fluency:

American Sign Language (ASL)

References:

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Health & Counseling Building
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Albany, NY 12222
(V) 518-442-5800
jbernier@uamail.albany.edu

Maureen Ryan



Qualifications Summary:

- Mission driven, results oriented leader with a strong track record of achieving goal oriented, cost effective quality outcomes
- 20 years progressive management experience in both the private and public sector
- Successful experience in project management, program design and implementation, strategic planning, and grant writing
- Excellent written and verbal communication skills and experienced in public speaking, delivering presentations and facilitating diverse groups

Professional Experience

New Hampshire Department of Health and Human Services

12/05 - present

Senior Director, Office of Human Services

6/16-present

- Responsible for providing strategic leadership, direction and administrative oversight for the Divisions of Family Assistance, Children, Youth, & Families, and Child Support Services; the Bureaus of Elderly & Adult Services; Homeless & Housing Services; and Community Based Military Programs; and the Office of Health Equity
- Oversees the administration and implementation of programs to ensure compliance with state and federal laws, regulations, and policies; programmatic efficiency and effectiveness; financial integrity and sustainability; and effective personnel and resource allocation
- Proactively identifies critical issues, actions, or decision-points impacting program administration and service delivery, such as policy change, legislative mandate, or resource need, and engages staff to fully assess the issues and impacts, proactively develop a well-supported strategic plan or response, and communicate and implement decisions timely
- Actively mentors and engages OHS senior management in supporting high quality, effective management practices by supporting skill development in motivating and leading staff, managing change, strategic planning, developing innovative solutions, effective program implementation, data-driven evaluation, and modeling and supporting a professional, accountable workforce

Administrator, Bureau of Homeless and Housing Services

8/07 - 6/16

- Direct the coordination and administration of federal and state funding of statewide homeless service contracts
- Direct all bureau activities including contract monitoring, technical assistance, strategic planning, training and regional problem-solving activities
- Coordinate planning efforts for the development of community services and new initiatives
- Serve as agency representative relative to state homeless service programs, to local, state and federal agencies

Administrator, Bureau of Improvement and Integrity

3/06 - 8/07

- Responsible for the overall management of the Continuous Improvement unit of the Bureau of Improvement and Integrity
- Direct all aspects of DHHS wide program Quality Assurance reviews including routine program evaluations, special investigations, work process analysis, and root cause analysis of specific programmatic issues
- Develop and direct projects related to Quality Improvement including facilitating interagency collaboration, system changes involving multiple divisions, organizational development issues and team building

Program Planning and Review Specialist, Bureau of Improvement and Integrity 12/05 – 3/06

- Overall management and administration of a Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant
- Coordinated the start up of the department wide implementation of a comprehensive Quality Improvement effort
- Established and facilitated an ongoing, state wide stakeholder Quality Council, the goal of which is to improve communication between the state and community health service providers and elicit feedback on quality improvement initiatives

Consultant/Independent Contractor

2009-2014

NH region for Anthem EAP and Work Place Options, Raleigh, North Carolina

- Facilitate workshops and professional development seminars on various topics including employee relations, management, leadership development, and work life balance.

Employee Assistance Consultant, Resource Management Consultants

8/05 – 11/05

One Pillsbury St., Suite 300, Concord, NH 03301

- Provided telephone consultation, risk assessment, therapeutic intervention and facilitated referrals to various resources for individuals needing assistance with work/life issues

Director of Outreach, HEARTH

9/01-8/05

1640 Washington St., Boston, MA 02118

- Directed and supervised Outreach Department program staff in the coordination of case management, housing search, and housing stabilization services
- Developed and managed the agency's representative payee program, ensuring compliance with federal regulations and ensuring quality of service in managing clients' finances
- Developed and maintained collaborative relationships within the community including local businesses, healthcare providers, local and state government entities, and human service agencies
- Provided weekly clinical and administrative supervision to case managers, representative payee staff, and program interns
- Developed and coordinated the agency's Critical Incident Debriefing Team

Program Director, The Lynn Emergency Shelter

12/00- 8/01

Lynn Shelter Association, 100 Willow St., Lynn, MA 01901

- Responsible for the overall management of a homeless shelter, serving up to 80 homeless adults nightly, ensuring quality and consistency of service delivery
- Managed the shelter's operating budget and performed analysis/strategic planning
- Developed and implemented a structured day program, the goal of which was to offer tools to expand skills and enhance the capabilities of shelter guests
- Developed and implemented a comprehensive case management program and provided training and clinical supervision to case managers

Program Coordinator, Common Ground Women's Transitional Housing Program
Shelter Inc., 109 School St., Cambridge, MA 02139

2/97 – 12/00

- Responsible for the overall management of a HUD funded transitional housing program, and providing counseling and case management to program residents
- Developed and facilitated various workshops and groups for program residents
- Developed and facilitated training programs for shelter staff and interns

Education

Lesley University, Cambridge, MA

Master of Arts in Psychology

1997

St. Bonaventure University, New York

Bachelor of Arts

1992

Major: Psychology

Minor: Mass Communications

Pamela Wilson

Non-Profit CFO/Director of Finance



About

Extensively experienced, results oriented professional with a demonstrated track record of leadership, integrity, and excellence in non-profit and financial services accounting.

- Possesses strong analytical, research and problem-solving skills.
- Highly skilled in policy and procedure development and revision.
- Able to prioritize and be resourceful in the completion of projects.
- Experienced executive dedicated to collaboration, staff development, and conflict resolution.
- Regulatory compliance, audit, and exam management expert.
- Expert skills in non-profit accounting, operations, and administration.
- Exceptional interpersonal, written, and verbal communication skills.

Work Experience

Director of Finance

Monarch School of New England-Rochester, NH
April 2019 to Present

- Managed all financial reporting, investment, audit, and regulatory functions of a \$10 million private nonprofit school for children with developmental disabilities, children who are medically fragile, and children with significant behavioral issues.
- Reported monthly to the Board of Directors and met quarterly with the Finance Committee of the Board.
- Ensured the school's financial security during the pandemic by seeking out and obtaining PPP funding, grants, and loans.
- Participated in the development and implementation of the school's first strategic plan.

Director of Finance/CFO

Great Bay Services Inc.-Dover, NH
March 2011 to March 2019

- Managed all financial reporting, investment, human resources, and regulatory functions of a 60-year-old \$3 million 501(C) 3 that provides community integration, residential services, and employment support to adults with developmental and intellectual disabilities.
- Managed contractual relationships with HUD, New Hampshire Area Agencies, New Hampshire Housing Finance, Medicaid, Maine Care, and Maine and New Hampshire Vocational Rehabilitation Services to ensure proper reimbursement for services provided to clients.
- Reported to the Finance Committee and Board of Trustees.
- Administered Payright payroll for 90 staff members and managed all Human Resources responsibilities within the organization.
- Managed the agency's charitable gaming activities, reporting to the New Hampshire Charitable Racing and Gaming Commission.
- Managed a fleet of 20 vehicles (owned and leased), providing transportation to 80 clients daily.
- Supervised the facilities maintenance for four residential properties (12-bed group homes), the community center campus, and the administrative headquarters.
- Certified by HUD as AHM (Assisted Housing Manager) to provide support to the administration of HUD Section 8, Section 202 properties.
- Supervised all external audits and inspections by the New Hampshire Department of Labor, HUD, New Hampshire Health and Human Services, OSHA, and the New Hampshire Racing and Charitable Gaming Commission.
- Developed and administered the operating budget, capital budget, and residential HUD budgets; negotiated contract and vendor relationships; and supervised three direct reports.
- Made significant improvements in the accounting practices, internal controls, and audit results of the agency. Supervised the relocation of the agency from their home of 50 years in Newington, NH, to a new location in Dover, NH.

VP Finance/CFO

Members First Credit Union-Manchester, NH

January 2010 to December 2011

- Managed all financial reporting, investment, collections, human resources, and regulatory functions of a \$130 million dollar 501 (C) 1 financial institution.
- Improved the composite CAMEL rating from unsatisfactory to satisfactory in one year, after eight years of unsatisfactory ratings. Revised all internal policies, updated all accounting functions, and implemented a
- new 401K plan. Increased revenue and decreased costs resulting in a \$750,000 increase in net income.
- Managed Trivantus Payroll system and supervised payroll for 60 employees.
- Responsible for all payroll tax deposits, reporting, and compliance. Developed and implemented payroll timekeeping systems. Authored and administered human resources policies and procedures.
- Chaired the Pricing Committee and the ALCO Committee. Built and managed ALM using Profitstar. Reduced the cost of funds from 2.1% to .79% in one year while maintaining share balances.
- Managed seven professional staff members in accounting, payroll, and collections.
- Insured adherence to the applicable provisions of Sarbanes-Oxley and the implementation of the DoddFrank legislation.
- Developed and implemented the disaster recovery program.

Asset Liability Management Consultant

Farin & Associates-Fitchburg, WI

August 2005 to December 2009

- Built and maintained asset liability management models (ALM) for a variety of banks, thrifts, and credit unions. Prepared ALCO reports and participated in periodic client ALCO meetings via Webex.
- Developed validation and back testing methodology for client models, creating a new source of revenue. Performed assessment and certification of client-maintained models as well as providing support to users of the Farin Foresight and SAM ALM models.
- Featured as a speaker three times at Farin Annual User's Conferences, teaching model validation and back testing.

Manager of Accounting and Finance

Service Credit Union-Portsmouth, NH

Education

MBA in Finance - Southern NH University - Manchester, NH

BS in Business Administration/Accounting - Southern NH University - Manchester, NH

Certified Nonprofit Accounting Professional (CNAP)

AS in Accounting - Southern NH University - Manchester, NH

Skills

- | | | |
|---|---------------------------------|---------------------------------|
| • Financial Analysis, Forecasting & Reporting | • Accounting | • Business Continuity Planning |
| • GAAP | • Reconciliations | • Acquisitions |
| • Section 8 | • General Ledger Reconciliation | • Profit & Loss |
| • Journal Entries | • Budgeting | • Accounts Payable & Receivable |
| • Financial Modeling | • Internal Audits | |
| | • General Ledgers | |

NH Department of Health and Human Services

KEY PERSONNEL

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

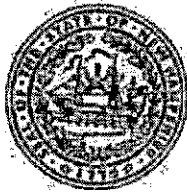
Job descriptions not required for vacant positions.

Contractor Name: Greater Nashua Mental Health

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Cynthia Whitaker	President & CEO	\$0.00	\$189,321.60
Maureen Ryan	COO	\$0.00	\$137,696.00
Pamela Wilson	CFO	\$0.00	\$141,003.20
Julie Christenson-Collins	Program Director	\$10,927.28	\$87,418.24
		\$0.00	\$0.00
		\$0.00	\$0.00

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

48

Lori A. Weaver
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 28, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed in **Bold** below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by extending the completion dates from September 29, 2023 to June 30, 2025 and increasing the total price limitation by \$15,331,072 from \$15,703,407 to \$31,034,479 and, effective September 29, 2023, upon Governor and Council approval. 62.33% Federal Funds. 11.68% General Funds. 25.99% Other Funds (Governor's Commission).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, amended on March 23, 2022, item #35, and most recently amended on December 21, 2022, item #29.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$1,052,232	\$360,596	\$1,412,828
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$180,000	\$593,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$490,666	\$320,000	\$810,666

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 4

Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061- B001	Statewide	\$1,303,516	\$1,118,145	\$2,421,661
Families in Transition (Formerly known as: FIT/NHNH, Inc.) (Manchester, NH)	157730- B001	Statewide	\$2,960,216	\$1,750,000	\$4,710,216
Grafton County New Hampshire (North Haverhill, NH)	177397- B003	Statewide	\$464,325	\$850,000	\$1,314,325
Headrest (Lebanon, NH)	175226- B001	Statewide	\$805,107	\$710,000	\$1,515,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119- B001	Statewide	\$1,589,409	\$1,372,175	\$2,961,584
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204- B001	Statewide	\$4,715,348	\$7,325,156	\$12,040,504
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292- B001	Statewide	\$1,346,066	\$1,345,000	\$2,691,066
		Total:	\$15,703,407	\$15,331,072	\$31,034,479

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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EXPLANATION

The purpose of this request is to extend the expiration date and increase funding for the Contractors to continue providing substance use treatment services.

While insurance payments, including Medicaid, cover some of the cost of treating individuals, it does not cover the overall cost of providing treatment services. Through a cost-reimbursement model, these providers will be reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administrative costs. These funds also fill in the gaps for when individuals are uninsured or underinsured.

Approximately 3,574 individuals will be served during State Fiscal Years 2024 and 2025.

The Contractors will continue to provide a comprehensive range of treatment services accessible statewide. These services encompass individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, and high and low intensity residential treatment services. Additionally, specialized residential services and integrated medications for substance use disorders are also provided. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services funded providers looks at all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subsection 1.1. of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) year and nine (9) months of the four (4) years available.

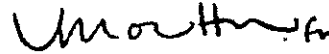
Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual, but also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464, T1084659, T1083955, T1085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759, and TBD.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Weaver
Commissioner

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical
Group

334662-B001

PO 1084542

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	92058501	\$280,618	\$0	\$280,618
2024-Q1	074-500589	Welfare Assistance	92058501	\$66,320	\$0	\$66,320
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
Sub-total				\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO 1084957

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance		\$470,179	\$0	\$470,179
2024-Q1	074-500589	Welfare Assistance		\$40,498	\$0	\$40,498
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$7,390	\$7,390
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$9,853	\$9,853
Sub-total				\$814,632	\$17,243	\$831,875

Cheshire Medical
Center/Dartmouth

155405-B001

PO 1083175

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance		\$59,496	\$0	\$59,496
2024-Q1	074-500589	Welfare Assistance		\$13,122	\$0	\$13,122
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$24,613	\$24,613
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$32,818	\$32,818
Sub-total				\$132,633	\$57,431	\$190,064

CC of
Nashua/Greater

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance		\$99,174	\$0	\$99,174
2024-Q1	074-500589	Welfare Assistance		\$29,806	\$0	\$29,806
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$43,758	\$43,758
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$58,343	\$58,343

Sub-total				\$157,124	\$102,101	\$259,225
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Dismas Home 290061-B001		PO 1083177				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance		\$344,159	\$0	\$344,159
2024-Q1	074-500589	Welfare Assistance		\$13,981	\$0	\$13,981
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$42,857	\$42,857
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$57,143	\$57,143
Sub-total				\$494,934	\$100,000	\$594,934

Families in Transition 157730-B001		PO 1083185				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance		\$362,283	\$0	\$362,283
2024-Q1	074-500589	Welfare Assistance		\$13,047	\$0	\$13,047
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$67,629	\$67,629
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$90,173	\$90,173
Sub-total				\$518,444	\$157,802	\$676,246

Grafton Cty 177397-B003		PO 1088987				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance		\$69,395	\$0	\$69,395
2024-Q1	074-500589	Welfare Assistance		\$14,827	\$0	\$14,827
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$116,231	\$116,231
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$154,974	\$154,974
Sub-total				\$148,854	\$271,205	\$420,059

Headrest, Inc. 175226-B001		PO 1083186				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance		\$43,917	\$0	\$43,917
2024-Q1	074-500589	Welfare Assistance		\$10,390	\$0	\$10,390
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$74,376	\$74,376
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$99,168	\$99,168
Sub-total				\$80,370	\$173,544	\$253,914

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance		\$332,570	\$0	\$332,570
2024-Q1	074-500589	Welfare Assistance		\$10,965	\$0	\$10,965
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$182,368	\$182,368
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$243,158	\$243,158
Sub-total				\$486,437	\$425,526	\$911,963

Manchester Alcohol Rehab Center,

177204-B001

PO 1083184

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance		\$234,976	\$0	\$234,976
2024-Q1	074-500589	Welfare Assistance		\$50,208	\$0	\$50,208
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,006,113	\$1,006,113
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,341,484	\$1,341,484
Sub-total				\$452,125	\$2,347,597	\$2,799,722

Southeastern NH Alcohol & Drug

155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance		\$36,020	\$0	\$36,020
2024-Q1	074-500589	Welfare Assistance		\$7,696	\$0	\$7,696
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$142,522	\$142,522
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$190,029	\$190,029
Sub-total				\$77,858	\$332,551	\$410,409
SUB TOTAL GOV COMM				\$3,926,205	\$3,985,000	\$7,911,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0

2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Cheshire Medical Center/Dartmouth

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance		\$126,091	\$0	\$126,091
2024-Q1	074-500589	Welfare Assistance		\$27,811	\$0	\$27,811
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$52,530	\$52,530
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$70,039	\$70,039
Sub-total				\$281,095	\$122,569	\$403,664

CC of Nashua/Greater

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance		\$210,590	\$0	\$210,590
2024-Q1	074-500589	Welfare Assistance		\$63,305	\$0	\$63,305
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$93,385	\$93,385
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$124,514	\$124,514
Sub-total				\$333,542	\$217,899	\$551,441

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance		\$133,325	\$0	\$133,325
2024-Q1	074-500589	Welfare Assistance		\$29,631	\$0	\$29,631
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance		\$766,463	\$0	\$766,463
2024-Q1	074-500589	Welfare Assistance		\$168,206	\$0	\$168,206
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$62,013	\$62,013
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$82,684	\$82,684
Sub-total				\$1,496,763	\$144,697	\$1,641,460

Grafton City

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance		\$147,071	\$0	\$147,071
2024-Q1	074-500589	Welfare Assistance		\$31,424	\$0	\$31,424
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$248,055	\$248,055
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$330,740	\$330,740
Sub-total				\$315,471	\$578,795	\$894,266

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance		\$93,078	\$0	\$93,078
2024-Q1	074-500589	Welfare Assistance		\$22,021	\$0	\$22,021
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$103,851	\$103,851
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$138,469	\$138,469
Sub-total				\$170,337	\$242,320	\$412,657

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance		\$108,764	\$0	\$108,764
2024-Q1	074-500589	Welfare Assistance		\$23,239	\$0	\$23,239
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$73,651	\$73,651
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$98,202	\$98,202
Sub-total				\$236,172	\$171,853	\$408,025

Manchester Alcohol
Rehab Center;

State Fiscal Year	Class/Account	Title		Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance		\$497,996	\$0	\$497,996
2024-Q1	074-500589	Welfare Assistance		\$106,407	\$0	\$106,407
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,452,076	\$1,452,076
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,936,101	\$1,936,101
Sub-total				\$958,208	\$3,388,177	\$4,346,385

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance		\$76,338	\$0	\$76,338
2024-Q1	074-500589	Welfare Assistance		\$16,311	\$0	\$16,311
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$171,541	\$171,541
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$228,721	\$228,721
Sub-total				\$165,008	\$400,262	\$565,270
SUB TOTAL CLINICAL				\$4,210,778	\$5,266,572	\$9,477,350

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance		\$118,800	\$0	\$118,800
2024-Q1	074-500589	Welfare Assistance		\$30,000	\$0	\$30,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$147,151	\$147,151
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$196,202	\$196,202
Sub-total				\$237,600	\$343,353	\$580,953

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$436,348	\$436,348

2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$581,797	\$581,797
Sub-total				\$554,400	\$1,018,145	\$1,572,545

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance		\$420,381	\$0	\$420,381
2024-Q1	074-500589	Welfare Assistance		\$91,728	\$0	\$91,728
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$620,358	\$620,358
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$827,143	\$827,143
Sub-total				\$945,009	\$1,447,501	\$2,392,510

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$126,058	\$126,058
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$168,078	\$168,078
Sub-total				\$554,400	\$294,136	\$848,536

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance		\$433,400	\$0	\$433,400
2024-Q1	074-500589	Welfare Assistance		\$107,800	\$0	\$107,800
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$332,055	\$332,055
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$442,741	\$442,741
Sub-total				\$866,800	\$774,796	\$1,641,596

Manchester Alcohol Rehab Center.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance		\$1,402,500	\$0	\$1,402,500
2024-Q1	074-500589	Welfare Assistance		\$328,300	\$0	\$328,300
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$681,164	\$681,164
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$908,218	\$908,218
Sub-total				\$2,805,000	\$1,589,382	\$4,394,382

**Southeastern NH
Alcohol & Drug**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance		\$551,600	\$0	\$551,600
2024-Q1	074-500589	Welfare Assistance		\$137,200	\$0	\$137,200
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$262,366	\$262,366
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$349,821	\$349,821
Sub-total				\$1,103,200	\$612,187	\$1,715,387
SUB TOTAL SOR				\$7,066,409	\$6,079,500	\$13,145,909

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$375,000	\$0	\$375,000
2024-Q1	074-500589	Welfare Assistance		\$125,015	\$0	\$125,015
Sub-total				\$500,015	\$0	\$500,015
Grand Total All				<u>\$15,703,407</u>	<u>\$15,331,072</u>	<u>\$31,034,479</u>

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Community Council of Nashua, NH d/b/a Greater Nashua Mental Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021, (Item #38C), as amended on March 23, 2022, (Item #35), and as amended on December 21, 2022, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2025
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$810,666
3. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 44.895%, Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded October 1, 2020, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN T1083464, which are only effective from the contract effective date through September 30, 2022; and as awarded October 1, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN T1084659, which are effective through September 30, 2023; and as awarded February 15, 2023 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.959 FAIN T1085821, which are effective through September 30, 2024; and ALN 93.959 FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.2. 23.128% General funds.
 - 1.3. 31.977% Other funds (Governor's Commission).
4. Modify Exhibit C, Amendment #1, Payment Terms, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-8, Integrated MAT Budget.
 - 3.1. Payments may be withheld until the Contractor submits accurate required monthly and

quarterly reporting.

- 3.2. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-8, Integrated MAT Budget is received from the Department prior to submitting invoices for payment.
- 3.3. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 4, to read:
 4. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than October 20, 2023, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 4.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2023 through June 30, 2024, as follows:
 - 4.1.1. Exhibit C-5, SUD Treatment Services Budget
 - 4.1.2. Exhibit C-6, Integrated MAT Budget
6. Modify Exhibit C, Amendment #1, Payment Terms, Section 5, to read:
 5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days prior to June 30, 2024, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-7, SUD Treatment Services Budget
 - 5.1.2. Exhibit C-8, Integrated MAT Budget
7. Modify Exhibit C, Amendment #1, Payment Terms, Section 6, to read:
 6. Reserved.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 29, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

8/29/2023

Date

DocuSigned by:

Katja S. Fox

ED9D95904843442

Name: Katja S. Fox

Title: Director

The Community Council of Nashua, NH d/b/a Greater
Nashua Mental Health

8/28/2023

Date

DocuSigned by:

Cynthia L Whitaker, PsyD

00413343D3DB4531

Name: Cynthia L whitaker, PsyD

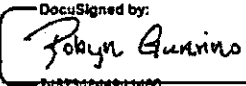
Title: president and CEO

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

OFFICE OF THE ATTORNEY GENERAL

8/29/2023

Date

DocuSigned by:

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

ARC
29



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shibanette
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by increasing the total price limitation by \$4,229,499 from \$11,473,908 to \$15,703,407 with no change to the contract completion dates of September 29, 2023, effective retroactive to September 30, 2022, upon Governor and Council approval. 65.88% Federal Funds. 9.12% General Funds. 25.00% Other Funds (Governor's Commission Fund).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, and most recently amended on March 23, 2022, item #35.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$933,432	\$118,800	\$1,052,232
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$0	\$413,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$190,666	\$300,000	\$490,666
Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,026,316	\$277,200	\$1,303,516
Families in Transition (Formerly known as: FIT/NHNNH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,591,432	\$368,784	\$2,960,216

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

Grafton County New Hampshire (North Haverhill, NH)	177397 -B003	Statewide	\$464,325	\$0	\$464,325
Headrest (Lebanon, NH)	175226 -B001	Statewide	\$527,907	\$277,200	\$805,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119 -B001	Statewide	\$1,156,009	\$433,400	\$1,589,409
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204 -B001	Statewide	\$2,812,833	\$1,902,515	\$4,715,348
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292 -B001	Statewide	\$794,466	\$551,600	\$1,346,066
		Total:	\$11,473,908	\$4,229,499	\$15,703,407

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

See attached fiscal details.

EXPLANATION

The Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding effective September 30, 2022. The Department needed additional time to finalize the amendments and funding details. This request is Retroactive to align with the federal effective date of funding. This request is Sole Source because the scopes of services are being amended and funds are being added.

The purpose of this request is twofold: to increase funding for the Contractors to continue providing and to expand substance use treatment services; and to modify the scopes of service to align with the services provided by each Contractor.

The funding increase is for those Contractors, currently receiving federal State Opioid Response funding, to support people in need of residential treatment services. The Contractors will continue providing substance use disorder treatment and recovery support services to New Hampshire residents with current or a history of Opioid Use Disorder or Stimulant Use Disorder. Additionally, Greater Nashua Mental Health will receive increased funding in order to expand hours, implement family treatment services and provide case management and peer recovery support to adolescents, and Manchester Alcoholism Rehabilitation Center will receive increased funding to increase capacity for individuals being served at the American Society of Addiction Medicine (ASAM) 3.7 Level of Care. The Contractors that only provide outpatient services did not receive increased funding.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

The Department modified the scopes of service to: clarify contractor responsibilities related to improving Government Performance and Results Act (GPRA) collection for those Contractors that currently receive federal State Opioid Response funding; reflect the expansion of services for Greater Nashua Mental Health and Manchester Alcoholism Rehabilitation Center; and to reflect the reduction of 39 transitional living beds to 25 beds for Families in Transition. The organization recently closed its transitional living program for men.

Approximately 1,547 individuals will be served during State Fiscal Year 2023 through Quarter 1 of State Fiscal Year 2024.

The Contractors will continue to provide an array of treatment services with statewide access, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory and medically monitored withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medications for substance use disorders. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers looks at all collected data, including demographic and outcome data, to ensure:

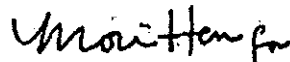
- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. Research shows that treatment wait times increase the risk of overdoses, both fatal and non-fatal. Any delay in receiving treatment or recovery supports is not high quality healthcare, and primarily impacts the individual, but has potential consequences for families and communities as well, such as increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464 and T1084659, and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

Belonging Medical
Group

334662-B001

PO TBD

PO 1084542

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-5005851#	Community Grants	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	\$280,618	\$0	\$280,618
2024	074-500589	Welfare Assistance	\$66,320	\$0	\$66,320
Sub-total			\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO TBD

PO 1084957

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance	\$470,179	\$0	\$470,179
2024	074-500589	Welfare Assistance	\$40,498	\$0	\$40,498
Sub-total			\$814,632	\$0	\$814,632

Cheshire Medical
Center/Dartmouth

155405-B001

PO TBD

PO 1083175

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance	\$59,496	\$0	\$59,496
2024	074-500589	Welfare Assistance	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of
Nashua/Greater

154112-B001

PO TBD

PO 1083753

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	\$27,174	\$72,000	\$99,174
2024	074-500589	Welfare Assistance	\$5,806	\$24,000	\$29,806
Sub-total			\$61,124	\$96,000	\$157,124

Dismas Home

290061-B001

PO TBD

PO 1083177

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	\$344,159	\$0	\$344,159

2024	074-500589	Welfare Assistance	\$13,981	\$0	\$13,981
Sub-total			\$494,934	\$0	\$494,934

Families in Transition 157730-B001		PO TBD		PO 1083185	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	\$13,047	\$0	\$13,047
Sub-total			\$518,444	\$0	\$518,444

Grafton Cty 177397-B003		PO TBD		PO 1083176	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc. 175226-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance	\$43,917	\$0	\$43,917
2024	074-500589	Welfare Assistance	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill 275119-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	\$332,570	\$0	\$332,570
2024	074-500589	Welfare Assistance	\$10,965	\$0	\$10,965
Sub-total			\$486,437	\$0	\$486,437

Manchester Alcohol
Rehab Center, 177204-B001 PO TBD PO 1083184

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance	\$234,976	\$0	\$234,976
2024	074-500589	Welfare Assistance	\$50,208	\$0	\$50,208

Sub-total			\$452,125	\$0.	\$452,125
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Southeastern NH,
Alcohol & Drug

155292-B001

PO TBD

PO 1083180

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$3,830,205	\$96,000	\$3,926,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL
FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0

2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0
2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance	\$126,091	\$0	\$126,091
2024	074-500589	Welfare Assistance	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	\$57,590	\$153,000	\$210,590
2024	074-500589	Welfare Assistance	\$12,305	\$51,000	\$63,305
Sub-total			\$129,542	\$204,000	\$333,542

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	\$168,206	\$0	\$168,206

Sub-total			\$1,496,763	\$0	\$1,496,763
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Grafton Cty

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance	\$93,078	\$0	\$93,078
2024	074-500589	Welfare Assistance	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance	\$497,996	\$0	\$497,996
2024	074-500589	Welfare Assistance	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008

SUB TOTAL CLINICAL		\$4,006,778	\$204,000	\$4,210,778
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05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance	\$30,000	\$88,800	\$118,800
2024	074-500589	Welfare Assistance	\$0	\$30,000	\$30,000
Sub-total			\$118,800	\$118,800	\$237,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000

Sub-total			\$277,200	\$277,200	\$554,400
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Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	\$143,325	\$277,056	\$420,381
2024	074-500589	Welfare Assistance	\$0	\$91,728	\$91,728
Sub-total			\$576,225	\$368,784	\$945,009

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000
Sub-total			\$277,200	\$277,200	\$554,400

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	\$107,800	\$325,600	\$433,400
2024	074-500589	Welfare Assistance	\$0	\$107,800	\$107,800
Sub-total			\$433,400	\$433,400	\$866,800

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance	\$328,300	\$1,074,200	\$1,402,500
2024	074-500589	Welfare Assistance	\$0	\$328,300	\$328,300
Sub-total			\$1,402,500	\$1,402,500	\$2,805,000

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	\$137,200	\$414,400	\$551,600
2024	074-500589	Welfare Assistance	\$0	\$137,200	\$137,200
Sub-total			\$551,600	\$551,600	\$1,103,200

SUB TOTAL SOR		\$3,636,925	\$3,429,484	\$7,066,409
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)				

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$375,000	\$375,000
2024	074-500589	Welfare Assistance	\$0	\$125,015	\$125,015
Sub-total			\$0	\$500,015	\$500,015
Grand Total All			<u>\$11,473,908</u>	<u>\$4,229,499</u>	<u>\$15,703,407</u>



Lori A. Shilbette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 14, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by decreasing the total price limitation by \$192,012 from \$11,665,920 to \$11,473,908 with no change to the contract completion dates of September 29, 2023, effective upon Governor and Council approval. 54.745% Federal Funds. 11.873% General Funds. 33.382% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794	\$0	\$562,794	O: 10/13/21 #30
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744	(\$328,312)	\$933,432	O: 10/13/21 #30
The Cheshire Medical Center	155405-B001	Statewide	\$413,728	\$0	\$413,728	O: 10/13/21 #30
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666	\$0	\$190,666	O: 10/13/21 #38C
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316	\$375,000	\$1,026,316	O: 10/13/21 #30
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432	\$375,000	\$2,591,432	O: 10/13/21 #30

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 4

Grafton County New Hampshire	177397-B003	Statewide	\$464,325	\$0	\$464,325	O: 10/13/21 #30
Headrest	175226-B001	Statewide	\$527,907	\$0	\$527,907	O: 10/13/21 #30
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009	\$375,000	\$1,156,009	O: 10/13/21 #30
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533	(\$988,700)	\$2,812,833	O: 10/13/21 #30
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466	\$0	\$794,466	O: 10/13/21 #30
Total:			\$11,665,920	(\$192,012)	\$11,473,908	

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to clarify requirements related to staffing and coordination of care; to attach Exhibit L, ASAM End User Agreement; to clarify payment terms for all Contractors; to update terms specific to 42 CFR Part 2, substance use treatment confidentiality regulations within the Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement; to revise the funding allocations for Bridge Street Recovery and for the Manchester Alcoholism Rehabilitation Center; and to increase funding to Contractors with transitional living programs.

The clarified staffing requirements will allow Contractors to hire and utilize Licensed Supervisors, in accordance with the original requirements of the related Request for Proposals (RFP) for these services. The original contracts referred to the position as a Licensed Clinical Supervisor based on a specific type of license issued by the New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals, which is not required under these contracts. The Licensed Supervisor is equally qualified to the Licensed Clinical Supervisor to provide supervision services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

Additional language around coordination of care will require Contractors to use a Department-approved referral system to connect individuals to health and social services providers as needed.

Exhibit L, ASAM End User Agreement, which details policy regarding Contractors' promotion or marketing of the American Society of Addiction Medicine (ASAM) criteria or utilization of language related to ASAM levels of care, will ensure Contractor compliance with ASAM requirements relative to utilization of such language. Should the Governor and Council not authorize this request, Contractors that market or promote their utilization of ASAM criteria or levels of care will be out of compliance with the End User Agreement Policy required by ASAM.

The clarified detailed payment process for all Contractors will ensure compliance with federal funding requirements. Should Governor and Council not authorize this request, Contractors that receive State Opioid Response funding through these agreements may not be able to accurately invoice for program-related expenses, which may put the Department in violation of federal funding agreements.

Revising the funding allocation for Bridge Street Recovery is necessary because the initial funding award amount for the organization was based their provision of multiple services under this agreement. The Contractor has chosen to only provide Transitional Living (TLP) Services under this agreement, resulting in the funding decrease.

Revising the funding allocation for the Manchester Alcoholism Rehabilitation Center is necessary because the initial funding award amount for Manchester Alcoholism Rehabilitation Center was based on the number of licensed beds available at its facilities for services within this scope of work. The Contractor has chosen to reduce the number of licensed beds available for these services, resulting in a decrease in funding. The types of services available through Manchester Alcoholism Rehabilitation Center remain unchanged.

The funding made available by the decrease will be utilized for a future procurement, for substance use disorder residential and outpatient treatment and recovery services for the general public, as well as for pregnant and parenting women. The new procurement will serve approximately 450 individuals. Should the Governor and Council not authorize this request, the Department will not be able to utilize this funding for the new procurement to address known service gaps, including in the Greater Nashua Area.

Adding funding to Contractors with transitional living programs is necessary; due to the increasing lack of affordable housing and increasing acuity of substance use disorders in the state, exacerbated by the COVID-19 pandemic. Individuals with substance use disorders have a greater need for stable, affordable housing, where they can continue to receive treatment services. Transitional living programs are not covered by Medicaid, and these funds will be used to provide this service to the most vulnerable individuals; individuals who have an income below 400% of the poverty level; are residents of NH or experiencing homelessness in NH; and who are in need of ongoing substance use disorder treatment in a safe and sober environment.

Contractors will continue to provide an array of treatment and recovery support services with statewide access, ensuring individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery. Approximately 7000 individuals will continue to be served over the next two (2) years through all 11 contracts.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BOAS) funded providers will look at all collected data, including the demographic and outcome data collected from the Web Information Technology System (WITS). This will help to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on American Society of Addiction Medicine (ASAM) Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

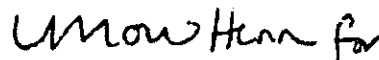
As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is not exercising its option to renew at this time.

Area served: Statewide

Source of Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA 93.959 FAIN T1083464 and State Opioid Response Grant, CFDA # 93.788, FAIN T1083326.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

SUD Tx Financial Detail - Amendment #1

03-03-02-020310-33020000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334602-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$69,199	\$146,657	\$215,856
2023	074-500585	Community Grants	\$69,900	\$190,658	\$260,558
2024	074-500585	Community Grants	\$21,201	\$45,059	\$66,260
Sub-total			\$160,420	\$382,374	\$542,794

Bridge Street Recovery, LLC		341060-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,979	\$166,970	\$303,953
2023	074-500585	Community Grants	\$166,929	\$281,250	\$448,179
2024	074-500585	Community Grants	\$40,498	\$0	\$40,498
Sub-total			\$344,406	\$448,220	\$792,626

Center/Dartmouth Hitchcock Keene		155405-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500585	Community Grants	\$59,496	\$0	\$59,496
2024	074-500585	Community Grants	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of Nashua/Greater Nashua Mental Health		154112-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,144	\$0	\$26,144
2023	074-500585	Community Grants	\$27,174	\$0	\$27,174
2024	074-500585	Community Grants	\$5,806	\$0	\$5,806
Sub-total			\$59,124	\$0	\$59,124

Dismas Home 290081-0001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$43,044	\$93,750	\$136,794
2023	074-500585	Community Grants	\$82,909	\$251,250	\$334,159
2024	074-500585	Community Grants	\$13,981	\$0	\$13,981
Sub-total			\$119,934	\$375,000	\$494,934

Families in Transition 157730-0001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$190,021	(\$52,907)	\$143,114
2023	074-500585	Community Grants	\$271,891	\$90,392	\$362,283
2024	074-500585	Community Grants	\$58,106	(\$45,959)	\$13,047
Sub-total			\$528,018	(\$7,374)	\$518,444

Grafton City 177397-0003		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$84,832	\$0	\$84,832
2023	074-500585	Community Grants	\$89,393	\$0	\$89,393
2024	074-500585	Community Grants	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc. 175225-0001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,063	\$0	\$28,063
2023	074-500585	Community Grants	\$43,917	\$0	\$43,917
2024	074-500585	Community Grants	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill 273119-8001			PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$49,152	\$93,750	\$142,902
2023	074-500585	Community Grants	\$51,320	\$281,250	\$332,570
2024	074-500585	Community Grants	\$10,965	\$0	\$10,965
Sub-total			\$111,437	\$375,000	\$486,437

Manchester Alcohol Rehab Center, Easter Seals, Farnum Center 177204-8001			PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500585	Community Grants	\$234,978	\$0	\$234,978
2024	074-500585	Community Grants	\$50,208	\$0	\$50,208
Sub-total			\$452,125	\$0	\$452,125

Southeastern NH Alcohol & Drug Abuse Services 155292-8001			PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500585	Community Grants	\$36,020	\$0	\$36,020
2024	074-500585	Community Grants	\$7,896	\$0	\$7,896
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$2,250,979	\$1,573,228	\$3,830,203

05-95-02-020510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$146,657	(\$146,657)	\$0
2023	074-500585	Community Grants	\$190,658	(\$100,658)	\$0
2024	074-500585	Community Grants	\$45,059	(\$45,059)	\$0
Sub-total			\$382,374	(\$382,374)	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$290,305	(\$290,305)	\$0
2023	074-500585	Community Grants	\$400,404	(\$400,404)	\$0
2024	074-500585	Community Grants	\$85,829	(\$85,829)	\$0
Sub-total			\$776,538	(\$776,538)	\$0

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500585	Community Grants	\$126,091	\$0	\$126,091
2024	074-500585	Community Grants	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of Nashua/Orester Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500585	Community Grants	\$57,590	\$0	\$57,590
2024	074-500585	Community Grants	\$12,305	\$0	\$12,305
Sub-total			\$129,542	\$0	\$129,542

Domes Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500585	Community Grants	\$133,325	\$0	\$133,325
2024	074-500585	Community Grants	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$415,437	\$146,657	\$562,094
2023	074-500585	Community Grants	\$575,805	\$190,656	\$766,463
2024	074-500585	Community Grants	\$123,147	\$43,059	\$166,206
Sub-total			\$1,114,389	\$380,374	\$1,494,763

Orion City

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500585	Community Grants	\$147,071	\$0	\$147,071
2024	074-500585	Community Grants	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,235	\$0	\$55,235
2023	074-500585	Community Grants	\$93,076	\$0	\$93,076
2024	074-500585	Community Grants	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$104,160	\$0	\$104,160
2023	074-500585	Community Grants	\$106,764	\$0	\$106,764
2024	074-500585	Community Grants	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol Rehab Center,
Easter Beels, Farmun Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500585	Community Grants	\$497,996	\$0	\$497,996
2024	074-500585	Community Grants	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500585	Community Grants	\$76,338	\$0	\$76,338
2024	074-500585	Community Grants	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008
SUB TOTAL CLINICAL			\$4,783,316	(\$778,538)	\$4,008,778

05-05-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OY FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE DRUG RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$88,800	\$0	\$88,800
2023	074-500583	Community Grants	\$30,000	\$0	\$30,000
Sub-total			\$118,800	\$0	\$118,800

Clare Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$207,200	\$0	\$207,200
2023	074-500583	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$432,900	\$0	\$432,900
2023	074-500583	Community Grants	\$143,325	\$0	\$143,325
Sub-total			\$576,225	\$0	\$576,225

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500585	Community Grants	\$107,800	\$0	\$107,800
Sub-total			\$433,400	\$0	\$433,400

Manchester Alcohol Rehab Center,
Easter Seals, Farmington Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,793,400	(\$719,200)	\$1,074,200
2023	074-500585	Community Grants	\$597,600	(\$269,500)	\$328,100
Sub-total			\$2,391,000	(\$988,700)	\$1,402,300

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500585	Community Grants	\$137,200	\$0	\$137,200
Sub-total			\$551,600	\$0	\$551,600
SUB TOTAL BOR			\$4,625,623	(\$936,700)	\$3,688,923
Grand Total All			\$11,654,920	(\$192,912)	\$11,462,008

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Lori A. Shibley
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 21, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a Retroactive contract with the contractor listed below in an amount not to exceed \$190,666 for Substance Use Disorder Treatment and Recovery Support Services, with the option to renew for up to four (4) additional years, effective retroactive to September 30, 2021, upon Governor and Council approval through September 29, 2023. 44.842% Federal Funds. 23.10% General Funds. 32.058% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Contract Amount
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666
		Total:	\$190,666

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

See attached fiscal details.

EXPLANATION

This request is Retroactive because the contracting process was not completed in time to place the item on the agenda for the September 29, 2021, Governor and Executive Council meeting. The Community Council of Nashua, N.H., d/b/a Greater Nashua Mental Health agency policy requires their Board of Directors to vote on and approve all contract actions prior to contract execution. The Contractor was unable to complete this action in time to place the item on the September 29, 2021 Governor and Executive Council agenda.

The purpose of this request is to provide Substance Use Disorder Treatment and Recovery Supports Services statewide to New Hampshire residents who have income below 400% of the Federal Poverty Level, and are uninsured or underinsured.

Approximately 250 individuals will be served through this Contractor over the next 2 years.

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 2

The Contractor will provide statewide access to an array of treatment services, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medication assisted treatment. The Contractor will ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which will increase the ability of individuals to achieve and maintain recovery. The Contractor will also assist eligible individuals with enrolling in Medicaid while receiving treatment, and the Department will serve as the payer of last resort.

The Department will monitor services through monthly, quarterly, and annual reporting to ensure the Contractor:

- Provides services that reduce the negative impacts of substance misuse.
- Makes continuing care, transfer and discharge decisions based on American Society of Addiction Medicine (ASAM) criteria.
- Treats individuals using Evidence Based Practices and follow best practices.
- Achieves initiation, engagement, and retention goals as required by the Department.

The Department selected contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 20, 2021, through August 19, 2021. The Department received 12 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached. This request represents one (1) of the remaining two (2) contracts for Substance Use Disorder Treatment and Recovery Supports Services. The preceding 10 agreements are awaiting approval at the September 29, 2021, Governor and Executive Council meeting.

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

Should the Governor and Council not authorize this request individuals in need of Substance Use Disorder Treatment and Recovery Supports Services may not receive the treatment, tools, and education required to enhance and sustain recovery that, in some cases, prevents untimely deaths.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant CFDA #93.959, FAIN # T1083464

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

Respectfully submitted,

DocuSigned by:
Lori A. Warner
CA197994175473

Lori A. Shabinette
Commissioner

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

CC of Nashua/Greater Nashua
Mental Health

154112-8001

PQ TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$28,144
2023	102-500731	Contracts for Prog Svc	\$27,174
2024	102-500731	Contracts for Prog Svc	\$5,806
Sub-total			\$61,124
Sub Total GC			\$61,124

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$59,847
2023	102-500731	Contracts for Prog Svc	\$57,590
2024	102-500731	Contracts for Prog Svc	\$12,305
Sub-total			\$129,542
Sub-total Clinical			\$129,542
Grand Total All			\$190,666

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

Project ID # **RFP-2022-BOAS-01-SUBST**Project Title **Substance Use Disorder Treatment and Recovery Support Services**

	Maximum Points Available	Better Life Partners	Bridge Street Recovery	Cheshire Medical Center	Dismas Home of NH	Easterseals NH Farnum	Families in Transition	Grafton County	Greater Nashua Mental Health	Harbor Care	Headrest	Hope on Haven H2I	Southeastern NH Alcohol & Drug Services
Technical													
Qualifications (Q1)	50	40	25	47	37	50	50	43	48	50	50	50	50
Experience (Q2)	50	45	25	48	35	45	50	45	50	50	50	45	48
ASAM (Q3)	20	20	11	8	20	15	20	10	20	20	9	20	20
Knowledge (Q4)	20	20	13	5	20	13	20	15	20	20	10	20	18
Samples (Q5)	30	15	7	8	23	21	14	21	12	8	7	14	8
Collaboration & Wraparound (Q6)	45	45	25	15	45	24	45	37	40	45	40	40	20
Staffing Plan (Q7)	15	13	13	4	10	12	13	13	13	13	10	14	4
Subtotal - Technical	230	198	119	135	190	180	212	184	203	206	176	203	168
Cost													
4.2.1.1. Budget Sheet	70	63	30	63	63	48	60	63	80	68	58	65	62
4.2.1.2. Staff List	30	25	20	25	25	28	28	30	25	25	28	30	28
Subtotal - Cost	100	88	50	88	88	76	88	93	85	93	86	95	90
TOTAL POINTS	330	286	178	223	278	256	300	277	288	299	262	298	258

Reviewer Name

Title

1 Sara Cleveland

2 Paula Holigan

3 Laurie Heath

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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Dismas Home of New Hampshire, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021 (Item #30), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$3,473,410
3. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B – Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Operational Requirements – Amendment #1, by replacing it in its entirety with Exhibit B-1, Operational Requirements - Amendment #4, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 78.58% Federal Funds
 - 1.1.1. 5.56% from the Substance Use Prevention and Treatment Block Grant, as awarded by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.959, on:
 - 1.1.1.1. October 1, 2020, FAIN T1083464.
 - 1.1.1.2. October 1, 2021, FAIN T1084659.
 - 1.1.1.3. February 15, 2023, FAIN T1085821.
 - 1.1.1.4. February 20, 2024, FAIN B08T1087053.
 - 1.1.1.5. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.1.2. 73.02% from the State Opioid Response (SOR) Grant, as awarded by SAMHSA, ALN 93.788, on:
 - 1.1.2.1. September 30, 2021, FAIN T1083326.
 - 1.1.2.2. September 23, 2022, FAIN H79T1085759.
 - 1.1.2.3. September 24, 2024, FAIN T1087843.
 - 1.1.2.4. DATE, FAIN TBD, pending the receipt of the Notice of Award from

SAMHSA.

- 1.2. 2.86% General Funds; and
 - 1.3. 18.56% Other Funds (Governor's Commission).
6. Modify Exhibit C, Payment Terms, Amendment #1, Section 3, to read:
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibits C-1, Women's SUD Treatment Services Budget through Exhibit C-16, Residential Services Budget, Amendment #4. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting. The Contractor shall:
 - 3.1. Ensure approval for Exhibits C-1, Women's SUD Treatment Services Budget through Exhibit C-16, Residential Services Budget, Amendment #4 is received from the Department prior to submitting invoices for payment; and
 - 3.2. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
7. Modify Exhibit C, Payment Terms, Amendment #1, Section 5, to read:
5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days after Governor and Executive Council approval, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. RESERVED;
 - 5.1.2. Exhibit C-11, Transitional Living Program Budget, Amendment #4; and
 - 5.1.3. Exhibit C-12, Residential Services Budget, Amendment #4.
8. Modify Exhibit C, Amendment #1, Payment Terms, Section 20, to read:
20. Audits
- 20.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 20.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
 - 20.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
 - 20.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 20.2. 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.
 - 20.2.1. 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.
 - 20.3. 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.

- 20.4. 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.
 - 20.5. 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.
 - 20.6. 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.
9. Add Exhibit C-13, Transitional Living Program Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 10. Add Exhibit C-14, Residential Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 11. Add Exhibit C-15, Transitional Living Program Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 12. Add Exhibit C-16, Residential Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

4/4/2025

Date

DocuSigned by:

Katja S. Fox

FD9D05B04C63442

Name: Katja S. Fox

Title: Director

Dismas Home of New Hampshire, Inc.

4/4/2025

Date

DocuSigned by:

Cheryl Andrews

B48FD1C4B527454

Name: Cheryl Andrews

Title: Executive Director

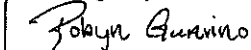
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/17/2025

Date

DocuSigned by:



Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide Substance Use Disorder (SUD) treatment and recovery support services that:
 - 1.1.1. Assist individuals with:
 - 1.1.1.1. Stopping or reducing substance misuse;
 - 1.1.1.2. Improving social functioning, and physical and mental health; and
 - 1.1.1.3. Reducing risk for recurrence of substance misuse;
 - 1.1.2. Focus on strengths and resilience of individuals and families;
 - 1.1.3. Are culturally sensitive and relevant to individuals served;
 - 1.1.4. Promote person-centered and self-directed approaches to care; and
 - 1.1.5. Are trauma informed and designed to acknowledge the impact of violence and trauma on individuals' lives and the importance of addressing trauma in treatment.
- 1.2. The Contractor shall comply with all requirements in Exhibit B-1, Operational Requirements, Amendment #4, as applicable.
- 1.3. For the purposes of this Agreement, all references to:
 - 1.3.1. Business days shall mean Monday through Friday and excluding state and federal holidays.
 - 1.3.2. Calendar days or days shall mean Monday through Sunday, including state and federal holidays.
 - 1.3.3. Business hours shall mean Monday through Friday from 8:00 AM to 5:00 PM, excluding state and federal holidays.

2. Population Served

- 2.1. The Contractor shall ensure services are provided to individuals who:
 - 2.1.1. Are age 12 years or older, or under age 12 with signed consent from a parent or legal guardian;
 - 2.1.2. Have been diagnosed by:
 - 2.1.2.1. A professional licensed by the state of NH acting within the scope of their license or
 - 2.1.2.2. An unlicensed counselor who:
 - 2.1.2.2.1. Is working toward licensure and is in, at least, the second year of an accredited graduate clinical program;
 - 2.1.2.2.2. Is serving in a clinical internship with the Contractor for services provided within this Agreement;

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**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

- 2.1.2.2.3. Is under the supervision of a professional licensed by the state of NH, who is acting within the scope of their license, to act as a supervisor of an unlicensed individual; and
- 2.1.2.2.4. Has completed the required coursework for licensure, as required by:
 - 2.1.2.2.4.1. NH Board of Alcohol and Other Drug Use Providers;
 - 2.1.2.2.4.2. NH Board of Mental Health Practice; or
 - 2.1.2.2.4.3. NH Board of Psychology; and
- 2.1.3. Meet the American Society of Addiction Medicine Criteria published in October 2013 or later, (ASAM), for the services provided under this Agreement.
- 2.2. The Contractor shall provide services under this Agreement to individuals who are residents of, or unhoused in, NH; who meet the eligibility requirements identified above; and who are uninsured or whose insurance does not cover SUD treatment.
- 2.3. The Contractor may provide services to specialty populations, as determined by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:
 - 2.3.1. Pregnant and parenting individuals;
 - 2.3.2. Individuals with a history of injection drug use;
 - 2.3.3. Individuals with co-occurring substance use and mental health disorders;
 - 2.3.4. Individuals with, or at risk of tuberculosis;
 - 2.3.5. Individuals under the age of 18;
 - 2.3.6. Racial and ethnic minorities; and
 - 2.3.7. Individuals identifying as LGBTQI+.
- 2.4. The Contractor shall ensure consent for services is obtained from individuals receiving services aged 12 and older, or the parent or legal guardian of an individual receiving services who is under the age of 12, in accordance with NH RSA 318-B:12-a and 42 CFR Part 2, prior to providing services.
- 2.5. The Contractor shall ensure individuals under 18 years of age are not denied services due to:
 - 2.5.1. The parent's inability and/or unwillingness to pay the service fee(s); or
 - 2.5.2. The minor's decision to receive confidential services, pursuant to NH RSA 318-B:12-a.
- 2.6. The Contractor shall not deny services to individuals who:
 - 2.6.1. Receive medication for SUD (MSUD), from other service providers, including the individual's primary care provider;
 - 2.6.2. Have co-occurring mental health disorders; or

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**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

- 2.6.3. Are taking prescribed medications, regardless of the class of medication.
 - 2.7. The Contractor shall enroll eligible individuals in the following order of priority:
 - 2.7.1. Pregnant individuals who inject drugs;
 - 2.7.2. Pregnant individuals;
 - 2.7.2.1. If the Contractor is unable to admit a pregnant individual to the needed level of care within 24 hours, the Contractor shall:
 - 2.7.2.1.1. Assist the individual with identifying alternative providers and accessing services with these providers, which includes referrals for prenatal care and actively reaching out to identify providers on the behalf of the individual; and
 - 2.7.2.1.2. Provide interim services within 48 hours of the level of care determination until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider. The Contractor shall ensure interim services include:
 - 2.7.2.1.2.1. A minimum of one (1), 60-minute, individual or group outpatient session per week;
 - 2.7.2.1.2.2. Recovery support services, as appropriate; and
 - 2.7.2.1.2.3. Daily calls to the individual to assess and respond to any emergent needs.
 - 2.7.3. Individuals with dependent children;
 - 2.7.4. Individuals with a history of injection drug use;
 - 2.7.4.1. If the Contractor is unable to admit an individual with a history of injection drug use within 14 days of the individual applying for services, the Contractor shall provide and document interim services until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider; and
 - 2.7.5. Individuals who require priority admission at the request of the Department.
 - 2.8. The Contractor shall report information related to priority populations to the Department, in a format approved by the Department, on a monthly basis.
- 3. Scope of Services**
- 3.1. Clinical Services
 - 3.1.1. The Contractor shall adhere to their organization's clinical care manual that includes policies and procedures related to all clinical services provided, including, but not limited to screening, assessment, progress notes, continuing care decisions, and discharge.

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- 3.1.2. The Contractor shall develop and implement written policies and procedures governing its operation and all services provided through this Agreement.
- 3.1.3. The Contractor shall ensure staff are trained on all policies and procedures, which are reviewed and revised annually.
- 3.1.4. The Contractor shall provide the following SUD treatment services to eligible individuals, based on the ASAM 2013 criteria. If using ASAM 2023 criteria, the Contractor must follow guidance outlined by ASAM 2023 for the equivalent levels of care:
 - 3.1.4.1. **Low-Intensity Residential Treatment** as defined as ASAM Level 3.1, which includes nine (9) to 19 clinical service hours per week.
 - 3.1.4.2. **Transitional Living Services**, which are residential SUD treatment services, according to an individualized treatment plan designed to support individuals as they transition back into the community. Transitional living services are not defined by ASAM. The Contractor shall ensure:
 - 3.1.4.2.1. Transitional living services include a minimum of three (3) hours of clinical services per week, of which a minimum of one (1) hour shall be delivered by a licensed counselor or unlicensed counselor working under the supervision of a licensed supervisor, as identified in Section 2.1.2; and
 - 3.1.4.2.2. The remaining hours are delivered by a NH Certified Recovery Support Worker (CRSW) working under a licensed supervisor or a licensed or unlicensed counselor, as identified in Section 2.1.2; and
 - 3.1.4.2.3. The maximum length of stay is 12 months, during which time adult residents who work in the community may be required to pay a portion of room and board.
- 3.1.5. The Contractor shall ensure a minimum total of eight (8) beds are available for either low-intensity residential treatment services and/or transitional living services.
- 3.1.6. The Contractor shall ensure clinical services are provided separately for youth and adults, unless otherwise approved by the Department. The Contractor shall ensure:
 - 3.1.6.1. Youth and adults do not share the same residency space; and
 - 3.1.6.2. Communal spaces such as kitchens, group rooms, and recreation are used at separate times.
- 3.1.7. The Contractor shall ensure all residential programs maintain a daily shift change log documenting significant events and behaviors of which

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subsequent shift should be made aware.

3.2. Interim Services

3.2.1. The Contractor shall offer interim services to all individuals waiting for clinical services and ensure interim services include, but are not limited to:

- 3.2.1.1. Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
- 3.2.1.2. Referral for HIV or TB treatment services, if necessary.
- 3.2.1.3. Individual and/or group counseling on the effects of alcohol and other drug use.
- 3.2.1.4. Relapse prevention and recovery support services.

3.3. Infectious Diseases

3.3.1. Human Immunodeficiency Virus

3.3.1.1. The Contractor shall conduct an HIV/AIDS screening upon an individual's admission to treatment. The Contractor shall ensure the screening includes:

- 3.3.1.1.1. The provision of information;
- 3.3.1.1.2. Risk assessment; and
- 3.3.1.1.3. Intervention and risk reduction education.

3.3.2. Tuberculosis

3.3.2.1. The Contractor shall directly, or through arrangements with other public or non-profit private entities, routinely make the following TB services available to each individual receiving SUD treatment services:

- 3.3.2.1.1. Counseling with respect to TB;
- 3.3.2.1.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and
- 3.3.2.1.3. Providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.

3.3.2.2. The Contractor shall refer individuals, who are denied admission to the program on the basis of lack of capacity, to other providers of TB services.

3.3.2.3. The Contractor shall implement infection control procedures consistent with procedures established by the Department to prevent the transmission of TB, which include:

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- 3.3.2.3.1. Screening patients and identifying individuals who are at high risk of becoming infected;
- 3.3.2.3.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2; and
- 3.3.2.3.3. Providing case management to ensure individuals receive services.

- 3.3.2.4. The Contractor shall report all individuals with active TB, as required by State law and in accordance with Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2.

3.4. Intake

- 3.4.1. The Contractor shall complete an intake screening for all individuals requesting services. The Contractor shall:
 - 3.4.1.1. Communicate directly with the individual within two (2) business days from the date the individual initially contacts the Contractor for services. The Contractor shall ensure communication includes contact that is:
 - 3.4.1.1.1. Face-to-face, in person;
 - 3.4.1.1.2. Face-to-face, virtually and/or electronically; or
 - 3.4.1.1.3. By telephone; and
 - 3.4.1.2. Complete an initial intake screening for the individual within two (2) business days from the date of the first direct contact, utilizing the Social Detox Screen within the Department-provided record system, or another social detox screening tool, as well as the ASAM Immediate Needs Profile, to determine the probability of the individual having a SUD and an estimate of the appropriate ASAM level of care.
- 3.4.2. The Contractor shall document the results of the screening in Department-provided record system for the individuals receiving services through this Agreement.
- 3.4.3. The Contractor shall assess income of each individual receiving services through this Agreement using the Fee Determination Form in Department-provided record system to determine the individual's cost share of service fees. The Contractor shall ensure:
 - 3.4.3.1. Individuals with an income of at least 139% of the federal poverty level are subject to a percentage of the cost share;
 - 3.4.3.2. Individuals with an income at or above 400% of the federal poverty guidelines are subject to the entire cost share;
 - 3.4.3.3. The income assessment is administered within two (2) business

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days from the date of initial contact for services and reassessed minimum of monthly thereafter; and

3.4.3.4. Each income assessment and/or reassessment are signed by the individual and kept in the individual's record.

3.4.4. The Contractor shall ensure all attempts to contact the individual are documented in the individual's record or call log.

3.5. Clinical Evaluation

3.5.1. The Contractor shall use clinical evaluations, conducted and completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2, to make level of care determinations and to develop initial treatment plans. The Contractor shall ensure clinical evaluations include:

3.5.1.1. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5 TR) diagnostic information;

3.5.1.2. Complete biopsychosocial information; and

3.5.1.3. A recommendation for an ASAM level of care that is completed by the Contractor, or by a referring agency less than 30 days prior to the individual's admission to the Contractor's SUD treatment program.

3.5.2. The Contractor shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation are recorded in the individual's record within 72 hours after admission to residential treatment or three (3) sessions for any outpatient levels of care, whichever is later.

3.5.3. The Contractor shall complete a new clinical evaluation for the individual, prior to admission, if:

3.5.3.1. More than 30 days have passed since the referring provider completed the evaluation;

3.5.3.2. The evaluation was conducted and completed by someone other than a licensed counselor, or unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;

3.5.3.3. The evaluation did not include DSM 5 TR diagnostic information and a recommendation for a specific ASAM level of care; or

3.5.3.4. An individual presents for admission to services without a completed evaluation.

3.5.4. If the Contractor is unable to complete the evaluation prior to admission due to geographic or other barriers, the Contractor shall assist the individual with accessing an evaluation through their local NH The Doorways program (Doorway/s), or other appropriate provider.

3.5.5. The Contractor shall provide SUD treatment services at the appropriate ASAM level of care, as determined by the individual's clinical evaluation, unless:

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- 3.5.5.1. The individual chooses to receive a service with a lower intensity ASAM level of care; or
- 3.5.5.2. The service with the indicated ASAM level of care is unavailable at the time the level of care is determined; in which case the individual may choose:
 - 3.5.5.2.1. A service with a lower intensity ASAM level of care;
 - 3.5.5.2.2. To be placed on the waitlist until a service with the assessed ASAM level of care becomes available; or
 - 3.5.5.2.3. To be referred to another agency in the individual's service area that provides service with the indicated ASAM level of care.

- 3.5.6. If the level of care recommended by the clinical evaluation is available, and the individual is admitted to a different level of care, the Contractor shall document the reasoning for the admittance in the individual's record.

3.6. Waitlists

- 3.6.1. The Contractor shall maintain a waitlist of all individuals waiting for SUD treatment services under this Agreement and shall follow the requirements in Exhibit B-1, Amendment #4, of this Agreement regarding waitlists.
- 3.6.2. The Contractor shall track the wait time for individuals to receive services from the date of initial contact to the date the individual first received SUD services, other than the evaluation described above.
- 3.6.3. The Contractor shall provide the following reports to the Department upon request:
 - 3.6.3.1. The average wait time for all individuals, by the type of service and payer source for all services; and
 - 3.6.3.2. The average wait time for priority populations, identified in Section 2.3, by the type of service and payer source for the services.

3.7. Assistance Enrolling in Insurance Programs

- 3.7.1. The Contractor shall assist individuals, and/or their parents or legal guardians, who are unable to secure the financial resources necessary for initial entry into a SUD treatment program, to obtain other potential sources of payment within 14 days of admission, including enrollment in public or private insurance.
- 3.7.2. The Contractor shall document assistance provided with securing financial resources, or the individuals' refusal of assistance, in the individual's service record.
- 3.7.3. The Contractor shall track the length of time taken to enroll pregnant individuals in Medicaid and shall report that information to the Department upon request.

3.8. Use of Evidence-Based Practices

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- 3.8.1. The Contractor shall ensure all services in this Agreement are provided:
 - 3.8.1.1. Using evidence-based practices; as demonstrated by meeting one of the following criteria:
 - 3.8.1.1.1. The service is included as an evidence-based mental health and substance misuse intervention in the SAMHSA Evidence-Based Practices Resource Center;
 - 3.8.1.1.2. The service is published in a peer-reviewed journal and has been found to have positive effects; or
 - 3.8.1.1.3. The service is based on a theoretical perspective that has validated research; and
 - 3.8.1.2. In accordance with:
 - 3.8.1.2.1. ASAM Criteria;
 - 3.8.1.2.2. SAMHSA Treatment Improvement Protocols; and
 - 3.8.1.2.3. SAMHSA Technical Assistance Publications.
- 3.8.2. The Contractor shall assess all individuals for risk of self-harm at all phases of treatment, including, initial contact; screening, intake, initial clinical evaluation/assessment, admission; and discharge.
- 3.8.3. The Contractor shall provide on-going assessments of mental health symptoms for individuals receiving services when and where clinically appropriate. The Contractor shall ensure mental health assessments are administered at the time of clinical evaluation/assessment and upon discharge, at a minimum.
- 3.8.4. The Contractor shall assess all individuals for withdrawal risk, when clinically appropriate, and at initial contact, screening, intake, initial clinical evaluation/assessment, and admission.

3.9. Treatment Planning

- 3.9.1. The Contractor shall ensure individualized treatment plans are completed for all individuals admitted for services, including transitional living services. The Contractor shall ensure all initial treatment plans:
 - 3.9.1.1. Are completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
 - 3.9.1.2. Are based on clinical evaluation data that addresses problems in all ASAM domains, justifying the individual's admittance to the current level of care;
 - 3.9.1.3. Are completed within 72 hours of admission to any residential level of care, and within three (3) sessions to any outpatient level of care;
 - 3.9.1.4. Identifies and documents:

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- 3.9.1.4.1. The individual's strengths and resources for achieving goals and objectives;
 - 3.9.1.4.2. Referrals to outside agencies for the purpose of achieving a specific goal or objective when the service cannot be provided through this Agreement;
 - 3.9.1.5. Include:
 - 3.9.1.5.1. The individual's involvement in identifying, developing, and prioritizing goals, objectives, and action steps;
 - 3.9.1.5.2. Treatment plan goals, objectives, and action steps written in terms that are S.M.A.R.T., which are:
 - 3.9.1.5.2.1. Specific, clearly defining what shall be done;
 - 3.9.1.5.2.2. Measurable, including clear criteria for progress and completion;
 - 3.9.1.5.2.3. Attainable, within the individual's ability to achieve;
 - 3.9.1.5.2.4. Realistic, the resources are available to the individual; and
 - 3.9.1.5.2.5. Timely, something that needs to be completed within a stated period for completion that is reasonable;
 - 3.9.1.6. Are signed by the individual and the counselor, agreeing to the treatment plan; or if applicable, documentation of the individual's refusal to sign the treatment plan; and
 - 3.9.1.7. If the individual is receiving services via telehealth only, the individual's verbal agreement to the treatment plan is documented in the individual's service record.
- 3.9.2. The Contractor shall collaborate with the individual receiving services to review their treatment plan, at the following minimum intervals, as identified by ASAM:
 - 3.9.2.1. All ASAM Level 1 programs: Every six (6) clinical sessions or every six (6) weeks, whichever is less frequent;
 - 3.9.2.2. ASAM Level 2.1 programs: Every 14 days;
 - 3.9.2.3. ASAM Level 2.5, Level 3.5, and Level 3.7 programs: Every seven (7) days;
 - 3.9.2.4. ASAM Level 3.1: Every 30 days; and
 - 3.9.2.5. Transitional living services: Every 30 days.
- 3.9.3. The Contractor shall amend treatment plans for all ASAM levels of care; and

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transitional living services, when:

- 3.9.3.1. Changes are made in any ASAM domain;
- 3.9.3.2. Goals have been met and problems have been resolved; or
- 3.9.3.3. New goals and new problems have been identified.
- 3.9.4. The Contractor shall ensure treatment plan amendments for all ASAM levels of care and transitional living services, or the progress note associated with an amendment, include a justification for:
 - 3.9.4.1. Continued treatment at the current level of care;
 - 3.9.4.2. Transfer from one level of care to another within the same agency; or
 - 3.9.4.3. Discharge from treatment at the agency.
- 3.9.5. The Contractor shall ensure the justification includes a minimum of one (1) of the following three (3) ASAM Continuing Service Criteria for continuing services:
 - 3.9.5.1. Continuing Service Criteria A: The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue working toward treatment goals;
 - 3.9.5.2. Continuing Service Criteria B: The individual is not yet making progress but has the capacity to resolve their issues. The individual is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue working toward treatment goals; or
 - 3.9.5.3. Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care which the individual is receiving treatment is the least intensive level at which the individual's problems can be addressed effectively.
- 3.9.6. The Contractor shall ensure any treatment plan amendments are signed by the individual and the counselor, agreeing to the updates; or if applicable, documentation of the individual's refusal to sign the treatment plan; and if the individual is receiving services via telehealth only, documentation of the individual's verbal agreement to the treatment plan.
- 3.9.7. The Contractor shall track the individual's progress relative to specific goals and objectives in progress notes.

3.10. Coordination of Care

- 3.10.1. The Contractor shall utilize the Department's designated Closed Loop

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Referral system to connect individuals to health and social service providers, as appropriate.

- 3.10.2. The Contractor shall ensure all coordination of care activities are compliant with state and federal laws and rules, including but not limited to NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2.
- 3.10.3. The Contractor shall refer individuals to, and coordinate the individual's care with, other providers and document the coordination, or individual's refusal of the coordination, in the individual's service record. The Contractor shall ensure referrals include:
 - 3.10.3.1. Primary care providers. If the individual does not have a primary care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.2. Behavioral health care providers when serving individuals with co-occurring substance use and mental health disorders. If the individual does not have a behavioral health care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.3. MSUD as clinically appropriate, including medications for alcohol use disorder (AUD). The Contractor shall track the percentage of individuals with a diagnosis of AUD who were offered a referral to MSUD, and report the percentage to the Department on a quarterly basis; and
 - 3.10.3.4. Peer recovery support providers. If the individual does not have a peer recovery support provider, or the Contractor does not provide peer support services, the Contractor shall make an appropriate referral to one and coordinate care with that provider.
- 3.10.4. The Contractor shall coordinate individual services with the Department's Doorway contractors, as appropriate, including:
 - 3.10.4.1. Ensuring timely admission of individuals to services;
 - 3.10.4.2. Completing initial clinical evaluations as needed; and
 - 3.10.4.3. Referring individuals to Doorway services when the Contractor cannot admit an individual for services within 48 hours.
- 3.10.5. The Contractor shall coordinate with the NH Ryan White CARE Program, for individuals identified as at risk of or with HIV/AIDS.
- 3.10.6. The Contractor shall coordinate with other social service agencies engaged with the individual, as applicable, which may include but are not limited to the NH Division for Children, Youth, and Families and Probation and Parole.
- 3.10.7. The Contractor shall clearly document when the individual refuses any referrals or care coordination in the individual's service record.
- 3.10.8. The Contractor shall not prohibit individuals from receiving services under this Agreement when an individual does not consent to information sharing.

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- 3.10.9. The Contractor shall notify individuals who consent to information sharing that they have the ability to rescind the consent at any time without any impact on services provided under the awarded contract.

3.11. Transfer or Discharge

- 3.11.1. The Contractor shall identify the reason for transfer or discharge in the Program Enrollment section of the Department-provided record system, for each individual entered into the Department-provided record system, at the time of transfer or discharge from the program.
- 3.11.2. The Contractor shall ensure the counselor updates the ASAM assessment and amends the treatment plan when transferring an individual from one level of care to another within the same agency or when discharging the individual to another treatment provider.
- 3.11.3. The Contractor shall complete a transfer or discharge summary when an individual is being transferred to another level of care within the agency or discharged from treatment at the contracted agency. The Contractor shall ensure the transfer or discharge summary addresses all ASAM domains, including the process of transfer planning at the time of the individual's intake to the program, including transitional living services, and includes:
- 3.11.3.1. Dates of admission, discharge, or transfer.
- 3.11.3.2. Reason for admission.
- 3.11.3.3. The individual's psychosocial substance misuse history and legal history.
- 3.11.3.4. A summary of the individual's progress toward treatment goals.
- 3.11.3.5. The individual's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment.
- 3.11.3.6. A summary of the individual's physical and mental health condition at the time of discharge.
- 3.11.3.7. A continuing care plan, including all ASAM domains, with specific information regarding referrals or further treatment.
- 3.11.3.8. The dated signature of the counselor completing the summary.
- 3.11.3.9. At least one (1) of the following four (4) ASAM Transfer/Discharge Criteria and how the individual meets the requirement, including transitional living services:
- 3.11.3.9.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated.

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- 3.11.3.9.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated;
- 3.11.3.9.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit their ability to resolve their problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
- 3.11.3.9.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care.
- 3.11.4. The Contractor shall ensure the discharge or transfer summary is completed no later than seven (7) days following an individual's discharge or transfer.
- 3.11.5. The Contractor shall discharge an individual from the Department-provided record system when they are no longer receiving services at the agency. The Contractor shall close the Episode in the Department-provided record system even if the individual is expected to return at a future date, including, after completing treatment at a different agency. The time frames for discharge from the Department-provided record system are as follows:
 - 3.11.5.1. Individuals receiving outpatient services (individual outpatient, intensive outpatient, and partial hospitalization program), who have not received services in the past thirty (30) days shall be discharged by day 30. Upon the individual's return to treatment a new episode of care shall be started and all standard admission steps must be taken.
 - 3.11.5.2. Individuals receiving residential services, who have not received services in the past 48 hours shall be discharged.
- 3.11.6. The Contractor shall ensure a new episode of care is started and all standard admission steps are completed for individuals returning for services after being discharged.

3.12. Individual and Group Education

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- 3.12.1. The Contractor shall offer all individuals receiving services under this Agreement individual or group education on prevention, treatment, and nature of:
 - 3.12.1.1. SUD;
 - 3.12.1.2. Relapse prevention;
 - 3.12.1.3. Hepatitis C Virus (HCV);
 - 3.12.1.4. HIV;
 - 3.12.1.5. Sexually Transmitted Diseases (STDs);
 - 3.12.1.6. Infectious diseases associated with injection drug use;
 - 3.12.1.7. Individual and/or group counseling for individuals of childbearing age, regardless of gender, on the effects of alcohol and other drug use on a fetus; and
 - 3.12.1.8. The relationship between nicotine use and substance use with other mental health disorders, if the individual uses nicotine.
- 3.12.2. The Contractor shall ensure that all individuals are screened at intake and discharge for tobacco use, treatment needs and referral to the NH QuitLine, as part of treatment planning.
- 3.12.3. The Contractor shall maintain an outline of each educational session provided.

3.13. Tobacco-Free Environment

- 3.13.1. The Contractor shall ensure all facilities where services under this Agreement are provided are nicotine-free environments by having policies and procedures that apply to all staff, individuals receiving services, and visitors, that include but are not limited to:
 - 3.13.1.1. Prohibiting smoking of any nicotine product, the use of oral tobacco products or "spit" tobacco, and the use of electronic devices, including vaping devices;
 - 3.13.1.2. Prohibiting the use of nicotine products within the Contractor's facilities at any time;
 - 3.13.1.3. Prohibiting the use of nicotine in any Contractor-owned vehicle;
 - 3.13.1.4. Whether or not the use of nicotine products is prohibited outside of the facility on the grounds. If use of nicotine products is allowed outside of the facility on the grounds, the Contractor shall ensure:
 - 3.13.1.4.1. Designated smoking area(s) are located a minimum of 20 feet from the main entrance;
 - 3.13.1.4.2. All materials used for smoking in the designated area, including cigarette butts and matches, are extinguished and disposed of in appropriate containers;

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- 3.13.1.4.3. Periodic cleanup of the designated smoking area is scheduled and completed as scheduled and/or needed; and
- 3.13.1.4.4. If the designated smoking area is not properly maintained, it shall be eliminated at the discretion of the Contractor; and
- 3.13.1.5. Prohibiting nicotine use in personal vehicles when transporting individuals on authorized business.
- 3.13.2. The Contractor shall ensure the nicotine -free environment policy is included in employee, individual, and visitor orientations and posted in the Contractor's facilities and vehicles.
- 3.13.3. The Contractor shall not use nicotine use, in and of itself, as grounds for discharging individuals from the services being provided under this Contract.

4. Electronic Record System

- 4.1. The Contractor shall use the Department-provided electronic health record system (EHRS) to record contact with individuals within three (3) days, unless otherwise stated in the guidance document(s). The Contractor shall utilize the Department-provided EHRS to record all NH Bureau of Drug & Alcohol Services (BDAS) individual interactions, including:
 - 4.1.1. Determining individual eligibility;
 - 4.1.2. Reporting all data that is used to calculate and analyze National Outcome Measures; and
 - 4.1.3. Providing other information as required by the Department.
- 4.2. The Contractor shall provide the individual with the Department-provided EHRS information acknowledgement form and obtain the individual's signature on that form at the time of admission to treatment, prior to providing services.
- 4.3. The Contractor shall ensure information for individuals refusing to sign the information acknowledgement is not entered into the EHRS and the Contractor shall contact the Department to establish alternative reporting and billing procedures.
- 4.4. The Contractor shall ensure services are provided to individuals who refuse to sign the information acknowledgement, despite not being able to enter that individual into the state provided EHRS. The Contractor shall:
 - 4.4.1. Establish a policy to document individual activity elsewhere;
 - 4.4.2. Obtain Department approval of the established policy;
 - 4.4.3. Notify the Department of each individual's refusal; and
 - 4.4.4. Ensure the Department has access to records as requested.
- 4.5. The Contractor shall ensure the Department-provided EHRS is only used for individuals who are in a program that is funded by, or under the oversight of, the Department. The Contractor may use Department-provided EHRS to enter

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information for services not covered by this Agreement. Training may be provided by the contracted agency, with prior approval of the content by the Department, if the following conditions apply:

- 4.5.1. The Department has approved the Contractors' use of the Department-provided EHRS for this purpose;
 - 4.5.2. The Contractor utilized the state provided EHRS for this purpose; and
 - 4.5.3. The Contractor does not have an alternative EHRS available for use.
- 4.6. The Contractor shall cease using the Department-provided EHRS for services not covered by this Agreement no later than 6/30/2027 and shall thereafter use a separate EHRS.
- 4.7. The Contractor shall cease utilizing the Department-provided EHRS if an individual obtains funding from another source while in treatment, unless otherwise approved by the Department. Individuals who are in a program that is funded by or under the oversight of the Department include:
- 4.7.1. Individuals receiving Department -funded SUD treatment services,
 - 4.7.2. Individuals receiving services from Impaired Driver Care Management Programs; and
 - 4.7.3. Individuals receiving services from Impaired Driver Service Providers, regardless of funding source.
- 4.8. The Contractor may use their own EHRS, in addition to the Department-provided EHRS, to record and track other data not collected in the state provided EHRS, only if the Department is allowed access to the electronic health records (EHR) upon request, for services provided under this Agreement.
- 4.9. The Contractor shall record that an individual has been discharged when the individual has completed a treatment episode in the state provided EHRS.
- 4.10. The Contractor shall follow all the instructions and requirements in the most current user guide for the EHRS, as provided by the Department.
- 4.11. The Contractor shall agree to and follow the Information Security Requirements in Exhibit K.

5. Telehealth

- 5.1. The Contractor may deliver outpatient services via telehealth through secure telecommunication technology, when clinically appropriate and within the Contractor's scopes of practice, as allowed by federal and state law, and as documented in the individual's treatment plan. The Contractor acknowledges and agrees that:
- 5.1.1. Telehealth services may be rendered from a remote site, other than the Contractor's facility, or a remote site, approved by the Contractor;
 - 5.1.2. Confidentiality and privacy protections apply to all telehealth services, under the same laws that protect the confidentiality of in-person services; and
 - 5.1.3. The use of public facing applications, such as Facebook Live, Twitch, TikTok, or other similar video communication applications, is prohibited.

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- 5.2. The Contractor shall ensure telehealth complies with all security and privacy components identified in Exhibit K, DHHS Information Security Requirements. The Contractor shall ensure:
- 5.2.1. An individual's appropriate informed consent to using the telecommunication technology is received and kept on file;
 - 5.2.2. A provider is present with the individual(s) during the use of telecommunication technology;
 - 5.2.3. Only authorized users have access to any individually identifiable personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Part 2 records as defined in 42 CFR Part 2 or electronic PHI (ePHI) that is shared or available through the telecommunication technology;
 - 5.2.4. Secure end-to-end communication of data is implemented, including all communication of ePHI remaining in the United States; and
 - 5.2.5. A system of monitoring the communications containing ePHI is implemented to prevent accidental or malicious breaches.
- 5.3. The Contractor shall adhere to all relevant state and federal regulations regarding telehealth not identified in the contract, including regulations regarding face-to-face services.

6. Staffing

- 6.1. The Contractor shall meet the following minimum staffing requirements, or request a waiver to the requirements, to provide the scope of work in this Agreement. Staffing levels must include:
- 6.1.1. A minimum of one (1) licensed supervisor, as identified in Section 2.1.2;
 - 6.1.2. Staffing ratios for the following:
 - 6.1.2.1. Individual Counseling: The ratio of individuals receiving services to licensed and unlicensed counselors, as identified in Section 2.1.2.1, who provide counseling to individuals on an individual basis in any ASAM level of care should be based on the following:
 - 6.1.2.1.1. Clinician's ability to provide appropriate, effective, and evidence-based treatment to individuals within the setting;
 - 6.1.2.1.2. Type of treatment provided;
 - 6.1.2.1.3. Composition of the individual population; and
 - 6.1.2.1.4. Availability of auxiliary services;
 - 6.1.2.2. SUD Treatment Groups: No more than 12 individuals with one licensed counselor or unlicensed counselor, as identified in Section 2.1.2, present or no more than 16 individuals when that counselor is joined by a second licensed counselor, unlicensed counselor, CRSW or uncertified recovery support worker.

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- 6.1.2.3. Recovery Support Groups: No more than 12 individuals with one (1) NH CRSW present or no more than 16 individuals when that CRSW is joined by a second CRSW, or uncertified CRSW, licensed or unlicensed counselor, as identified in Section 2.1.2; and
- 6.1.2.4. Milieu/Line Staff in Residential Treatment Programs: Ratios must be based upon the needs of the individuals, and the staff's ability to ensure individual health, safety and well-being. The Contractor shall ensure a minimum of one (1) floating Milieu/Line staff member able to move between common areas to observe individuals is present at all times, when the space is occupied by individuals.
- 6.2. The Contractor shall actively seek to fill any open positions. Temporary staffing shortages are allowable, but not encouraged. Any temporary staffing shortages must be reported to Department in the quarterly contract compliance reports, as detailed in Section 9.7, and Contractor must be actively working to recruit new staff.
- 6.3. The Contractor shall notify Department in writing within one (1) month of hire when a new Administrator, Clinical Director, Executive Director, or any staff person essential to delivering this scope of services is hired to work in the program(s). The Contractor shall provide a copy of the resume of the employee, which clearly indicates the staff member is employed by the Contractor, with the new hire notification.
- 6.4. The Contractor shall notify the Department in writing within 14 calendar days, when there is not sufficient staffing to perform all required services for more than one (1) month.
- 6.5. The Contractor shall have policies and procedures related to student interns that address minimum coursework, experience and core competencies for interns having direct contact with individuals served by this Agreement.
- 6.6. The Contractor shall ensure student interns complete training on ethics, information security and confidentiality practices for handling PHI and SUD treatment records as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2, as approved by the Department, prior to beginning their internship:
- 6.7. The Contractor shall ensure attendance of all required training for interns is documented in the interns' records and shall provide a list that includes the intern's name, dates or attendance and topics of training to the Department, as requested.
- 6.8. The Contractor shall ensure the health, safety, and well-being of all individuals in areas where individuals congregate, including common areas, group rooms and classrooms.
- 6.9. The Contractor shall ensure written policies, required under this Agreement, are available for Department review, as requested.
- 6.10. The Contractor may request a waiver from the Department, in writing, for staffing requirements, if the requirements are inappropriate for the services provided, under this Agreement. The Contractor shall provide both clinical and safety justifications to the Department for approval when requesting exemption from any of the staffing requirements in this Agreement.

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- 6.11. The Contractor shall ensure no licensed supervisor, as identified in Section 2.1.2.1, shall supervise more than 12 staff unless the Department has approved an alternative supervision plan.
- 6.12. The Contractor shall provide ongoing clinical supervision that occurs at regular intervals, is documented in all staff members' records, and meets the requirements of the individuals' license(s) or certification(s).
- 6.13. The Contractor shall provide training to all staff providing SUD services under this Agreement on the following topics. The training:
- 6.13.1. Must include the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities; professional boundaries and power dynamics; and appropriate information security and confidentiality practices for handling PHI and substance use disorder treatment records, as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2;
 - 6.13.2. May be provided by the Contractor with prior content approval from the Department; and
 - 6.13.3. Must be completed within 60 days of hire and annually thereafter.
- 6.14. The Contractor shall provide in-service training to all staff providing SUD services under this Agreement within 15 days of the contract effective date or the staff person's employment start date, if the staff member started work after the contract effective date, and annually thereafter. The Contractor shall ensure in-service training topics are as follows:
- 6.14.1. Contract requirements;
 - 6.14.2. Policies and procedures provided by the Department;
 - 6.14.3. HCV;
 - 6.14.4. HIV; and
 - 6.14.5. TB.
- 6.15. The Contractor shall ensure staff attendance of all required training is documented in the staff members' records and shall provide a list of trained staff that includes dates and topics of training, to the Department, as requested.

7. Provisions Applicable to Contractors Receiving State Opioid Response (SOR) Funding

7.1. SOR Guidelines:

- 7.1.1. The Contractor shall establish formal information sharing and referral agreements with the Doorways in compliance with all applicable confidentiality laws, including 42 CFR Part 2 in order to receive payments for services funded with SOR resources.
- 7.1.2. The Contractor shall ensure all referrals of individuals to the Doorways are completed and documented in the individuals file, and available to the Department, as requested and as needed, for payment of invoices for services provided through SOR-funded initiatives.

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- 7.1.3. The Contractor shall ensure individuals receiving services rendered from SOR funds have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD).
- 7.1.4. The Contractor shall coordinate ongoing care for individuals with documented history, or current diagnoses, of OUD or StimUD, receiving services rendered from SOR funds, with the Doorways, and in accordance with 42 CFR Part 2.
- 7.1.5. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, provide, or treat patients with marijuana. The Contractor shall ensure:
 - 7.1.5.1. Treatment in this context includes the treatment of opioid use disorder;
 - 7.1.5.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders; and
 - 7.1.5.3. This marijuana restriction applies to all subcontracts and memorandums of understanding that receive SOR funding.
- 7.1.6. If the Contractor is providing MSUD, the Contractor shall do so only with FDA-approved MSUD, which includes:
 - 7.1.6.1. Methadone; and
 - 7.1.6.2. Buprenorphine products including:
 - 7.1.6.2.1. Single-entity buprenorphine products;
 - 7.1.6.2.2. Buprenorphine/naloxone tablets;
 - 7.1.6.2.3. Buprenorphine/naloxone films; and
 - 7.1.6.2.4. Buprenorphine/naloxone buccal preparations.
- 7.1.7. If the Contractor is providing medical withdrawal management services that are supported by SOR funds, the Contractor shall do so only when the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 7.1.8. If the Contractor wishes to distribute Fentanyl test strips, the Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 7.1.8.1. Internal policies for the distribution of Fentanyl strips;
 - 7.1.8.2. Distribution methods and frequency; and
 - 7.1.8.3. Other key data as requested by the Department.
- 7.1.9. If the Contractor provides recovery housing, or refers individuals to recovery housing, the Contractor shall ensure any individuals receiving financial aid

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for the recovery housing, utilizing SOR funds, are in a facility that:

- 7.1.9.1. Aligns with national industry standards; and
- 7.1.9.2. Is registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with the New Hampshire Administrative Rules, He-A 305, Voluntary Registry for Recovery Houses.
- 7.1.10. The Contractor shall accept individuals on MSUD and facilitate access to MSUD on-site, or through referrals, for all individuals supported with SOR funds, as clinically appropriate.
- 7.1.11. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 7.1.12. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorway do not receive any additional services utilizing SOR funding.
- 7.1.13. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

7.2. Government Performance Results Act

- 7.2.1. The Contractor shall administer, or coordinate the administration of, the Government Performance Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010 required initial interview and associated follow-ups at six (6) months and discharge GPRA interview for all individuals with a diagnosed OUD or StimUD receiving program services.
- 7.2.2. The Contractor shall provide or coordinate ongoing follow-up and support of individuals engaged in services until a discharge GPRA interview is completed. The Contractor shall ensure:
 - 7.2.2.1. Contact with each individual is attempted during a time when the individual would normally be available. Contact must be made in person, by telephone, or by an alternative method approved by the Department, according to the following guidelines:
 - 7.2.2.1.1. If the first contact attempt is not successful, a second contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the first attempt;
 - 7.2.2.1.2. If the second contact attempt is not successful, a third contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the second attempt;
 - 7.2.2.2. Each successful contact must include:

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- 7.2.2.2.1. Inquiries on the status of each individual's recovery and experience with their external service provider;
 - 7.2.2.2.2. Identification of individual needs;
 - 7.2.2.2.3. Assistance to the individual to address identified needs; and
 - 7.2.2.2.4. Early intervention for individuals who have resumed use;
- 7.2.2.3. When the aforementioned follow-up interview results in a determination that the individual is at risk of self-harm, the Contractor must proceed in alignment with their crisis response policies and procedure; and
- 7.2.2.4. All efforts to contact individuals are clearly documented in a manner approved by the Department.
- 7.2.3. The Contractor shall ensure the GPRA interviews are attempted at the following intervals:
 - 7.2.3.1. At the time of intake or no later than seven (7) calendar days after the Individual enters into treatment services;
 - 7.2.3.2. No later than six (6) months post intake into treatment services. The window for this interview opens five (5) months after the intake interview; and
 - 7.2.3.3. Upon discharge from the initially referred service.
- 7.2.4. The Contractor shall ensure completed GPRA data is entered into the Department determined administrative software, at a minimum of the following intervals:
 - 7.2.4.1. At the time of intake or no later than seven (7) calendar days after the GPRA interview is conducted;
 - 7.2.4.2. Six (6) months post intake into Doorway services; and
 - 7.2.4.2.1. Upon discharge from the initially referred service.
- 7.2.5. The Contractor shall document any loss of contact in the Department-approved administrative software system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.
- 7.2.6. The Contractor shall ensure contingency management strategies are utilized to increase engagement in follow-up GPRA interviews. Contingency management strategies may include but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview. The Contractor must ensure gift cards do not exceed \$30 in value and are not used to incentivize participation in treatment.

8. Reporting Requirements within the Department-provided record system

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- 8.1. The Contractor shall report individual demographic data in the Department-provided record system for all individuals in section 2.2 of this Agreement as specified in the current Department-provided record system User Guide.
- 8.2. The Contractor shall report individual National Outcome Measures (NOMS) data in the Department-provided record system for all individuals receiving services under this Agreement, as follows:
 - 8.2.1. All individuals at admission; and
 - 8.2.2. All individuals upon discharge.
- 8.3. The Contractor shall report all data for individuals receiving services under this Agreement that are necessary for calculation of the following performance measures in the Department-provided record system, and as specified in its User Guide:
 - 8.3.1. Initiation: Percentage of individuals accessing services within 14 days of initial contact;
 - 8.3.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of screening;
 - 8.3.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of screening;
 - 8.3.4. Treatment Completion: Percentage of individuals completing treatment; and
 - 8.3.5. National Outcome Measures:
 - 8.3.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use on the date of discharge compared to the date of first service;
 - 8.3.5.2. Increase in/no change in the number of individuals employed or in school on the date of the last service compared to the date of the first service;
 - 8.3.5.3. Reduction in/no change in the number of individuals arrested in past 30 days from the date of the first service to the date of the last service;
 - 8.3.5.4. Increase in/no change in the number of individuals that have stable housing at the date of the last service compared to the date of the first service; and
 - 8.3.5.5. Increase in/no change in the number of individuals participating in community support services at the date of the last service compared to the date of the first service.
- 8.4. The Contractor shall report all other data, as specified in the Department-provided record system User Guide, to support the Department's analysis and reporting on demographics, performance, services and other factors as determined by the Department and in a format specified by the Department.
- 8.5. The Contractor shall report the number of individuals with an alcohol use disorder who were referred for MSUD, as described in Section 3.10.3.3., to the Department on a

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quarterly basis.

- 8.6. The Contractor shall complete monthly contract compliance reporting no later than the 10th day of the month following the reporting month in a format determined, and as requested, by the Department.
- 8.7. The Contractor shall submit quarterly contract compliance reporting no later than the 10th day of following month in a format determined, and as requested, by the Department.
- 8.8. The Contractor shall notify the Department in writing of all contact with law enforcement as soon as possible, and no more than 24 hours following the incident.
- 8.9. The Contractor shall notify the Department in writing of all media contacts as soon as possible, and no more than 24 hours following the incident.
- 8.10. The Contractor shall report sentinel events in accordance with RSA 126-A:4,IV
- 8.11. The Contractor shall refer to the current Department-provided record system User Guide for guidance on NOMS and other data reporting requirements.

9. Performance Measures

- 9.1. Contract performance shall be measured to evaluate service quality and efficacy in mitigating negative impacts of substance misuse, including but not limited to the opioid epidemic and associated overdoses. The following performance measures will be used by the Department to evaluate selected contractor performance:
 - 9.1.1. Initiation: Percentage of individuals accessing services within 14 days;
 - 9.1.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of admission to the appropriate level of care;
 - 9.1.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of admission to the appropriate level of care;
 - 9.1.4. Treatment completion: Percentage of individuals completing treatment; and
 - 9.1.5. NOMS, as detailed in Section 9.3: The percentage of individuals out of all individuals discharged improved in at least three (3) out of five (5) of the following NOMS outcome criteria:
 - 9.1.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use at discharge compared to the period of 7 days before and the date of first service during an episode of care (or previous episode of care for individuals referred for services from a different DEPARTMENT contracted SUD treatment provider);
 - 9.1.5.2. Increase in/no change in number of individuals employed or in school on the date of last service compared to first service;
 - 9.1.5.3. Reduction in/no change in number of individuals arrested in past 30 days from date of first service to date of last service;
 - 9.1.5.4. Increase in/no change in number of individuals that have stable housing at last service compared to first service; and

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- 9.1.5.5. Increase in/no change in number of individuals participating in community support services at last service compared to first service.
- 9.2. The Contractor shall meet or exceed baseline performance requirements as determined by the Department.
- 9.2.1. The Department will actively and regularly collaborate with the Contractor to develop a performance improvement structure that will enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.2.2. The Department may identify expectations for active and regular collaboration, including key performance measures, in this Agreement. Where applicable, the Contractor must collect and share data with the Department, as requested, and in a format specified, by the Department.
- 9.3. The Contractor shall participate in all quality improvement activities, as directed and requested by the Department, including, but not limited to:
- 9.3.1. Electronic and in-person individual record reviews.
- 9.3.2. Site visits.
- 9.3.3. Training and technical assistance activities.
- 9.4. The Contractor shall monitor and manage the utilization rates of its services at all ASAM levels of care to ensure services are offered at a consistently high quality throughout the term of the contract. To maintain a consistently high quality of service and adequate capacity for SUD treatment and recovery support services statewide, the Contractor shall actively monitor its capacity, staffing levels, and resources to consistently and evenly deliver these services.
- 9.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.6. The Contractor shall participate in quarterly meetings with the Department to ensure compliance with the contractual requirements.
- 9.7. The Contractor may be required to provide other key data and metrics to the Department, including individual-level demographic, performance, and service data.

10. Audit Requirements

- 10.1. The Contractor is required to submit an annual financial audit to the Department if any of the following conditions exist:
- 10.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
- 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

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- 10.1.3. Condition C - The Contractor is a public company and required by the U.S. Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 10.2. If Condition A exists, the Contractor must submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department 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.
- 10.3. If Condition B or Condition C exists, the Contractor must submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 10.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor must be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 10.6. In the event that the Contractor undergoes an audit by the Department, the Contractor agrees to provide a corrective action plan to the Department within thirty (30) days from the date of the final findings that addresses any and all findings.
- 10.7. The Contractor must ensure the corrective action plan uses SMART (specific, measurable, achievable, relevant, and time-bound) goals and objectives, and includes:
- 10.7.1. The action(s) that shall be taken to correct each deficiency;
- 10.7.2. The action(s) that shall be taken to prevent the reoccurrence of each deficiency;
- 10.7.3. The specific steps and timeline for implementing the actions above;
- 10.7.4. The plan for monitoring to ensure that the actions above are effective; and
- 10.7.5. How and when the Contractor shall report to the Department on progress on implementation and effectiveness.

11. Background Checks

- 11.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
- 11.1.1. 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;
- 11.1.2. A name search of the Department's Bureau of Adult and Aging ^{DS}Services

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(BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

- 11.1.3. 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.

12. Confidential Data

- 12.1. 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.
- 12.2. 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.

13. Privacy Impact Assessment

- 13.1. 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:
- 13.1.1. How PII is gathered and stored;
- 13.1.2. Who will have access to PII;
- 13.1.3. How PII will be used in the system;
- 13.1.4. How individual consent will be achieved and revoked; and
- 13.1.5. Privacy practices.
- 13.2. 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.

14. Department Owned Devices, Systems and Network Usage

- 14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
- 14.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards,

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- procedures and guidelines, and complete applicable trainings as required;
- 14.1.2. 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;
 - 14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 14.1.4. 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;
 - 14.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;
 - 14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
 - 14.1.7. 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."
 - 14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
 - 14.1.9. Agree when utilizing the Department's email system:
 - 14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".
 - 14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and
 - 14.1.9.3. 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."

- 14.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department

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building/facility, must:

- 14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
- 14.1.10.2. 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.
- 14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.
- 14.1.11. 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.
- 14.1.12. 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.

15. Contract End-of-Life Transition Services

15.1. General Requirements

- 15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- 15.1.2. 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.

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- 15.1.3. 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.
- 15.1.4. 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.
- 15.1.5. 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.
- 15.1.6. 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.
- 15.2. Completion of Transition Services
 - 15.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of 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 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
 - 15.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.
- 15.3. Disagreement over Transition Services Results
 - 15.3.1. 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 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.

16. Exhibits Incorporated

- 16.1. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.
- 16.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

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- 16.3. 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 I, Business Associate Agreement, which has been executed by the parties.

17. Additional Terms

17.1. Impacts Resulting from Court Orders or Legislative Changes

- 17.1.1. 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.

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

- 17.2.1. The Contractor must submit:

17.2.1.1. 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.

17.2.1.2. A written attestation, within 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 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

17.2.1.3. 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 12 months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

17.3. Credits and Copyright Ownership

- 17.3.1. 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

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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.”

- 17.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 17.3.3. 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.
- 17.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

17.4. Operation of Facilities: Compliance with Laws and Regulations

- 17.4.1. 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.

17.5. Eligibility Determinations

- 17.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 17.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

18. Records

- 18.1. The Contractor must keep records that include, but are not limited to:
 - 18.1.1. 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.
 - 18.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses,

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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.

18.1.3. 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.

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

18.2. 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.

18.3. 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.

19. Maintenance of Fiscal Integrity (Contracts/Amendments)

19.1. The Contractor must submit the following financial statements to the Department within 30 calendar days after the end of each month:

19.1.1. Balance Sheet for the Contractor's entire organization including all related parties;

19.1.2. Year-to-date Profit and Loss Statement for the Contractor's entire organization that includes, for all related parties:

19.1.2.1. All revenue sources and expenditures; and

19.1.2.2. A budget column allowing for budget to actual analysis;

19.1.3. Year-to-date Profit and Loss Statement for the Program funded under this Agreement that includes:

19.1.3.1. All revenue sources and all related expenditures for the Program; and

19.1.3.2. A budget column allowing for budget to actual analysis; and

19.1.4. Year-to-date Cash Flow Statement for the Contractor's entire organization including all related parties.

19.2. The Contractor must ensure all financial statements are prepared based on the accrual method of accounting and include all the Contractor's total revenues and expenditures, whether or not generated by or resulting from funds provided pursuant to this Agreement.

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19.3. The Contractor's fiscal integrity will be evaluated by the Department using the following Formulas and Performance Standards:

19.3.1. Days of Cash on Hand:

19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

19.3.1.2. Formula: Cash, cash equivalents and short-term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

19.3.1.3. Performance Standard: The Contractor must have enough cash and cash equivalents to cover expenditures for a minimum of 30 calendar days with no variance allowed.

19.3.2. Current Ratio:

19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

19.3.2.2. Formula: Total current assets divided by total current liabilities.

19.3.2.3. Performance Standard: The Contractor must maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

19.3.3. Debt Service Coverage Ratio:

19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

19.3.3.2. Definition: The ratio of net income to the year-to-date debt service.

19.3.3.3. Formula: Net Income plus depreciation/amortization expense plus interest expense divided by year-to-date debt service (principal and interest) over the next twelve (12) months.

19.3.3.4. Source of Data: The Contractor's monthly financial statements identifying current portion of long-term debt payments (principal and interest).

19.3.3.5. Performance Standard: The Contractor must maintain a minimum standard of 1.2:1 with no variance allowed.

19.3.4. Net Assets to Total Assets:

19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

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- 19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.
- 19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.
- 19.3.4.4. Source of Data: The Contractor's monthly financial statements.
- 19.3.4.5. Performance Standard: The Contractor must maintain a minimum ratio of .30:1, with a 20% variance allowed.
- 19.3.5. Operating Surplus:
 - 19.3.5.1. Rationale: The Contractor requires a surplus for fiscal sustainability including covering short-term and long-term liabilities.
 - 19.3.5.2. Definition and Formula: The difference between operating revenue and operating expenses.
 - 19.3.5.3. Source of Data: The Contractor's Year-to-Date financial statements.
 - 19.3.5.4. Performance Standard: The Contractor must maintain an operating surplus.
- 19.4. If the Contractor does not meet either:
 - 19.4.1. The Days of Cash on Hand Performance Standard and the Current Ratio Performance Standard for two (2) consecutive months; or
 - 19.4.2. The Operating Surplus Performance Standard for three (3) consecutive months; or
 - 19.4.3. Three (3) or more of any of the Performance Standards for one (1) month, or any one (1) Performance Standard for three (3) consecutive months, then the Contractor must:
 - 19.4.3.1. Meet with Department staff to explain the reasons that the Contractor has not met the standards; and/or
 - 19.4.3.2. Submit a comprehensive corrective action plan within 30 calendar days of receipt of notice from the Department.
- 19.5. The Contractor must update and submit the corrective action plan to the Department, at least every 30 calendar days, until compliance is achieved. The Contractor must:
 - 19.5.1. Provide additional information to ensure continued access to services as requested by the Department and ensure requested information is submitted to the Department in a timeframe agreed upon by both parties.
- 19.6. The Contractor must inform the Department by phone and by email within 24 hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement with the Department.



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Operational Requirements

1. Requirements for Organizational or Program Changes

- 1.1. The Contractor shall provide written notification to the Department no later than 30 days prior to changes in ownership, mergers, asset sales for more than half of the company's assets, sale of a controlling share of the company's voting securities, change of more than 50% of the board of directors, physical location, or name.
- 1.2. The Contractor shall submit a copy of the certificate of amendment from the New Hampshire Secretary of State with the effective date of the change to the Department, when there is a change of the ownership, physical location, or name of the organization.

2. Inspections, Enforcement, Remedies, & Plans of Correction

- 2.1. The Contractor shall comply with all provisions of this Agreement and submit any requested changes, including service provision and/or number of beds provided, in writing, to the Department for review and approval. All Department approved changes, with the exception of adjusting budget line items as described in Exhibit C, must be approved by the Governor and Executive Council through a contract amendment, as required by paragraph 18, Amendment, of the General Provisions, Form P-37.
- 2.2. The Contractor shall allow any Department representative to be admitted on the premises, at any time, to inspect the facility; all programs and services provided through this Agreement; and any records required by this Agreement.
- 2.3. Notwithstanding paragraph 8, Event of Default, and paragraph 9, Termination, of the General Provisions, Form P-37, the Contractor shall be issued a notice of deficiencies when the Department determines that the Contractor is not in compliance with contract requirements. The notice of deficiencies will identify each deficiency and the specific proposed remedy(ies), which may include, but are not limited to:
 - 2.3.1. The requirement of the Contractor to develop and submit a Plan of Correction (POC) to the Department within 21 days of receipt of a notice of deficiencies, for review and acceptance. The Contractor shall ensure the POC:
 - 2.3.1.1. Achieves compliance with contract requirements;
 - 2.3.1.2. Addresses all deficiencies and deficient practices as cited in the notice of deficiencies;
 - 2.3.1.3. Mitigates the likelihood of a new violation of contract requirements as a result of implementation of the POC; and
 - 2.3.1.4. Provides specific and discrete project goals for POC completion, including, but not limited to:
 - 2.3.1.4.1. Steps to be taken to correct each deficiency.
 - 2.3.1.4.2. Measures that will be put in place.
 - 2.3.1.4.3. System changes to be made to ensure that the deficiency does not recur.
 - 2.3.1.4.4. The date by which each deficiency will be corrected.

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- 2.3.2. A Department-directed POC, specifying the corrective action steps to be taken by the Contractor. The Contractor will receive a department-directed POC with the notice of deficiencies when:
 - 2.3.2.1. Deficiencies were identified during an inspection that require immediate corrective action to protect the health and safety of the individuals receiving services or staff providing services.
 - 2.3.2.2. The original POC is not submitted within 21 days of the date of the written notification of deficiencies;
 - 2.3.2.3. The revised POC from Section 2.4.1 is rejected by the Department; or
 - 2.3.2.4. The POC is not implemented by the completion date identified in the Department-accepted POC.
 - 2.4. The Department shall notify the Contractor of the reasons for rejection of the POC, if the POC is not accepted. The Contractor shall:
 - 2.4.1. Develop and submit a revised POC within 21 days of the date of the written notification of POC rejections.
 - 2.4.2. Ensure the revised POC complies with POC standards identified above.
 - 2.5. The Contractor shall, upon request, admit and allow the Department access to the premises and records related to the Department-accepted and/or Department-directed POC, after the completion date identified in the POC, in order to verify the implementation of the POC, which may include, but are not limited to:
 - 2.5.1. Review of materials submitted by the Contractor;
 - 2.5.2. Follow-up inspection; or
 - 2.5.3. Review of compliance during the next scheduled inspection.
- 3. Duties and Responsibilities**
- 3.1. The Contractor shall monitor, assess, and improve, as necessary, the quality of care and service provided to individuals on an ongoing basis.
 - 3.2. The Contractor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Contractor.
 - 3.3. The Contractor shall employ an administrator responsible for the day-to-day operations of services provided in this Agreement. The Contractor shall:
 - 3.3.1. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
 - 3.3.2. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Contractor, the staff position(s) to be delegated, and the authority and responsibility to act in the administrator's behalf when the administrator is absent.
 - 3.4. The Contractor shall ensure the following documents are posted in a public area:
 - 3.4.1. A copy of the Contractor's policies and procedures relative to the implementation of rights and responsibilities for individuals receiving services.

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including confidentiality per NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2; and

- 3.4.2. The Contractor's plan for fire safety, evacuation, and emergencies, identifying the location of, and access to all fire exits.
- 3.5. The Contractor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
- 3.6. The Contractor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
- 3.7. The Contractor shall follow the required procedures for the care of the individuals, as specified by the United States Centers for Disease Control and Prevention "Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings", November 2023, for residential programs, if the Contractor accepts an individual who is known to have a disease reportable under NH Administrative Rule He-P 301, or an infectious disease.
- 3.8. The Contractor shall comply with state and federal regulations on confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12.
- 3.9. The Contractor shall develop policies and procedures regarding the release of information contained in individual service records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:12.
- 3.10. The Contractor shall ensure all records relating to services provided through this Agreement are legible, current, accurate, and available to the Department during an inspection or investigation.
- 3.11. The Contractor shall ensure service site(s) are accessible to individuals with a disability, using Americans with Disabilities Act accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq. The Contractor shall ensure service sites include:
 - 3.11.1. A reception area separate from living and treatment areas;
 - 3.11.2. A private space for personal consultation, charting, treatment and social activities, as applicable;
 - 3.11.3. Secure storage of active and closed confidential individual records; and
 - 3.11.4. Separate and secure storage of toxic substances.
- 3.12. The Contractor shall establish a code of ethics for staff that includes a mechanism for reporting unethical conduct.
- 3.13. The Contractor shall develop, implement, and maintain specific policies, including:
 - 3.13.1. Rights, grievance, and appeals policies and procedures for individuals receiving services;
 - 3.13.2. Progressive discipline, leading to administrative discharge;
 - 3.13.3. Reporting and appealing staff grievances;
 - 3.13.4. Alcohol and other drug use while in treatment;

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- 3.13.5. Individual and employee smoking that are in compliance with Exhibit B, Scope of Services;
- 3.13.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
- 3.13.7. Holding an individual's possessions;
- 3.13.8. Secure storage of staff medications;
- 3.13.9. Medication belonging to individuals receiving services;
- 3.13.10. Urine specimen collection, as applicable, that:
 - 3.13.10.1. Ensures collection is conducted in a manner that preserves individual privacy as much as possible; and
 - 3.13.10.2. Minimizes falsification;
- 3.13.11. Safety and emergency procedures on:
 - 3.13.11.1. Medical emergencies;
 - 3.13.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 3.13.11.3. Reporting injuries;
 - 3.13.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures; and
 - 3.13.11.5. Emergency closings.
- 3.13.12. The Contractor shall develop, implement and maintain procedures for:
 - 3.13.12.1. Protection of individual records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 3.13.12.2. Quality assurance and improvement.

4. Collection of Fees

- 4.1. The Contractor shall maintain procedures regarding collections from individuals for fees, co-insurance payments, cost-shares, private or public insurance, and other payers responsible for the individual's finances; and
- 4.2. The Contractor shall provide the individual, and the individual's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge at the time of screening and admission.

5. Screening and Denial of Services

- 5.1. The Contractor shall maintain a record of all individual screenings, including:
 - 5.1.1. The individual's name and/or unique identifier;
 - 5.1.2. The individual's referral source;

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- 5.1.3. The date of initial contact from the individual or referring agency;
- 5.1.4. The date of screening; and
- 5.1.5. The result of the screening, including the reason for denial of services if applicable.
- 5.2. The Contractor shall record all referrals to and coordination with New Hampshire's The Doorways program and other interim services, or the reason that the referral was not made, for any individual who is placed on a waitlist. The Contractor shall:
 - 5.2.1. Record all contact with the individual between screening and removal from the waitlist; and
 - 5.2.2. Record the date the individual was removed from the waitlist and the reason for removal.
- 5.3. In the instance an individual requesting services is denied service(s), the Contractor shall:
 - 5.3.1. Inform the individual of the reason for the denial of service(s); and
 - 5.3.2. Assist the individual in identifying and accessing appropriate available treatment.
- 5.4. The Contractor shall not deny services to an individual solely because the individual:
 - 5.4.1. Previously left treatment against the advice of staff;
 - 5.4.2. Relapsed from an earlier treatment;
 - 5.4.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 5.4.4. Has been diagnosed with a mental health disorder.
- 5.5. The Contractor shall report on denial of services to individuals at the request of the Department.
6. **Staffing Requirements**
 - 6.1. The Contractor shall develop current job descriptions for all staff, including contracted staff, volunteers, and student interns, which includes:
 - 6.1.1. Job title;
 - 6.1.2. Physical requirements of the position;
 - 6.1.3. Education and experience requirements of the position;
 - 6.1.4. Duties of the position;
 - 6.1.5. Positions supervised; and
 - 6.1.6. Title of immediate supervisor.
 - 6.2. The Contractor shall develop and implement policies regarding criminal background checks of prospective employees, which includes, but is not limited to:
 - 6.2.1. Requiring a prospective employee to sign a release to allow the Contractor to conduct a criminal record check.

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- 6.2.2. Requiring the administrator or designee to obtain and review criminal record checks from the New Hampshire Department of Safety for each prospective employee.
- 6.2.3. Ensuring criminal record check standards are reviewed to ensure the health, safety, or well-being of individuals; violation of shall be reason for non-selection for employment, including the following:
 - 6.2.3.1. Felony convictions in this or any other state;
 - 6.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 6.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
- 6.2.4. Waiver of the criminal background check, granted by the Department, for good cause shown.
- 6.3. The Contractor shall ensure all staff, which includes contracted staff, meet the educational, experiential, and physical qualifications of the position as listed in their job description. The Contractor shall ensure staff:
 - 6.3.1. Do not violate the criminal background standards established by 7.2.3 above, unless waived by the Department for good cause shown;
 - 6.3.2. Are licensed, registered or certified as required by state statute and as applicable;
 - 6.3.3. Receive an orientation within the first three (3) days of work or prior to direct contact with individuals, which includes:
 - 6.3.3.1. The Contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 6.3.3.2. The Contractor's policies on the rights, responsibilities, and complaint procedures for individuals receiving services;
 - 6.3.3.3. Federal and state confidentiality requirements;
 - 6.3.3.4. Grievance procedures;
 - 6.3.3.5. Job duties, responsibilities, policies, procedures, and guidelines;
 - 6.3.3.6. Topics covered by both the administrative and personnel manuals;
 - 6.3.3.7. The Contractor's infection prevention program;
 - 6.3.3.8. The Contractor's fire, evacuation, and other emergency plans which outline the responsibilities of staff in an emergency; and
 - 6.3.3.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F:46 and RSA 169-C:29; and
 - 6.3.4. Sign and date documentation that they have taken part in an orientation as described above;

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- 6.3.5. Complete a mandatory annual in-service education, which includes a review of all elements described above.
- 6.4. The Contractor shall ensure, prior to having contact with individuals receiving services, that employees and contracted employees:
 - 6.4.1. Submit proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 6.4.1.1. The name of the examinee;
 - 6.4.1.2. The date of the examination;
 - 6.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 6.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 6.4.1.5. The dated signature of the licensed health practitioner;
 - 6.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
 - 6.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to *Mycobacterium* TB through shared air space with persons with infectious TB.
- 6.5. The Contractor shall ensure employees, contracted employees, volunteers and independent Contractors who have direct contact with individuals who have a history of TB, or a positive skin test, have a TB symptomatology screening test.
- 6.6. The Contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student intern, volunteer, and contracted staff, which includes, but is not limited to:
 - 6.6.1. A completed application for employment or a resume;
 - 6.6.2. Identification data;
 - 6.6.3. The education and work experience of the employee;
 - 6.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 6.6.4.1. Position title;
 - 6.6.4.2. Qualifications and experience; and
 - 6.6.4.3. Duties required by the position;
 - 6.6.5. Written verification that the person meets the Contractor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;

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- 6.6.6. A signed and dated record of orientation as required above;
- 6.6.7. A copy of each current New Hampshire license, registration or certification in a relevant health care field and CPR certification, if applicable;
- 6.6.8. Records and results of screening for communicable diseases as required above;
- 6.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 6.6.10. Documentation of annual in-service education, as required above, that includes dates of completion and signatures of staff;
- 6.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 6.6.12. A signed statement acknowledging the receipt of the Contractor's policy setting forth the individual's rights and responsibilities, confidentiality requirements, training, and implementation of the policy;
- 6.6.13. A statement, which shall be signed at the time the initial offer of employment, and is then executed annually thereafter, stating that the individual:
 - 6.6.13.1. Does not have a felony conviction in this or any other state;
 - 6.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation, or poses a threat to the health, safety or well-being of any individual; and
 - 6.6.13.3. Has not had a finding by the Department, or any other administrative agency in NH, or any other state, for assault, fraud, abuse, neglect or exploitation of any person; and
- 6.6.14. Documentation of the criminal records check and any waivers, as applicable.
- 6.7. An individual need not re-disclose any of the matters in the criminal background check if the documentation is available and the Contractor has previously reviewed the material and has been granted a waiver by the Department, so that the individual can continue employment.

7. Clinical Supervision of Unlicensed Counselors

- 7.1. The Contractor shall ensure all unlicensed counselors providing treatment, education and/or recovery support services; and all uncertified CRSWs, are under the direct supervision of a licensed supervisor.
- 7.2. The Contractor shall ensure no licensed supervisor supervises more than 12 unlicensed staff, unless the Department has approved an alternative supervision plan.
- 7.3. The Contractor shall ensure unlicensed counselors receive a minimum of one (1) hour of supervision for every 40 hours of direct contact with individuals receiving services;
- 7.4. The Contractor shall ensure supervision is provided on an individual or group basis, or both, depending upon the employees' needs, experience and skill levels;
- 7.5. The Contractor shall ensure supervision includes:

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- 7.5.1. Review of case records;
- 7.5.2. Observation of interactions with individuals receiving services;
- 7.5.3. Skill development; and
- 7.5.4. Review of case management activities;
- 7.6. The Contractor shall ensure supervisors maintain a log of the supervision date, duration, content and who was supervised by whom; and
- 7.7. The Contractor shall ensure staff who are licensed or certified shall receive supervision in accordance with the requirements of their licensure.

8. Orientation for Individuals Receiving Services

- 8.1. The Contractor shall conduct an orientation for individuals receiving services upon admission to program, either individually or by group, that includes:
 - 8.1.1. Rules, policies, and procedures of the program and facility;
 - 8.1.2. Requirements for successfully completing the program;
 - 8.1.3. The administrative discharge policy and the grounds for administrative discharge;
 - 8.1.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and
 - 8.1.5. Requiring the individual to sign and date a receipt that the orientation was conducted.

9. Progress notes

- 9.1. The Contractor shall ensure progress notes are completed for each individual, group, family treatment, or education session.
- 9.2. The Contractor shall ensure progress notes include, but are not limited to:
 - 9.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as applicable, as they relate to the current treatment plan;
 - 9.2.2. Assessments, including progress, evaluation of any interventions, and any obstacles or barriers; and
 - 9.2.3. Plans, including tasks to be completed between sessions and objectives for the next session.

10. Discharge

- 10.1. The Contractor shall discharge an individual from a program for the following reasons:
 - 10.1.1. Program completion or transfer based on changes in the individual's functioning relative to the American Society of Addiction Medicine Criteria published in October 2013, (ASAM);
 - 10.1.2. Program termination, including:
 - 10.1.2.1. Administrative discharge;

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- 10.1.2.2. Non-compliance with the program; and
- 10.1.2.3. The individual leaving the program before completion against advice of treatment staff;
- 10.1.3. The individual is inaccessible, due to reasons that may include incarceration or hospitalization.
- 10.2. The Contractor shall forward copies of all the relevant patient and treatment information to a receiving provider when discharging an individual to another treatment provider, upon receiving a signed release of confidential information from the individual seeking treatment.
- 10.3. The Contractor shall ensure the counselor and case manager meet with the individual prior to discharge or transfer to establish a continuing care plan. The Contractor shall ensure the continuing care plan:
 - 10.3.1. Includes recommendations for continuing care in all ASAM domains;
 - 10.3.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 10.3.3. Assists the individual in making contact with other agencies or services.
- 10.4. The Contractor shall ensure the counselor documents, in the individual's service record, if and why the meeting described above could not take place.
- 10.5. The Contractor shall ensure individuals receiving services through this Agreement are only administratively discharged for the following reasons:
 - 10.5.1. The individual's behavior on program premises is abusive, violent, or illegal;
 - 10.5.2. The individual is non-compliant with prescription medications;
 - 10.5.3. Clinical staff documents therapeutic reasons for discharge, which may include the individual's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 10.5.4. The individual violates program rules in a manner that is consistent with the Contractor's progressive discipline policy.
- 10.6. The Contractor shall ensure individuals are offered the opportunity to create a continuing care plan to receive services at another substance use treatment agency, prior to being administratively discharged.

11. Individual Service Record System

- 11.1. The Contractor shall implement a comprehensive system in paper and/or electronic format to maintain service records for each individual receiving services. The Contractor shall ensure service records are:
 - 11.1.1. Organized into related sections with entries in chronological order;
 - 11.1.2. Easy to read and understand;
 - 11.1.3. Complete, containing all the relevant client information;
 - 11.1.4. In compliance with all applicable confidentiality laws, including 42 CFR Part 2 and Exhibit K, DHHS Information Security Requirements;

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- 11.1.5. Up-to-date, including notes on the most recent contact interactions; and
- 11.1.6. Accessible to the Department upon request.

12. Medication Services

- 12.1. The Contractor shall ensure no administration of medications, including physician samples, occur except by a licensed medical practitioner working within their scope of practice.
- 12.2. The Contractor shall ensure all prescription medications brought by an individual to the program are in their original containers and legibly display the following information:
 - 12.2.1. The individual's name;
 - 12.2.2. The medication name and strength;
 - 12.2.3. The prescribed dose;
 - 12.2.4. The route of administration;
 - 12.2.5. The frequency of administration; and
 - 12.2.6. The date ordered.
- 12.3. The Contractor shall ensure any change or discontinuation of prescription medications includes a written order from a licensed practitioner.
- 12.4. The Contractor shall ensure all prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the individual's person or stored in the individual's room, are stored as follows:
 - 12.4.1. All medications are kept in a storage area that is:
 - 12.4.1.1. Locked and accessible only to authorized personnel;
 - 12.4.1.2. Organized to allow correct identification of each individual's medication(s);
 - 12.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 12.4.1.4. Equipped to maintain medication at the proper temperature;
 - 12.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, are kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel.
- 12.5. The Contractor shall ensure medication belonging to staff members are only accessible to staff members and are stored separately from medications belonging to individuals receiving services.
- 12.6. The Contractor shall ensure over-the-counter medications brought into the program by individuals receiving services are:
 - 12.6.1. In original, unopened containers;
 - 12.6.2. Are stored in accordance with this Exhibit B-1section 13.4.1;
 - 12.6.3. Are marked with the name of the individual using the medication; and

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- 12.6.4. Are taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.
- 12.7. The Contractor shall ensure all medications self-administered by an individual, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the individual without supervision, are supervised by the program staff. The Contractor shall ensure staff:
 - 12.7.1. Remind the individual to take the correct dose of their medication at the correct time;
 - 12.7.2. May open the medication container but do not physically handle the medication itself in any manner;
 - 12.7.3. Remain with the individual to observe them taking the prescribed dose and type of medication; and
 - 12.7.4. Document each medication taken in an individual's medication log, which includes:
 - 12.7.4.1. The medication name, strength, dose, frequency and route of administration;
 - 12.7.4.2. The date and the time the medication was taken;
 - 12.7.4.3. The signature or identifiable initials of the staff supervising the consumption of the medication by the individual receiving services; and
 - 12.7.4.4. The reason for any medication refused or omitted, as applicable.
- 12.8. The Contractor shall ensure the individual's medication log is included in the individual's record and any remaining medication is taken with the individual upon their discharge.

13. Notice of Rights for Individuals Receiving Services

- 13.1. The Contractor shall ensure programs inform individuals of their rights in clear, understandable language and format, both verbally and in writing. The Contractor shall ensure:
 - 13.1.1. Applicants for services are informed of their rights to evaluations and access to treatment;
 - 13.1.2. Individuals are advised of their rights upon entry into any program and annually thereafter; and
 - 13.1.3. Initial and annual notifications of individual rights are documented in the individual's record.
- 13.2. The Contractor shall ensure every program within the service delivery system posts a notice of the individual rights, per Section 14.2.3 below, as follows:
 - 13.2.1. The notice is continually posted in an area accessible by all;
 - 13.2.2. The notice is presented in clear, understandable language and forms; and
 - 13.2.3. Each program and residence has, on the premises, complete copies of the rules pertaining to individual rights that are available for individual review.

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14. Fundamental Rights of Individuals Receiving Services

- 14.1. The Contractor shall ensure no individual receiving treatment for a substance use disorder is deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.

15. Personal Rights

- 15.1. The Contractor shall ensure individuals, who are applicants for services or are receiving services, are treated by program staff with dignity and respect at all times.
- 15.2. The Contractor shall ensure individuals are free from abuse, neglect and exploitation which may include, but is not limited to:
- 15.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;
 - 15.2.2. Freedom from the intentional use of physical force except the minimum force - necessary to prevent harm to the individual or others; and
 - 15.2.3. Freedom from personal or financial exploitation.
- 15.3. The Contractor shall ensure individuals receiving services retain the right to privacy.

16. Client Confidentiality

- 16.1. The Contractor shall comply with the confidentiality requirements in 42 CFR part 2.
- 16.2. The Contractor shall ensure copies of individual service records for the individual, attorney or other authorized person are available at no charge for the first 25 pages and not more than \$0.25 per page thereafter, after review of the record.
- 16.3. The Contractor shall ensure, if a minor age 12 or older is treated for substance use disorders without parental consent as authorized by RSA 318:B12-a:
- 16.3.1. The minor's signature alone authorizes a disclosure; and
 - 16.3.2. Any disclosure to the minor's parents or guardians requires a signed authorization to release.

17. Grievances of Individuals Receiving Services

- 17.1. The Contractor shall ensure individuals receiving services have the right to complain about any matter, including any alleged violation of a right afforded by this Exhibit B-1 or by any state or federal law or rule.
- 17.2. The Contractor shall ensure any person has the right to complain or bring a grievance on behalf of an individual or a group of individuals.

18. Treatment Rights

- 18.1. The Contractor shall ensure individuals receiving services have the right to adequate and humane treatment, including:
- 18.1.1. The right of access to treatment including:
 - 18.1.1.1. The right to evaluation to determine an individual's need for services and to determine which programs are most suited to provide the services needed; and

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- 18.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and
- 18.1.2. The right to quality treatment including:
 - 18.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the individuals and programs providing the treatment and to the conditions for which the individual is being treated;
- 18.1.3. The right to receive services in such a manner as to promote the individual's full participation in the community;
- 18.1.4. The right to receive all services or treatment to which an individual is entitled in accordance with the time frame set forth in the individual's treatment plan;
- 18.1.5. The right to an individual treatment plan developed, reviewed and revised to address the individual's own goals;
- 18.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the individual to participate in meaningful activities in the communities in which the individual lives and works;
- 18.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment, including programs which least restrict:
 - 18.1.7.1. Freedom of movement; and
 - 18.1.7.2. Participation in the community, while providing the level of support needed by the individual;
- 18.1.8. The right to be informed of all significant risks, benefits, side effects, and alternative treatment and services, and to give consent to any treatment, placement, or referral following an informed decision such that:
 - 18.1.8.1. Whenever possible, the consent shall be given in writing; and
 - 18.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;
- 18.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 18.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 18.1.11. The right to voluntary placement, including the right to:
 - 18.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 18.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 18.1.12. The right to services which promote independence, including services directed toward:

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- 18.1.12.1. Eliminating, or reducing as much as possible, the individual's needs for continued services and treatment; and
- 18.1.12.2. Promoting the ability of the individuals to function at their highest capacity and as independently as possible;
- 18.1.13. The right to refuse medication and treatment;
- 18.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 18.1.15. The right to consultation and second opinion including:
 - 18.1.15.1. At the individual's own expense, the consultative services of private physicians, psychologists, LADCs, and other health practitioners; and
 - 18.1.15.2. Granting to such health practitioners reasonable access to the individual, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to programs regarding the services and treatment provided by the programs;
- 18.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring an individual's participation and informed decision-making, including guardian, representative, attorney, family member, advocate, or consultant; and
- 18.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical, or pharmacological restraint, unless the individual is at risk of self-harm or harm to others.
- 18.2. The Contractor shall ensure no treatment professional is required to administer treatment contrary to such professional's clinical judgment.
- 18.3. The Contractor shall ensure programs maximize the decision-making authority of the individual.
- 18.4. The Contractor shall ensure the following provisions apply to individuals for whom a guardian has been appointed by a court:
 - 18.4.1. The guardian and all individuals involved in the provision of services are made aware of the individual's views, preferences and aspirations;
 - 18.4.2. A guardian only makes decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 18.4.3. The program requests a copy of the guardianship order from the guardian;
 - 18.4.4. The order is kept in the individual's record at the program;
 - 18.4.5. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the individual's choice and preference relative to those issues prevail unless the guardian's authority is expanded by the court to include those issues;

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- 18.4.6. A program takes steps that are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 18.4.6.1. Reviewing with the guardian the limits on their decision-making authority; and
 - 18.4.6.2. Bringing the matter to the attention of the court that appointed the guardian, if necessary;
- 18.4.7. The guardian acts in a manner that furthers the best interests of the individual;
- 18.4.8. In acting in the best interests of the individual, the guardian takes the views, preferences, and aspirations of the individual into consideration;
- 18.4.9. The program takes steps that are necessary to prevent a guardian from acting in a manner that does not further the best interests of the individual and, if necessary, brings the matter to the attention of the court that appointed the guardian; and
- 18.4.10. In the event that there is a dispute between the program and the guardian, the program informs the guardian of their right to bring the dispute to the attention of the court that appointed the guardian.

19. Termination of Services

- 19.1. The Contractor shall terminate an individual from services if the individual:
 - 19.1.1. Endangers or threatens to endanger other individuals or staff, or engages in illegal activity on the property of the program;
 - 19.1.2. Is no longer benefiting from the service(s) provided;
 - 19.1.3. Cannot agree with the Contractor on a mutually acceptable course of treatment;
 - 19.1.4. Refuses to pay for the services received despite having the financial resources to do so; or
 - 19.1.5. Refuses to apply for benefits that could cover the cost of the services received despite the fact that the individual is or may be eligible for benefits.
- 19.2. The Contractor shall ensure termination does not occur unless the program has given both written and verbal notice to the individual and individual's guardian, if any, that:
 - 19.2.1. Identifies the effective date of termination;
 - 19.2.2. Lists the clinical or managerial reasons for termination; and
 - 19.2.3. Explains the individual's right to appeal and the appeals process.
- 19.3. The Contractor shall document in the service record of an individual who has been terminated that:
 - 19.3.1. The individual has been notified of the termination; and
 - 19.3.2. The termination has been approved by the program administrator.

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19.4. The Contractor shall ensure policies governing individual behavior within a residential treatment program are developed, implemented, and available to the Department as requested. The Contractor shall ensure:

19.4.1. Individuals are informed of any house policies upon admission to the residence.

19.4.2. House policies are posted and such policies shall conform with this section.

19.4.3. House policies are periodically reviewed for compliance with this section in connection with quality assurance site visits.

19.4.4. Development of policies and procedures allowing searches for alcohol and illicit drugs to be conducted:

19.4.4.1. Upon the individual's admission to the program; and

19.4.4.2. If probable cause exists, including such proof as:

19.4.4.2.1. A positive test showing presence of alcohol or illegal drugs; or

19.4.4.2.2. Showing physical signs of intoxication or withdrawal.

20. State and Federal Requirements

20.1. If there is any error, omission, or conflict in the requirements listed below, the applicable federal, state, and local regulations, rules and requirements shall take precedence. The requirements specified below are provided herein to improve the Contractor's compliance.

20.2. The Contractor shall assist the individual in finding and engaging in a service, which may include, but is not limited to, helping the individual locate an appropriate provider, referring individuals to the needed service provider, setting up appointments for individuals with those providers, and assisting the individual with attending appointments with the service provider(s).

20.3. The Contractor agrees to the following state and federal requirements for all programs in this Contract as follows:

20.3.1. Within seven (7) days of reaching 90% capacity, the program shall notify the Department that 90% capacity has been reached.

20.3.2. The program admits each individual who requests and is in need of treatment for intravenous drug use not later than:

20.3.2.1. 14 days after making the request; or

20.3.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program.

20.3.3. The program has established a waitlist that includes a unique patient identifier for each injection drug user seeking treatment, including individuals receiving interim services while awaiting admission.

20.3.4. The program has a mechanism that enables it to:

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- 20.3.4.1. Maintain contact with individuals awaiting admission;
- 20.3.4.2. Admit or transfer waiting list individuals at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the individual; and
- 20.3.4.3. The program takes individuals awaiting treatment off the waiting list only when one of the following conditions exist:
 - 20.3.4.3.1. Individuals cannot be located for admission into treatment; or
 - 20.3.4.3.2. Individuals refuse treatment
- 20.3.5. The program includes activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
- 20.3.6. The program has procedures for:
 - 20.3.6.1. Selecting, training, and supervising outreach workers.
 - 20.3.6.2. Contacting, communicating, and following up with individuals at high-risk of substance misuse, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - 20.3.6.3. Promoting awareness among people who inject drugs about the relationship between injection drug use and communicable diseases.
 - 20.3.6.4. Recommending steps to prevent communicable diseases.
- 20.3.7. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide inpatient hospital substance use disorder services, except in cases when each of the following conditions is met:
 - 20.3.7.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
 - 20.3.7.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
 - 20.3.7.3. A physician makes a determination that the following conditions have been met:
 - 20.3.7.3.1. The primary diagnosis of the individual is substance use disorder and the physician certifies that fact;
 - 20.3.7.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program;
 - 20.3.7.3.3. The service can be reasonably expected to improve the person's condition or level of functioning;

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- 20.3.7.3.4. The hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and
- 20.3.7.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 20.3.8. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- 20.3.9. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 20.3.10. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- 20.3.11. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- 20.3.12. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 20.3.13. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 20.3.14. The program uses the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 20.3.14.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
 - 20.3.14.2. Secure payments from individuals for services in accordance with their ability to pay.
- 20.3.15. The Contractor shall comply with all relevant state and federal laws such as, but not limited to:
 - 20.3.15.1. The Contractor shall, upon the direction of the Department, provide court-ordered evaluations and charge a sliding rate fee based on the scale in Exhibit C, Payment Terms. The Contractor shall then submit the court-ordered evaluation to the authorized requestor and shall, upon the direction of the Department, offer treatment to those individuals.

RFP-2022-BDAS-01-SUBST-05-A04
Dismas Home of New Hampshire, Inc.

Contractor Initials ^{DS}
Ca



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

20.3.15.2. The Contractor shall comply with the legal requirements governing human subjects research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Contractors must inform and receive the Department's approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.

RFP-2022-BDAS-01-SUBST-05-A04
Dismas Home of New Hampshire, Inc.

Contractor Initials ^{DS} ca
Date 4/4/2025

Exhibit C-13, Transitional Living Program Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Dismas Home of New Hampshire, Inc.

SUD Treatment &
Budget Request for: Recovery Support Sys

Service: TLP

Budget Period: 7/1/25-6/30/26

60%

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 377,578.50	\$ 28,884.50	\$ 406,463.00	\$ 256,048.50	\$ 9,564.50	\$ 265,613.00	\$ 121,530.00	\$ 18,320.00	\$ 140,850.00
2. Employee Benefits	\$ 22,375.00	\$ 5,750.00	\$ 28,125.00	\$ 13,575.00	\$ 5,750.00	\$ 19,325.00	\$ 8,800.00	\$ -	\$ 8,800.00
3. Consultants	\$ 9,100.00	\$ 3,000.00	\$ 12,100.00	\$ 6,800.00	\$ 3,000.00	\$ 9,800.00	\$ 2,300.00	\$ -	\$ 2,300.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,128.00	\$ -	\$ 1,128.00	\$ 128.00	\$ -	\$ 128.00	\$ 1,000.00	\$ -	\$ 1,000.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 6,750.00	\$ 4,200.00	\$ 12,950.00	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,250.00	\$ 300.00	\$ 1,550.00	\$ 750.00	\$ 300.00	\$ 1,050.00	\$ 500.00	\$ -	\$ 500.00
Lab	\$ 1,587.50	\$ 200.00	\$ 1,787.50	\$ 1,107.50	\$ 200.00	\$ 1,307.50	\$ 490.00	\$ -	\$ 490.00
Pharmacy	\$ 1,600.00	\$ -	\$ 1,600.00	\$ 1,360.00	\$ -	\$ 1,360.00	\$ 240.00	\$ -	\$ 240.00
Medical	\$ 1,000.00	\$ 400.00	\$ 1,400.00	\$ 780.00	\$ 400.00	\$ 1,180.00	\$ 220.00	\$ -	\$ 220.00
Office	\$ 1,750.00	\$ 900.00	\$ 2,650.00	\$ 950.00	\$ 800.00	\$ 1,750.00	\$ 800.00	\$ 100.00	\$ 900.00
6. Travel	\$ 1,295.50	\$ 500.00	\$ 1,795.50	\$ 815.50	\$ 150.00	\$ 965.50	\$ 480.00	\$ 350.00	\$ 830.00
7. Occupancy	\$ 21,300.00	\$ 5,500.00	\$ 26,800.00	\$ 13,610.00	\$ 4,700.00	\$ 18,310.00	\$ 7,690.00	\$ 800.00	\$ 8,490.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,200.00	\$ 1,600.00	\$ 2,800.00	\$ 660.00	\$ 1,600.00	\$ 2,260.00	\$ 640.00	\$ -	\$ 640.00
Postage	\$ 1,500.00	\$ 800.00	\$ 2,300.00	\$ 1,320.00	\$ 800.00	\$ 2,120.00	\$ 180.00	\$ -	\$ 180.00
Subscriptions	\$ 1,910.00	\$ -	\$ 1,910.00	\$ 1,010.00	\$ -	\$ 1,010.00	\$ 900.00	\$ -	\$ 900.00
Audit and Legal	\$ 14,000.00	\$ 6,200.00	\$ 20,200.00	\$ 5,600.00	\$ 6,200.00	\$ 11,800.00	\$ 8,400.00	\$ -	\$ 8,400.00
Insurance	\$ 4,000.00	\$ 1,954.00	\$ 5,954.00	\$ 1,700.00	\$ 1,954.00	\$ 3,654.00	\$ 2,300.00	\$ -	\$ 2,300.00
Board Expenses	\$ 925.00	\$ -	\$ 925.00	\$ 805.00	\$ -	\$ 805.00	\$ 128.00	\$ -	\$ 128.00
8.5 Fundraising Events	\$ 10,400.00	\$ 6,200.00	\$ 16,600.00	\$ 9,400.00	\$ 8,200.00	\$ 17,600.00	\$ 1,000.00	\$ -	\$ 1,000.00
8.75 Capital Campaign Expenses	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ -	\$ -	\$ -
9. Software	\$ 6,100.00	\$ 2,200.00	\$ 8,300.00	\$ 2,700.00	\$ 1,700.00	\$ 4,400.00	\$ 3,400.00	\$ 500.00	\$ 3,900.00
10. Marketing/Communications	\$ 8,025.00	\$ 3,200.00	\$ 11,225.00	\$ 3,545.00	\$ 1,000.00	\$ 4,545.00	\$ 4,480.00	\$ 2,200.00	\$ 6,680.00
11. Staff Education and Training	\$ 1,250.00	\$ 900.00	\$ 2,150.00	\$ 250.00	\$ 900.00	\$ 1,150.00	\$ 1,030.00	\$ -	\$ 1,030.00
12. Subcontracts/Agreements	\$ 2,000.00	\$ 800.00	\$ 2,800.00	\$ 1,820.00	\$ 800.00	\$ 2,620.00	\$ 180.00	\$ -	\$ 180.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Groceries and House supplies	\$ 2,500.00	\$ 1,200.00	\$ 3,700.00	\$ 300.00	\$ 500.00	\$ 800.00	\$ 2,200.00	\$ 700.00	\$ 2,900.00
Fees and other charges	\$ 1,750.00	\$ 800.00	\$ 2,550.00	\$ 1,700.00	\$ 800.00	\$ 2,500.00	\$ 50.00	\$ -	\$ 50.00
Auto related	\$ 2,717.50	\$ 500.00	\$ 3,217.50	\$ 717.50	\$ -	\$ 717.50	\$ 2,000.00	\$ 500.00	\$ 2,500.00
Dental	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ -	\$ -	\$ -
Recruiting	\$ 2,000.00	\$ 450.00	\$ 2,450.00	\$ 1,200.00	\$ 390.00	\$ 1,590.00	\$ 800.00	\$ 60.00	\$ 860.00
Resident services	\$ 6,150.00	\$ 1,500.00	\$ 7,650.00	\$ 650.00	\$ 1,450.00	\$ 2,100.00	\$ 5,500.00	\$ 50.00	\$ 5,550.00
TOTAL	\$ 570,050.00	\$ 85,568.50	\$ 655,618.50	\$ 392,860.00	\$ 60,988.50	\$ 453,848.50	\$ 177,190.00	\$ 24,580.00	\$ 201,770.00
Indirect As A Percent of Direct		15.0%	\$ (655,618.50)						

Contractor Initials

CA

Date Signed 4/4/2025

Exhibit C-14, Residential Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Dismas Home of New Hampshire, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svs

Service: Residential

Budget Period: 7/1/25-6/30/26

40%

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 377,561.00	\$ 28,884.50	\$ 406,445.50	\$ 157,378.50	\$ 16,844.50	\$ 174,023.00	\$ 220,200.00	\$ 12,240.00	\$ 232,440.00
2. Employee Benefits	\$ 22,375.00	\$ 5,750.00	\$ 28,125.00	\$ 16,875.00	\$ 4,250.00	\$ 21,125.00	\$ 5,500.00	\$ 1,500.00	\$ 7,000.00
3. Consultants	\$ 9,100.00	\$ 3,000.00	\$ 12,100.00	\$ 2,340.00	\$ 2,700.00	\$ 5,040.00	\$ 6,760.00	\$ 300.00	\$ 7,060.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,128.00	\$ -	\$ 1,128.00	\$ 228.00	\$ -	\$ 228.00	\$ 800.00	\$ -	\$ 800.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,250.00	\$ 300.00	\$ 1,550.00	\$ -	\$ -	\$ -	\$ 1,250.00	\$ 300.00	\$ 1,550.00
Lab	\$ 1,587.50	\$ 200.00	\$ 1,787.50	\$ 1,107.50	\$ 200.00	\$ 1,307.50	\$ 480.00	\$ -	\$ 480.00
Pharmacy	\$ 1,600.00	\$ -	\$ 1,600.00	\$ 1,360.00	\$ -	\$ 1,360.00	\$ 240.00	\$ -	\$ 240.00
Medical	\$ 1,000.00	\$ 400.00	\$ 1,400.00	\$ 780.00	\$ 300.00	\$ 1,080.00	\$ 220.00	\$ 100.00	\$ 320.00
Office	\$ 1,750.00	\$ 900.00	\$ 2,650.00	\$ 850.00	\$ 800.00	\$ 1,750.00	\$ 800.00	\$ 100.00	\$ 900.00
6. Travel	\$ 1,095.50	\$ 700.00	\$ 1,795.50	\$ 815.50	\$ 350.00	\$ 965.50	\$ 480.00	\$ 350.00	\$ 830.00
7. Occupancy	\$ 20,600.00	\$ 6,200.00	\$ 26,800.00	\$ 12,910.00	\$ 4,800.00	\$ 17,710.00	\$ 7,690.00	\$ 1,400.00	\$ 9,090.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,900.00	\$ 900.00	\$ 2,800.00	\$ 900.00	\$ 700.00	\$ 1,600.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00
Postage	\$ 1,500.00	\$ 800.00	\$ 2,300.00	\$ 1,320.00	\$ 800.00	\$ 2,120.00	\$ 180.00	\$ -	\$ 180.00
Subscriptions	\$ 1,910.00	\$ -	\$ 1,910.00	\$ 1,010.00	\$ -	\$ 1,010.00	\$ 900.00	\$ -	\$ 900.00
Audit and Legal	\$ 14,000.00	\$ 6,200.00	\$ 20,200.00	\$ 4,800.00	\$ 3,600.00	\$ 8,200.00	\$ 9,400.00	\$ 2,600.00	\$ 12,000.00
Insurance	\$ 4,000.00	\$ 1,954.00	\$ 5,954.00	\$ 800.00	\$ 1,054.00	\$ 1,854.00	\$ 3,200.00	\$ 900.00	\$ 4,100.00
Board Expenses	\$ 925.00	\$ -	\$ 925.00	\$ 805.00	\$ -	\$ 805.00	\$ 120.00	\$ -	\$ 120.00
8.5 Fundraising Events	\$ 10,400.00	\$ 6,200.00	\$ 16,600.00	\$ 8,400.00	\$ 6,200.00	\$ 14,600.00	\$ 2,000.00	\$ -	\$ 2,000.00
8.75 Capital Campaign Expenses	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ -	\$ -	\$ -
9. Software	\$ 6,100.00	\$ 2,200.00	\$ 8,300.00	\$ 700.00	\$ 500.00	\$ 1,200.00	\$ 6,400.00	\$ 1,700.00	\$ 7,100.00
10. Marketing/Communications	\$ 8,025.00	\$ 3,200.00	\$ 11,225.00	\$ 3,545.00	\$ 1,000.00	\$ 4,545.00	\$ 4,480.00	\$ 2,200.00	\$ 6,680.00
11. Staff Education and Training	\$ 1,250.00	\$ 900.00	\$ 2,150.00	\$ 250.00	\$ 700.00	\$ 950.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00
12. Subcontracts/Agreements	\$ 2,000.00	\$ 800.00	\$ 2,800.00	\$ 1,000.00	\$ 600.00	\$ 1,600.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Groceries and House supplies	\$ 2,500.00	\$ 1,200.00	\$ 3,700.00	\$ 300.00	\$ 500.00	\$ 800.00	\$ 2,200.00	\$ 700.00	\$ 2,900.00
Fees and other charges	\$ 1,750.00	\$ 800.00	\$ 2,550.00	\$ 1,750.00	\$ 800.00	\$ 2,550.00	\$ -	\$ -	\$ -
Auto related	\$ 2,717.50	\$ 500.00	\$ 3,217.50	\$ 700.00	\$ -	\$ 700.00	\$ 2,000.00	\$ 500.00	\$ 2,500.00
Dental	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ -	\$ -	\$ -
Recruiting	\$ 2,100.00	\$ 350.00	\$ 2,450.00	\$ 500.00	\$ 290.00	\$ 790.00	\$ 1,600.00	\$ 60.00	\$ 1,660.00
Resident services	\$ 6,150.00	\$ 1,500.00	\$ 7,650.00	\$ 650.00	\$ 1,450.00	\$ 2,100.00	\$ 5,500.00	\$ 60.00	\$ 5,560.00
	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ -
TOTAL	\$ 569,932.50	\$ 85,668.50	\$ 655,601.00	\$ 285,432.50	\$ 60,068.50	\$ 345,501.00	\$ 284,500.00	\$ 25,600.00	\$ 310,100.00
Indirect As A Percent of Direct	\$ 284,500.00	15.0%	\$ 310,100.00						

Contractor Initials

la

Date Signed 4/4/2025

Exhibit C-15, Transitional Living Program Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Dismas Home of New Hampshire, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svs

Service: TLP

Budget Period: 7/1/26-6/30/27

60%

4

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 377,578.50	\$ 28,884.50	\$ 406,463.00	\$ 256,048.50	\$ 9,564.50	\$ 265,613.00	\$ 121,530.00	\$ 19,320.00	\$ 140,850.00
2. Employee Benefits	\$ 22,375.00	\$ 5,760.00	\$ 28,125.00	\$ 13,575.00	\$ 5,750.00	\$ 19,325.00	\$ 8,600.00	\$ -	\$ 8,600.00
3. Consultants	\$ 9,100.00	\$ 3,000.00	\$ 12,100.00	\$ 6,800.00	\$ 3,000.00	\$ 9,800.00	\$ 2,300.00	\$ -	\$ 2,300.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,128.00	\$ -	\$ 1,128.00	\$ 128.00	\$ -	\$ 128.00	\$ 1,000.00	\$ -	\$ 1,000.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,250.00	\$ 300.00	\$ 1,550.00	\$ 750.00	\$ 300.00	\$ 1,050.00	\$ 500.00	\$ -	\$ 500.00
Lab	\$ 1,687.50	\$ 208.00	\$ 1,787.50	\$ 1,107.50	\$ 208.00	\$ 1,307.50	\$ 480.00	\$ -	\$ 480.00
Pharmacy	\$ 1,650.00	\$ -	\$ 1,650.00	\$ 1,360.00	\$ -	\$ 1,360.00	\$ 240.00	\$ -	\$ 240.00
Medical	\$ 1,000.00	\$ 400.00	\$ 1,400.00	\$ 780.00	\$ 400.00	\$ 1,180.00	\$ 220.00	\$ -	\$ 220.00
Office	\$ 1,750.00	\$ 900.00	\$ 2,650.00	\$ 850.00	\$ 800.00	\$ 1,750.00	\$ 800.00	\$ 100.00	\$ 900.00
6. Travel	\$ 1,295.50	\$ 500.00	\$ 1,795.50	\$ 815.50	\$ 150.00	\$ 965.50	\$ 480.00	\$ 350.00	\$ 830.00
7. Occupancy	\$ 21,300.00	\$ 5,500.00	\$ 26,800.00	\$ 13,610.00	\$ 4,700.00	\$ 18,310.00	\$ 7,690.00	\$ 800.00	\$ 8,490.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,200.00	\$ 1,600.00	\$ 2,800.00	\$ 660.00	\$ 1,600.00	\$ 2,260.00	\$ 640.00	\$ -	\$ 640.00
Postage	\$ 1,500.00	\$ 800.00	\$ 2,300.00	\$ 1,320.00	\$ 800.00	\$ 2,120.00	\$ 180.00	\$ -	\$ 180.00
Subscriptions	\$ 1,910.00	\$ -	\$ 1,910.00	\$ 1,010.00	\$ -	\$ 1,010.00	\$ 600.00	\$ -	\$ 600.00
Audit and Legal	\$ 14,000.00	\$ 6,200.00	\$ 20,200.00	\$ 5,600.00	\$ 6,200.00	\$ 11,800.00	\$ 8,400.00	\$ -	\$ 8,400.00
Insurance	\$ 4,000.00	\$ 1,954.00	\$ 5,954.00	\$ 1,700.00	\$ 1,954.00	\$ 3,654.00	\$ 2,300.00	\$ -	\$ 2,300.00
Board Expenses	\$ 925.00	\$ -	\$ 925.00	\$ 805.00	\$ -	\$ 805.00	\$ 120.00	\$ -	\$ 120.00
8.5 Fundraising Events	\$ 10,400.00	\$ 6,200.00	\$ 16,600.00	\$ 9,400.00	\$ 6,200.00	\$ 15,600.00	\$ 1,000.00	\$ -	\$ 1,000.00
8.75 Capital Campaign Expenses	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ -	\$ -	\$ -
9. Software	\$ 8,100.00	\$ 2,200.00	\$ 10,300.00	\$ 2,700.00	\$ 1,700.00	\$ 4,400.00	\$ 3,400.00	\$ 500.00	\$ 3,900.00
10. Marketing/Communications	\$ 8,025.00	\$ 3,200.00	\$ 11,225.00	\$ 3,545.00	\$ 1,000.00	\$ 4,545.00	\$ 4,480.00	\$ 2,200.00	\$ 6,680.00
11. Staff Education and Training	\$ 1,250.00	\$ 900.00	\$ 2,150.00	\$ 250.00	\$ 900.00	\$ 1,150.00	\$ 1,000.00	\$ -	\$ 1,000.00
12. Subcontracts/Agreements	\$ 2,000.00	\$ 800.00	\$ 2,800.00	\$ 1,820.00	\$ 800.00	\$ 2,620.00	\$ 180.00	\$ -	\$ 180.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Groceries and House supplies	\$ 2,500.00	\$ 1,200.00	\$ 3,700.00	\$ 300.00	\$ 500.00	\$ 800.00	\$ 2,200.00	\$ 700.00	\$ 2,900.00
Fees and other charges	\$ 1,750.00	\$ 800.00	\$ 2,550.00	\$ 1,700.00	\$ 800.00	\$ 2,500.00	\$ 50.00	\$ -	\$ 50.00
Auto related	\$ 2,717.50	\$ 500.00	\$ 3,217.50	\$ 717.50	\$ -	\$ 717.50	\$ 2,000.00	\$ 500.00	\$ 2,500.00
Dental	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ -	\$ -	\$ -
Recruiting	\$ 2,000.00	\$ 450.00	\$ 2,450.00	\$ 1,200.00	\$ 390.00	\$ 1,590.00	\$ 800.00	\$ 60.00	\$ 860.00
Resident services	\$ 6,150.00	\$ 1,500.00	\$ 7,650.00	\$ 650.00	\$ 1,450.00	\$ 2,100.00	\$ 5,500.00	\$ 50.00	\$ 5,550.00
TOTAL	\$ 570,050.00	\$ 85,568.50	\$ 655,618.50	\$ 392,860.00	\$ 60,988.50	\$ 453,848.50	\$ 177,190.00	\$ 24,580.00	\$ 201,770.00
Indirect As A Percent of Direct		15.0%	\$ (655,618.50)						\$ 201,770.00

Contractor Initials 
Date Signed 4/4/2025

Exhibit C-16, Residential Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Dismas Home of New Hampshire, Inc.

Budget Request for: Recovery Support Svcs

Service: Residential

Budget Period: 7/1/26-6/30/27

40%

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 377,561.00	\$ 28,884.50	\$ 406,445.50	\$ 157,378.50	\$ 16,844.50	\$ 174,223.00	\$ 220,200.00	\$ 12,240.00	\$ 232,440.00
2. Employee Benefits	\$ 22,375.00	\$ 5,750.00	\$ 28,125.00	\$ 18,875.00	\$ 4,250.00	\$ 23,125.00	\$ 5,500.00	\$ 1,500.00	\$ 7,000.00
3. Consultants	\$ 9,100.00	\$ 3,000.00	\$ 12,100.00	\$ 2,340.00	\$ 2,700.00	\$ 5,040.00	\$ 8,760.00	\$ 300.00	\$ 9,060.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,128.00	\$ -	\$ 1,128.00	\$ 228.00	\$ -	\$ 228.00	\$ 900.00	\$ -	\$ 900.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ 8,750.00	\$ 4,200.00	\$ 12,950.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,250.00	\$ 300.00	\$ 1,550.00	\$ -	\$ -	\$ -	\$ 1,250.00	\$ 300.00	\$ 1,550.00
Lab	\$ 1,587.50	\$ 200.00	\$ 1,787.50	\$ 1,107.50	\$ 200.00	\$ 1,307.50	\$ 480.00	\$ -	\$ 480.00
Pharmacy	\$ 1,600.00	\$ -	\$ 1,600.00	\$ 1,360.00	\$ -	\$ 1,360.00	\$ 240.00	\$ -	\$ 240.00
Medical	\$ 1,600.00	\$ 400.00	\$ 2,000.00	\$ 780.00	\$ 300.00	\$ 1,080.00	\$ 220.00	\$ 100.00	\$ 320.00
Office	\$ 1,750.00	\$ 900.00	\$ 2,650.00	\$ 950.00	\$ 800.00	\$ 1,750.00	\$ 800.00	\$ 100.00	\$ 900.00
6. Travel	\$ 1,095.50	\$ 700.00	\$ 1,795.50	\$ 615.50	\$ 350.00	\$ 965.50	\$ 480.00	\$ 350.00	\$ 830.00
7. Occupancy	\$ 20,600.00	\$ 6,200.00	\$ 26,800.00	\$ 12,910.00	\$ 4,800.00	\$ 17,710.00	\$ 7,690.00	\$ 1,400.00	\$ 9,090.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,900.00	\$ 900.00	\$ 2,800.00	\$ 900.00	\$ 700.00	\$ 1,600.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00
Postage	\$ 1,500.00	\$ 800.00	\$ 2,300.00	\$ 1,320.00	\$ 800.00	\$ 2,120.00	\$ 180.00	\$ -	\$ 180.00
Subscriptions	\$ 1,910.00	\$ -	\$ 1,910.00	\$ 1,010.00	\$ -	\$ 1,010.00	\$ 900.00	\$ -	\$ 900.00
Audit and Legal	\$ 14,000.00	\$ 6,200.00	\$ 20,200.00	\$ 4,600.00	\$ 3,600.00	\$ 8,200.00	\$ 9,400.00	\$ 2,800.00	\$ 12,000.00
Insurance	\$ 4,000.00	\$ 1,954.00	\$ 5,954.00	\$ 800.00	\$ 1,054.00	\$ 1,854.00	\$ 3,200.00	\$ 900.00	\$ 4,100.00
Board Expenses	\$ 925.00	\$ -	\$ 925.00	\$ 805.00	\$ -	\$ 805.00	\$ 120.00	\$ -	\$ 120.00
8.5 Fundraising Events	\$ 10,400.00	\$ 6,200.00	\$ 16,600.00	\$ 8,400.00	\$ 6,200.00	\$ 14,600.00	\$ 2,000.00	\$ -	\$ 2,000.00
8.75 Capital Campaign Expenses	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ 52,708.00	\$ 7,400.00	\$ 60,108.00	\$ -	\$ -	\$ -
9. Software	\$ 6,100.00	\$ 2,200.00	\$ 8,300.00	\$ 700.00	\$ 500.00	\$ 1,200.00	\$ 5,400.00	\$ 1,700.00	\$ 7,100.00
10. Marketing/Communications	\$ 8,025.00	\$ 3,200.00	\$ 11,225.00	\$ 3,545.00	\$ 1,000.00	\$ 4,545.00	\$ 4,480.00	\$ 2,200.00	\$ 6,680.00
11. Staff Education and Training	\$ 1,250.00	\$ 900.00	\$ 2,150.00	\$ 250.00	\$ 700.00	\$ 950.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00
12. Subcontracts/Agreements	\$ 2,000.00	\$ 800.00	\$ 2,800.00	\$ 1,000.00	\$ 600.00	\$ 1,600.00	\$ 1,000.00	\$ 200.00	\$ 1,200.00
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Groceries and House supplies	\$ 2,500.00	\$ 1,200.00	\$ 3,700.00	\$ 300.00	\$ 500.00	\$ 800.00	\$ 2,200.00	\$ 700.00	\$ 2,900.00
Fees and other charges	\$ 1,750.00	\$ 800.00	\$ 2,550.00	\$ 1,750.00	\$ 800.00	\$ 2,550.00	\$ -	\$ -	\$ -
Auto related	\$ 2,717.50	\$ 500.00	\$ 3,217.50	\$ 700.00	\$ -	\$ 700.00	\$ 2,000.00	\$ 500.00	\$ 2,500.00
dental	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ 2,200.00	\$ 230.00	\$ 2,430.00	\$ -	\$ -	\$ -
Recruiting	\$ 2,100.00	\$ 350.00	\$ 2,450.00	\$ 500.00	\$ 290.00	\$ 790.00	\$ 1,600.00	\$ 60.00	\$ 1,660.00
Resident services	\$ 6,150.00	\$ 1,500.00	\$ 7,650.00	\$ 650.00	\$ 1,450.00	\$ 2,100.00	\$ 5,500.00	\$ 50.00	\$ 5,550.00
	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ -
TOTAL	\$ 569,932.50	\$ 85,668.50	\$ 655,601.00	\$ 285,432.50	\$ 60,068.50	\$ 345,501.00	\$ 284,500.00	\$ 25,500.00	\$ 310,100.00

Indirect As A Percent of Direct

15.0% \$ 310,100.00

Contractor Initials

CR

Date Signed 4/4/2025

State of New Hampshire

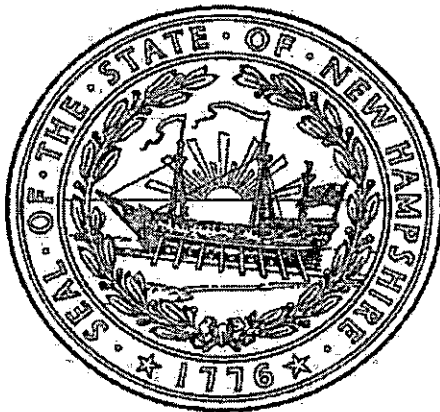
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that DISMAS HOME OF NEW HAMPSHIRE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 01, 2014. 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: 719017

Certificate Number: 0007062858

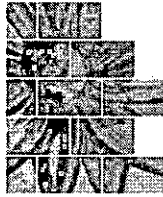


IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of February A.D. 2025.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a circular stamp that partially overlaps the seal.

David M. Scanlan
Secretary of State



Dismas Home
NEW HAMPSHIRE

CERTIFICATE OF AUTHORITY

I, Julie McCarthy Brown, Dismas Home Board Co-chair , 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 Dismas Home of NH, 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 4.4.25, 2025, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Cheryll Andrews, Executive Director (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Dismas Home of NH, Inc. 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: 4.4.25
Signature of Elected Officer
Name: Julie McCarthy Brown
Title: Board Co-Chair



DISMHOM-01

TBRAND

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2025

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 MBI Company Group LLC. 280 State Street North Haven, CT 06473	CONTACT NAME: Theresa Brandon PHONE (A/C, No, Ext): (203) 288-3401 FAX (A/C, No): (203) 281-0414 E-MAIL ADDRESS: theresa.brandon@mbi-ins.com
INSURED Dismas Home of New Hampshire Inc. 102 Fourth Street Manchester, NH 03102	INSURER(S) AFFORDING COVERAGE INSURER A: Technology Insurance Company INSURER B: AmTrust North America INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 42376 2538

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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	X	X	WPP191763504	5/11/2025	5/11/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			WPP203899501	5/11/2025	5/11/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB EXCESS LIAB DED ☒ RETENTION \$ 10,000	X	X	WUM1820821 06	5/11/2025	5/11/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WWC3779786	5/11/2025	5/11/2026	☒ PER STATUTE ☒ OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Prof. Liability			WPP191763504	5/11/2025	5/11/2026	Aggregate 3,000,000

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

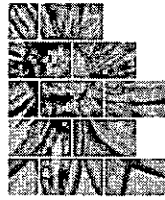
CERTIFICATE HOLDER

CANCELLATION

State of NH
Department of Health and 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



Dismas Home
NEW HAMPSHIRE

Mission Statement - Dismas Home of NH is a treatment and re-entry program for justice involved women including veterans, with substance use disorder. Dismas offers them the opportunity to improve their lives. We provide effective clinical treatments and a wide range of social support services, in a safe, loving home-like residential environment.

Financial Statements

DISMAS HOME OF NEW HAMPSHIRE, INC.

**FOR THE YEARS ENDED
DECEMBER 31, 2023 AND 2022
AND
INDEPENDENT AUDITORS' REPORT**

*Leone,
McDonnell
& Roberts*
PROFESSIONAL ASSOCIATION

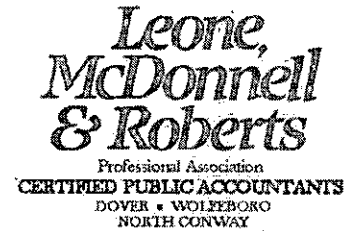
CERTIFIED PUBLIC ACCOUNTANTS

DISMAS HOME OF NEW HAMPSHIRE, INC.

DECEMBER 31, 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Dismas Home of New Hampshire, Inc.

Opinion

We have audited the accompanying financial statements of Dismas Home of New Hampshire, Inc., (a nonprofit organization) which comprise the statement of financial position as of December 31, 2023, and the related statements of activities, functional expenses and cash flows (all with prior year summarized) 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 Dismas Home of New Hampshire, Inc., as of December 31, 2023 and the 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.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Dismas Home of New Hampshire, Inc., 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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 Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Dismas Home of New Hampshire, Inc.'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 Dismas Home of New Hampshire, Inc.'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.

December 31, 2022 Unaudited Financial Statements

The accompanying statement of financial position of Dismas Home of New Hampshire, Inc. as of December 31, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements were not audited, reviewed, or compiled by us, and, accordingly, we do not express an opinion or any other form of assurance on them.

Leone, McDonnell & Roberts
Professional Association

Wolfeboro, New Hampshire
August 15, 2024

DISMAS HOME OF NEW HAMPSHIRE, INC.

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2023

WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	<u>ASSETS</u>		2023	2022
	<u>Without Donor</u>	<u>With Donor</u>	<u>Total</u>	<u>Total</u>
	<u>Restrictions</u>	<u>Restrictions</u>	<u>(Audited)</u>	<u>(Unaudited)</u>
CURRENT ASSETS				
Cash and cash equivalents	\$ 504,652	\$ 26,044	\$ 530,696	\$ 562,322
Accounts receivable	160,538	-	160,538	180,542
Unconditional promises to give	91,890	-	91,890	-
Prepaid expenses	9,711	-	9,711	8,009
Total current assets	766,791	26,044	792,835	750,873
PROPERTY				
Buildings and improvements	175,389	-	175,389	155,227
Vehicles	15,735	-	15,735	15,735
Furniture, fixtures and equipment	11,987	-	11,987	7,337
Total	203,111	-	203,111	178,299
Less accumulated depreciation	(98,537)	-	(98,537)	(81,737)
Property, net	104,574	-	104,574	96,562
OTHER ASSETS				
Unconditional promises to give	153,466	-	153,466	-
Right of use asset	8,282	-	8,282	10,141
Total other assets	161,748	-	161,748	10,141
Total assets	\$ 1,033,113	\$ 26,044	\$ 1,059,157	\$ 857,576
<u>LIABILITIES AND NET ASSETS</u>				
CURRENT LIABILITIES				
Current portion of long term debt	\$ 3,236	\$ -	\$ 3,236	\$ 3,100
Accounts payable	31,551	-	31,551	9,647
Accrued expenses	28,863	-	28,863	4,002
Total current liabilities	63,650	-	63,650	16,749
LONG TERM LIABILITIES				
Long term debt, less current portion shown above	128,767	-	128,767	135,400
Right of use liability	8,282	-	8,282	10,141
Total long term liabilities	137,049	-	137,049	145,541
Total liabilities	200,699	-	200,699	162,290
NET ASSETS				
Without donor restrictions	832,414	-	832,414	667,481
With donor restrictions	-	26,044	26,044	27,805
Total net assets	832,414	26,044	858,458	695,286
Total liabilities and net assets	\$ 1,033,113	\$ 26,044	\$ 1,059,157	\$ 857,576

See Notes to Financial Statements

DISMAS HOME OF NEW HAMPSHIRE, INC.

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2023
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2023 Total (Audited)</u>	<u>2022 Total (Unaudited)</u>
REVENUES				
Donations	\$ 526,248	\$ -	\$ 526,248	\$ 337,611
Government grants	595,911	35,000	630,911	603,089
Program revenue	34,693	-	34,693	134,712
In kind donations	25,045	-	25,045	24,800
Investment income	(122)	-	(122)	167
Other	2,500	-	2,500	-
Total revenues	1,184,275	35,000	1,219,275	1,100,379
NET ASSETS RELEASED FROM RESTRICTIONS	-	-	-	-
Net revenues	1,184,275	35,000	1,219,275	1,100,379
EXPENSES				
Program	665,594	36,761	702,355	546,981
General and administrative	173,940	-	173,940	134,943
Fundraising	179,808	-	179,808	115,299
Total expenses	1,019,342	36,761	1,056,103	797,223
CHANGE IN NET ASSETS	164,933	(1,761)	163,172	303,156
NET ASSETS, BEGINNING OF YEAR	667,481	27,805	695,286	392,130
NET ASSETS, END OF YEAR	<u>\$ 832,414</u>	<u>\$ 26,044</u>	<u>\$ 858,458</u>	<u>\$ 695,286</u>

See Notes to Financial Statements

DISMAS HOME OF NEW HAMPSHIRE, INC.

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2023
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION**

	<u>Program</u>	<u>General and Administrative</u>	<u>Fundraising</u>	<u>2023 Total (Audited)</u>	<u>2022 Total (Unaudited)</u>
Salaries and wages	\$ 442,570	\$ 88,061	\$ 42,984	\$ 573,615	\$ 409,896
Payroll taxes	36,311	7,298	3,367	46,976	34,156
Employee benefits	2,744	19,500	187	22,431	22,563
Other employee expenses	<u>12,434</u>	<u>1,552</u>	<u>-</u>	<u>13,986</u>	<u>4,898</u>
	494,059	116,411	46,538	657,008	471,513
Capital campaign expenses	9,100	-	78,390	87,490	-
Home expenses	61,885	1,884	-	63,769	83,672
Fundraising events	-	-	38,288	38,288	22,160
Office	20,727	13,795	434	34,956	14,039
Advertising	6,498	18,378	2,750	27,626	32,118
Professional fees	20,025	5,175	-	25,200	5,977
Rent	24,800	-	-	24,800	28,611
Insurance	15,995	1,318	1,198	18,511	21,900
Consultants	7,780	-	9,915	17,695	38,542
Depreciation	16,800	-	-	16,800	16,272
Utilities	15,760	-	-	15,760	16,422
Interest	-	12,503	-	12,503	-
Vehicle expense	3,941	47	-	3,988	3,326
Bank charges	324	500	2,295	3,119	3,406
Bad debts	2,039	-	-	2,039	29,741
Training	1,534	530	-	2,064	4,481
Board expenses	-	1,398	-	1,398	32
Dues and subscriptions	275	1,057	-	1,332	1,065
Taxes and licenses	380	82	-	462	289
Travel	433	15	-	448	601
Other	<u>-</u>	<u>847</u>	<u>-</u>	<u>847</u>	<u>3,055</u>
Total functional expenses	<u>\$ 702,355</u>	<u>\$ 173,940</u>	<u>\$ 179,808</u>	<u>\$ 1,056,103</u>	<u>\$ 797,222</u>

See Notes to Financial Statements

DISMAS HOME OF NEW HAMPSHIRE, INC.

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022**

	2023 (Audited)	2022 (Unaudited)
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 163,172	\$ 303,156
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation expense	16,800	16,272
(Increase) decrease in assets:		
Accounts receivable	20,004	(32,056)
Unconditional promises to give	(245,356)	-
Prepaid expenses	(1,702)	(2,513)
Increase (decrease) in liabilities:		
Accounts payable	21,904	(15,245)
Accrued expenses	24,861	(1,327)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	(317)	268,287
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property	(24,812)	(27,140)
NET CASH USED IN INVESTING ACTIVITIES	(24,812)	(27,140)
CASH FLOWS FROM FINANCING ACTIVITIES		
Additional borrowings of long term debt	-	10,141
Repayments of long term debt	(6,497)	-
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	(6,497)	10,141
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(31,626)	251,288
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	562,322	311,034
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 530,696	\$ 562,322
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	\$ 12,503	\$ -

See Notes to Financial Statements

DISMAS HOME OF NEW HAMPSHIRE, INC.

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022**

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General

Dismas Home of New Hampshire, Inc. (the Organization) is a New Hampshire nonprofit corporation organized to operate a home in Manchester, New Hampshire where formerly incarcerated women can live after leaving prison for a period of time as they transition back into society.

Basis of Accounting

The Organization's financial statements are presented on the accrual basis of accounting.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Organization to report information regarding its financial position and activities 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 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 passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Accounting Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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.

Fair Value of Financial Instruments

Accounting Standard Codification No. 825, "Financial Instruments," requires the Organization to disclose estimated fair value for its financial instruments. The carrying amounts of accounts receivable, accounts payable, and accrued expenses approximate fair value because of the short maturity of those instruments.

DISMAS HOME OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and highly liquid investments with original maturities of three months or less.

Property and Depreciation

Purchased property is recorded at cost, or if donated, at estimated fair value on the date received. Material assets with a useful life in excess of one year are capitalized. Depreciation is provided for using the straight-line method over the estimated useful lives of the related assets as follows:

Buildings and improvements	39 years
Furniture, fixtures and equipment	5 to 15 years
Vehicles	5 years

Costs for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related accumulated depreciation and any gain or loss is recognized. Depreciation expense for the years ended December 31, 2023 and 2022 totaled \$16,800 and \$16,272, respectively.

Contributions

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires within the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Promises to Give

Contributions are recognized when the donor makes a promise to give to Dismas Home of New Hampshire, Inc. that is, in substance, unconditional.

The Organization uses the allowance method to determine uncollectible promises to give. The allowance is based on prior years' experience and management's analysis of specific promises made. Promises to give for the year ended December 31, 2023 totaled \$245,356. There were no promises to give at December 31, 2022.

DISMAS HOME OF NEW HAMPSHIRE, INC.

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022**

Advertising Policy

The Organization's policy is to expense advertising costs as incurred. Advertising expenses for the years ended December 31, 2023 and 2022 totaled \$27,626 and \$32,118, respectively.

Income Taxes

The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation. As such, the Organization is exempt from income tax on its exempt function income.

Accounting Standard Codification No. 740, "Accounting for Income Taxes," established the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. The Organization has analyzed the Organization's tax position taken on its income tax returns for all open years, which includes the previous three tax years, and has concluded that no additional provision for income taxes is necessary in the Organization's financial statements.

Summarized Financial Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2022, from which the summarized information was derived.

In-Kind Donations

Dismas Home of New Hampshire, Inc. is the beneficiary of a donation of in kind in the form of facilities utilized by the Organization. The value of in-kind rent is recorded at the market rate for the property based upon a recent appraisal. The fair value of donated facilities included as contributions in the financial statements and the corresponding program expenses totaled \$25,045 and \$24,800 for each of the years ended December 31, 2023 and 2022, respectively.

Expense Allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Functional expenses are classified by the type of activity for which expenses are incurred, such as general and administrative, fundraising and direct program costs. Expenses are allocated by function using a reasonable and consistent approach that was primarily based on staffing costs directly attributable by function.

DISMAS HOME OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

Revenue Recognition

Amounts received from conditional grants and contracts received for specific purposes are generally recognized as income to the extent that related expenses and conditions are incurred or met. Conditional grants received prior to the conditions being met are reported as refundable advances. Contributions of cash and other assets are reported as restricted if they are received with donor-imposed stipulations that limit the use of the donated assets. Contributions can be without donor restrictions or with donor restrictions. Program service fees are recognized when the services are performed.

NOTE 2 LIQUIDITY AND AVAILABILITY

The following represents the Organization's financial assets as of December 31:

	<u>2023</u>	<u>2023</u>
Financial assets at year end:		
Cash and cash equivalents	\$ 530,696	\$ 562,322
Accounts receivable	160,538	180,542
Promises to give	<u>245,356</u>	<u>-</u>
Total financial assets	<u>936,590</u>	<u>742,864</u>
Less amounts not available to be used within one year:		
Net assets with donor restrictions	26,044	27,805
Promises to give	<u>153,466</u>	<u>-</u>
Total amounts not available within one year	<u>179,510</u>	<u>27,805</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 757,080</u>	<u>\$ 715,059</u>

The Organization's goal is generally to maintain financial assets to meet 30 days of operating expenses which approximated \$88,000 and \$63,000 at December 31, 2023 and 2022, respectively.

DISMAS HOME OF NEW HAMPSHIRE, INC.**NOTES TO FINANCIAL STATEMENTS**
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022**NOTE 3** **LONG TERM DEBT**

The long term debt consisted of the following at December 31:

	<u>2023</u>	<u>2022</u>
2.75% note payable to the Small Business Administration in monthly installments for principal and interest of \$592 through August 2050. The note is collateralized by certain improvements to the property.	\$ 132,003	\$ 138,500
Less current portion due within one year	<u>3,236</u>	<u>3,100</u>
Total long term debt	<u>\$ 128,767</u>	<u>\$ 135,400</u>

The scheduled maturities of the long term debt as of December 31, 2023 were as follows:

<u>Year ending</u> <u>December 31</u>	<u>Amounts</u>
2024	\$ 3,236
2025	3,625
2026	3,726
2027	3,829
2028	3,936
Thereafter	<u>113,651</u>
Total	<u>\$ 132,003</u>

NOTE 4 **OPERATING LEASES**

The Organization accounts for its operating leases under FASB ASC 842. As such, a right of use ("ROU") asset and corresponding lease liability are recorded in the statement of financial position. ROU assets represent the Organization's right to use an underlying asset for the lease term and the lease liability represents their obligation to make the lease payments arising from the lease.

Operating lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The discount rate related to the Organization's lease liability as of December 31, 2023 was 4.27%, which is based upon the risk-free borrowing rates commensurate with the lease term. At December 31, 2023 and 2022 the right of use asset and lease liability totaled \$8,282 and \$10,141, respectively.

DISMAS HOME OF NEW HAMPSHIRE, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

Total rent for the years ended December 31, 2023 and 2022 totaled \$2,453 and \$263, respectively.

Lease liability maturities are as follows:

<u>Year Ending December 31:</u>	<u>Amount</u>
2024	\$ 2,256
2025	2,256
2026	2,256
2027	<u>2,256</u>
Total undiscounted lease liability	9,024
Less imputed interest	<u>(742)</u>
Total lease liability	<u>\$ 8,282</u>

NOTE 5 CONCENTRATION OF CREDIT RISK

The Organization maintains cash accounts in one financial institution located in New Hampshire. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times during the year the combined balances may exceed the \$250,000 FDIC insured balance. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk with respect to these accounts.

NOTE 6 CONTINGENCIES

The Organization receives funds under various grants. Under the terms of the agreements, the Organization is required to use the funds for purposes specified by the grantor. If costs were found not to have been incurred in compliance with the laws and regulations, the Organization might be required to repay the funds.

No provisions have been made for this contingency because specific amounts, if any, have not been determined or assessed as of December 31, 2023 and 2022.

DISMAS HOME OF NEW HAMPSHIRE, INC.

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022**

NOTE 7 NET ASSETS WITH DONOR RESTRICTIONS

At December 31, 2023 and 2022, net assets with donor restrictions totaled \$26,044 and \$27,805, respectively, and consisted of the various unexpended, purpose restricted donations.

NOTE 8 RECLASSIFICATIONS

Certain amounts and accounts from the prior year's financial statements were reclassified to enhance comparability with the current year's financial statements.

NOTE 9 SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through August 15, 2024, the date the financial statements were available to be issued.

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization DISMAS HOME OF NEW HAMPSHIRE</td> <td rowspan="2">D Employer identification number 47-2722572</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 102 FOURTH STREET</td> <td rowspan="2">E Telephone number 6037823004</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03102</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: JULIE MCCARTHY-BROWN PO BOX 73, SUTTON, NH 03260 </td> </tr> </table>	C Name of organization DISMAS HOME OF NEW HAMPSHIRE		D Employer identification number 47-2722572	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 102 FOURTH STREET		E Telephone number 6037823004	City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03102		F Name and address of principal officer: JULIE MCCARTHY-BROWN PO BOX 73, SUTTON, NH 03260		
C Name of organization DISMAS HOME OF NEW HAMPSHIRE		D Employer identification number 47-2722572												
Doing business as														
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 102 FOURTH STREET		E Telephone number 6037823004												
City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03102														
F Name and address of principal officer: JULIE MCCARTHY-BROWN PO BOX 73, SUTTON, NH 03260														
G Gross receipts \$ 1,219,275. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number														
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.DISMASHOMENH.ORG														
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 2015 M State of legal domicile: NH														

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DISMAS HOME OF NH IS A TREATMENT AND RE-ENTRY PROGRAM FOR JUSTICE INVOLVED WOMEN, WITH SUBSTANCE USE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	20	
	6 Total number of volunteers (estimate if necessary)	6	20	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.			
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	965,500.	1,182,204.	
	9 Program service revenue (Part VIII, line 2g)	134,712.	34,693.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	167.	344.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	2,034.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,100,379.	1,219,275.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	466,615.	654,651.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	179,808.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	330,608.	401,452.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		797,223.	1,056,103.	
19 Revenue less expenses. Subtract line 18 from line 12		303,156.	163,172.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 18)	857,577.	1,059,157.	
	21 Total liabilities (Part X, line 26)	162,291.	200,699.	
22 Net assets or fund balances. Subtract line 21 from line 20		695,286.	858,458.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JULIE MCCARTHY-BROWN, CHAIR				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JOHN D. CALLAHAN, JR., CP		09/25/24		P00447720
Firm's name			Firm's EIN		
LEONE, MCDONNELL & ROBERTS, P.A.			02-0417217		
Firm's address			Phone no. (603) 569-1953		
61 SOUTH MAIN STREET, PO BOX 1140			WOLFEBORO, NH 03894		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Form 990 (2023)

DISMAS HOME OF NEW HAMPSHIRE

47-2722572

Page **2**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ **X**

1 Briefly describe the organization's mission:

THE DISMAS HOME OF NEW HAMPSHIRE PROVIDES A SAFE, NURTURING ENVIRONMENT TO FORMERLY INCARCERATED WOMEN. THESE WOMEN OFTEN HAVE NO PLACE TO GO BUT THE STREETS, A CHEAP BOARDING HOUSE OR A LOCATION AND SITUATION THAT CONTRIBUTED TO THE PROBLEMS LEADING TO THEIR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **702,355.** including grants of \$) (Revenue \$ **34,693.**)

IN 2016 THE ORGANIZATION OPENED ITS FIRST HOME LOCATED IN MANCHESTER, NH. THE HOME HOUSES FORMERLY INCARCERATED FEMALES AND ASSISTS WITH THEIR REINTERGRATION INTO THE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **702,355.**

Form **990** (2023)

Form 990 (2023)

DISMAS HOME OF NEW HAMPSHIRE

47-2722572

Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	☒	☐
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	☐	☒
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	☐	☒
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	☐	☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	☐	☒
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	☐	☒
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	☐	☒
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	☒	☐
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	☐	☒
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	☐	☒
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	☒	☐
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	☐	☒
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	☒	☐
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	☐	☒
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	☐	☒
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	☐	☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	☐	☒
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	☐	☒
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	☐	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	☐	☐
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	☐	☒

332003 12-21-23

Form 990 (2023)

Form 990 (2023)

DISMAS HOME OF NEW HAMPSHIRE

47-2722572

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 20		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?	7c		X
d If "Yes," indicate the number of Forms 8882 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANNETTE ST. PETER - 603-534-7315
102 FOURTH STREET, MANCHESTER, NH 03102

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYLL ANDREWS EXECUTIVE DIRECTOR	40.00	X		X				92,000.	0.	0.
(2) KENNETH P. BROWN VICE-CHAIR	0.00	X		X				0.	0.	0.
(3) AMY CASSIN DIRECTOR	0.00	X						0.	0.	0.
(4) CASEY CAVANAUGH DIRECTOR	0.00	X						0.	0.	0.
(5) RANDY FOOSE DIRECTOR	0.00	X						0.	0.	0.
(6) CHARLIE FOSS DIRECTOR	0.00	X						0.	0.	0.
(7) SUSAN GEIER DIRECTOR	0.00	X						0.	0.	0.
(8) MADELINE HUTCHINGS DIRECTOR	0.00	X						0.	0.	0.
(9) JULIE MCCARTHY-BROWN CHAIR	0.00	X		X				0.	0.	0.
(10) CAROL MCGARRY TREASURER	0.00	X		X				0.	0.	0.
(11) TERRI PONN DIRECTOR	0.00	X						0.	0.	0.
(12) DARREN SCHRIEVER DIRECTOR	0.00	X						0.	0.	0.
(13) SANTINA THIBEDAU DIRECTOR	0.00	X						0.	0.	0.
(14) CHRIS YOUNG DIRECTOR	0.00	X						0.	0.	0.
(15) MARRIETTE YOUNG SECRETARY	0.00	X		X				0.	0.	0.

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	630,911.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	551,293.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,182,204.			
Program Service Revenue	2 a <u>MEDICAID</u>	Business Code	624100	34,193.	34,193.		
	b <u>RESIDENT FEES</u>		721310	500.	500.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			34,693.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			344.	344.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code		2,034.	2,034.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,034.			
12 Total revenue. See instructions			1,219,275.	37,071.	0.	0.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,000.	92,000.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	481,615.	350,570.	88,061.	42,984.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	34,060.	12,846.	21,027.	187.
10 Payroll taxes	46,976.	36,311.	7,298.	3,367.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,727.	19,547.	3,180.	
c Accounting	2,473.	478.	1,995.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	27,626.	6,498.	18,378.	2,750.
13 Office expenses	34,956.	20,727.	13,795.	434.
14 Information technology				
15 Royalties				
16 Occupancy	40,560.	40,560.		
17 Travel	448.	433.	15.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,503.		12,503.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,800.	16,800.		
23 Insurance	18,511.	15,995.	1,318.	1,198.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CAPITAL CAMPAIGN	87,490.	9,100.		78,390.
b HOME EXP: OTHER	63,769.	61,885.	1,884.	
c FUNDRAISING	38,288.			38,288.
d CONSULTANT	17,695.	7,780.		9,915.
e All other expenses	17,606.	10,825.	4,486.	2,295.
25 Total functional expenses. Add lines 1 through 24e	1,056,103.	702,355.	173,940.	179,808.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	552,222.	1	520,580.
	2 Savings and temporary cash investments	10,100.	2	10,116.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	180,542.	4	405,894.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,009.	9	9,711.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 203,111.		
	b Less: accumulated depreciation	10b 98,537.	10c	104,574.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	8,282.
16 Total assets. Add lines 1 through 15 (must equal line 33)	857,577.	16	1,059,157.	
Liabilities	17 Accounts payable and accrued expenses	9,648.	17	31,551.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	148,641.	24	132,003.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,002.	25	37,145.
	26 Total liabilities. Add lines 17 through 25	162,291.	26	200,699.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	667,481.	27	832,414.
	28 Net assets with donor restrictions	27,805.	28	26,044.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	695,286.	32	858,458.
33 Total liabilities and net assets/fund balances	857,577.	33	1,059,157.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,219,275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,056,103.
3	Revenue less expenses. Subtract line 2 from line 1	3	163,172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	695,286.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	858,458.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

DISMAS HOME OF NEW HAMPSHIRE

Employer identification number

47-2722572

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s). _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	239,228.	343,602.	535,563.	965,500.	1182204.	3266097.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	239,228.	343,602.	535,563.	965,500.	1182204.	3266097.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3266097.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	239,228.	343,602.	535,563.	965,500.	1182204.	3266097.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29.	74.	235.	167.	344.	849.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		21,450.			2,034.	23,484.
11 Total support. Add lines 7 through 10						3290430.
12 Gross receipts from related activities, etc. (see instructions)					12	432,373.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.26	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.00	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒			
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐			
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐			

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B: Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C: Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D: All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E: Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

DISMAS HOME OF NEW HAMPSHIRE

Employer identification number

47-2722572

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
 (ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		175,389.	77,596.	97,793.
c Leasehold improvements				
d Equipment		27,722.	20,941.	6,781.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				104,574.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

DISMAS HOME OF NEW HAMPSHIRE

47-2722572 Page 3

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER	28,863.
(3) RIGHT OF USE LIABILITY	8,282.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

37,145.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

DISMAS HOME OF NEW HAMPSHIRE

47-2722572 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,219,275.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,219,275.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,219,275.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,056,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,056,103.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,056,103.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

DISMAS HOME OF NEW HAMPSHIRE

Employer identification number
47-2722572

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISORDER. DISMAS HOME OFFERS THEM THE OPPORTUNITY TO IMPROVE THEIR
LIVES BY PROVIDING EFFECTIVE CLINICAL TREATMENTS AND A WIDE RANGE OF
SOCIAL SUPPORT SERVICES, IN A SAFE, LOVING HOME-LIKE RESIDENTIAL
ENVIRONMENT.

FORM 990, PART I, LINE 6

THE ORGANIZATION RELIES HEAVILY ON VOLUNTEER SERVICE. VOLUNTEERS HAVE
PERFORMED A VARIETY OF SERVICES INCLUDING ASSISTING IN HOME
RENOVATIONS, COMMUNITY OUTREACH, OFFICE AND OTHER HOME RELATED
SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCARCERATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED IN ITS ENTIRETY BY THE BOARD OF DIRECTORS AT A
REGULARLY SCHEDULED MONTHLY MEETING. FEEDBACK WAS PROVIDED BY THE
DIRECTORS AND INCORPORATED INTO THE FINAL FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
BY WAY OF DIRECT DISCUSSION OF THE POLICY AND ANY RELATED CONFLICTS AT
REGULARLY HELD MEETINGS OF THE BOARD OF DIRECTORS.

Name of the organization	DISMAS HOME OF NEW HAMPSHIRE	Employer identification number	47-2722572
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FORM 990, PART VI, SECTION B, LINE 15:

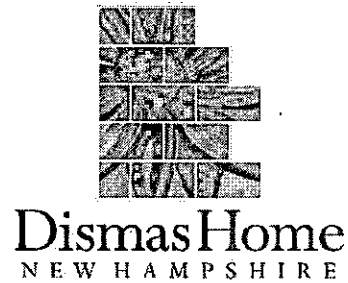
THE EXECUTIVE DIRECTOR WORKS TOGETHER WITH THE CLINICAL DIRECTOR TO
 DETERMINE THE CANDIDATES CHOSEN AND THE EXECUTIVE DIRECTOR APPROVES THE
 FINAL DECISION ON NEW HIRES. THE BOARD OF DIRECTORS APPROVES THE FINAL JOB
 DESCRIPTIONS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON
 REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.



Board Co-Chairs:
Julie McCarthy Brown
Santina Thibedeau

Dismas Home Board of Directors 2025						
Name	Pronouns	Role	Yrs of Serv	Profession	Length of Service	
Cavanaugh, Casey	she/hers	Director	new	Professor	1 year	
Foss, Charlie	he/his	Director	new	retired	3 months	
Geier, Susan	she/hers	Director	new	Communications Director	3 months	
Hodapp, Mark	He/his	Director	new	High Tech Consultant		
Hutchings, Madeline	she/hers	Vice Chair	1	Attorney	2 years	
L'Esperance, Persephanie	She/hers	Director	new	Principal- Grand Maison		
McCarthy- Brown, Julie	she/hers	Co-Chair	6	retired	8 years Founder/Emerita	
McGarry, Carol	she/hers	Treasurer	1	retired	2 years	
Schriever, Darren	he/his	Director	1	CEO	1 year	
Thibedeau, Santina	she/hers	Co-Chair	new	Executive Director	1 year	
Young, Mariette	she/hers	Secretary	2	retired	3 years	
Andrews, Arielle	she/hers	Director	new	Marketing Officer- NEMG		
Marchetti, Tom	he/his	Director	new	Insurance Executive		

Colleen Gordon

Senior Director of Business Operations and Development

Organize & Focus Operations Around A True Mission for Maximum Impact

Hands-on professional with fundamental skills to drive success. High-achieving administrative manager driven to increase productivity through efficiency, team cohesion, product delivery and lifelong learning. Keep executives organized through setting clear expectations, empowering the team, facilitating strong communication, artful articulation and the ability to display grace under pressure. Exemplify leadership, both independently and in a team environment.

Skills

- Business Operations Management
- Finance & Accounting Operations
- Communication Skills
- C-Suite Level Personal Assistant Support
- Conflict Resolution
- Business Systems Management
- Time Management
- Multitasking Abilities
- Training & Development
- Team Building; Innovative Strategic Planning

Professional Experience

Mount Prospect Academy-Becket Family of Services

November 2021 to August 2022

Administrative & Quality Assurance Manager

Provide administrative support to the Clinical Operations Directors and the administrative team. Supports the overall functioning of the offices in the development and maintenance of quality assurance systems, data, and clerical support.

Manage and support administrative processes relating to quality assurance and enhancement.

Review clinical files for regulatory compliance and quality assurance

Audit Discharge Binders during the final review

Assist, when needed, with census tracking (new, discharged, transitioned, and update data).

Supports Clinical Director and supervisors in projects and development of systems, maintaining and creating program data as needed

Colleen Gordon

Page Two

Supervise four to five Administrative Assistants, including providing weekly check in meetings, regular evaluations, time & attendance management, training, and coaching to ensure optimal office functioning,

Delegate to Administrative Assistant as appropriate

Supports other administrative faculty and staff; helping in streamlining of work processes and training as needed

Develops and maintains new quality assurance measures and procedures

Attends strategic planning meetings, staff meetings and administrative meetings providing updates and input

Updates procedure documents as they pertain to compliance, documentation, and data management

Troubleshoot and maintains computer tracking system(s) including but not limited to KaleidaCare, SharePoint, and Paycor

Regularly inspects and monitors Office Safety Compliance for Plymouth, Rochester, Keene, and Nashua Offices

HIPPA Liaison Team Member: attends quarterly meetings, updates staff, and submits any PHI related incident reports

AMERICAN HEART ASSOCIATION, Remote

2006 to 2019

Senior Director Business Operations & Development

Planned and monitored day-to-day operations. Safeguarded and augmented efficiency of operations to facilitate accelerating development and long-term success. Supervised and mentored Director(s) Operations and supported staff, providing constructive feedback. Maintained judgement, discretion and confidentiality. Evaluated efficiency of business procedures according to organization objectives and applied improvements.

Managed team of 8 - 15 Field Support Directors, ensuring KPIs were in place and targets were met for over 50 events: luncheons, GALA's, Heart Walks, and leadership meetings.

Created how-to procedures, database, and policies for recruiting, managing and retaining volunteers to assist in targeted recruitment of volunteers needed to provide support for events.

Streamlined HR efficiencies as liaison to Human Resources department. Hired new employees, coordinated orientations and provided training for new employees.

Provided mid-year / year-end performance reviews, disciplinary actions and employee development 8 - 15 staff, ensuring maximum performance while guiding staff, offering feedback and corrective action.

Liaised between SVP and multiple business divisions, improving communication through assessment of KPIs and regular review to ensure KPIs were achieved.

Cross-trained staff at multiple levels (Sales Directors, Field Support, Executive Directors), improving data integrity and management while working in many systems such as Enterprise One, Dynamics CRM, Microsoft Office, and event-based systems.

Colleen Gordon

Page Three

AMERICAN HEART ASSOCIATION (Continued)

Assessed and planned for department changes by providing systematic approach to addressing issues and managing change successfully as a leader.

Collaborated with department managers to assess needs associated with event management, finance operations and sales strategies, ensuring a sense of unity and teamwork and enhancing the efficiency and productivity of the departments.

Trained, coached and mentored staff, ensuring smooth adoption of new systems, policies and programs.

Managed and executed business plan and communicated company vision and objectives to motivate teams through setting support priorities, focusing available resources and follow through to strengthen day-to-day operations.

Reduced budgetary expenditures by effectively negotiating contracts for more advantageous terms.

Supported regulatory compliance by overseeing all audits to verify protocol adherence and top-level decision-making and strategy planning, forging productive relationships with top leaders and serving as key advocate for various personnel issues, ensuring the utmost confidentiality.

Implemented CRM team to guarantee operational quality and team efficiency procedures.

Managed, trained and motivated Business Operation Directors and Field Support Coordinators to continuously improve knowledge and abilities in areas of operations such as budgeting, materials procurement, and data management.

Education

Bachelor of Business Administration (BBA), Business Administration and Management, Minor: Psychology, Rivier University, Nashua, NH, Expected 06/2021

Technical Skills

Microsoft Office to include Excel, Microsoft Word, PowerPoint and Outlook, Skype, One Drive, Dynamics CRM, Greater Giving, Blackbaud, CANVA, Enterprise One (Payable / Receivable), PeopleSoft, Sharepoint.

Professional Affiliations

Rivier University, American Society of Administrative Professionals

Volunteerism

- Great Waters Music Festival, Wolfeboro, NH
- Andy Blacksmith's Ride For Life, Seacoast Harley-Davidson

Cheryll Andrews

Executive Director

SUMMARY

I am an accomplished fundraising professional with more than 20 years of relationship building experience. Combine these skills with creativity, passion, and a vision for the future, and you have a natural fit for an Executive Director.

Key Skills

Relationship Building
Major Gifts Development
Volunteer Management
Collaborative Partner
Creative Strategic Thinking
Project Management
Budget Planning

EXPERIENCE

2/2021- present:

Executive Director • Management • Dismas Home of NH, Inc.

Responsibility: Work in partnership with the Board of Directors, and implement the organization's strategic vision to expand program services, to serve more women; collaborate with the Dismas Leadership Team to ensure the organization is in compliance with state and federal guidelines and regulations; be the organization's outreach ambassador and lead fundraiser.

Major Accomplishments:

In two years, increased Year End revenue \$438,008 to \$1,100,379; Assisted the Board of Directors to move successfully to a "governing" board and updated governance policies and procedures; added 6 new board members; added two new positions to the staff roster: Operations Director and Development Associate; Increased the number of collaborating community partners to include: NH Department of Corrections, 10 county jails and treatment court counselors and case managers, Manchester and Concord area Human Resources Association Chapters; prepared for a funding feasibility study to test the market for a capital campaign including: a case for support, test budget, and research on successful program examples in other states.

1/2018- 5/2020:

Executive Director • Management • Great Waters Music

Responsibility: Manage the organization to implement the strategic direction approved by the board of directors.

Major Accomplishments:

Doubled the size of the board of directors from 7 to 14. Increased revenue by 108% from 2018 to 2019. Built and implemented a strategic plan that resulted in the launch of a \$1,000,000 Capital Campaign and raised 38% in the first 4 months (November 2019- February 2020 before Covid 19). Maintained a high donor retention rate. Increased the number of major gifts each year by 50%.

5/2012-8/2017:

Go Red For Women Director • Development

American Heart Association

Responsibility: Manage annual campaign, Manchester and Boston.

Major Accomplishments:

Increased the number of Circle of Red members by 300% implemented fundraising events for up to 500 guests in multiple metro-markets. Managed a volunteer committee of 10-15 community leaders.

DIANE M. FONTNEAU

PROFESSIONAL SUMMARY. -----

Skilled professional and dually licensed clinical leader in co-occurring mental health and substance use disorder treatment profession with over 25 years expertise and leadership.

AREAS OF EXPERTISE -----

- Contract Management
- Program Leadership
- Federal & State Regulation Compliance
- Individual & Group Therapy
- Individual & Group Supervision
- Co-Occurring Disorder Treatment
- Data Analyzing
- Dually Licensed
- Team building
- Project Management
- Program Quality Improvement
- Community Partner

PROFESSIONAL EXPERIENCE -----

Clinical Manager, Integrated Treatment for Co-Occurring Disorders | September 2016-Present

Seacoast Mental Health Center, Portsmouth, NH

Leading a multidisciplinary team of professionals providing outpatient treatment for co-occurring mental health and substance use disorders in a community mental health setting.

- Supervise clinical staff providing direct services including therapy, case management, relapse prevention, crisis intervention and suicide prevention.
- Direct care services using evidence-based clinical interventions to provide best practices in co-occurring treatment.
- Developed relationships with providers throughout the state for referrals in and out based on ASAM level of care severity rating.
- Monitoring and updating policies to remain in compliance with state and federal regulations, training of new staff on related policies and multiple codes of ethics.

Program Planning & Review Specialist, Bureau of Homeless & Housing Services | July 2008- September 2016

State of NH Department of Health & Human Services, Concord, NH

Responsible for management and oversight of state contracts funded through the US Department of Housing and Urban Development (HUD).

- Writing Request for Funding Proposals (RFP) for the purpose of administering grants to provide supportive housing throughout the state of NH.
- Audit of records, outcome measurements, and homelessness statistics were reported directly to HUD.
- Worked closely with staff at contracted agencies providing oversight and guidance to ensure compliance and successful delivery of services to NH communities.
- Developed and implemented a quarterly networking and support meeting for housing case managers throughout the state.

Program Specialist II/Client Services Supervisor/Family Services Specialist: Division of Family Assistance | July 2004 – June 2008

State of NH Department of Health & Human Services, Concord, NH

Managed the office of Client Services for Division of Family Assistance (DFA) ensuring accurate and timely delivery of services and benefits for eligible NH citizens.

- Provided program and policy support to field office staff and supervisors in 12 District Offices.
- Investigated and resolved errors related to DFA cases throughout the state of NH. Responded to inquiries and requests for review from Governor and Commissioner offices.
- Analyzed annual reports on client services data and used outcome measures to plan improvements where needed.
- Provided public education meetings throughout the state of NH with regards to state and federal policies around SNAP, TANF, Medicaid and other social services programs.

Social Worker II/Alcohol and Drug Counselor, Department of Behavioral Health (DBH)

January 1998- June 2004

County of San Bernardino, Hesperia, CA

Provided direct care substance use disorder treatment and services to pregnant and/or parenting women suffering from mental illness, substance use disorders and indigent life patterns.

- Direct provision of individual and group counseling including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Relapse Prevention (RP)
- Conducted screening, assessment, intake, orientation, and developed individual treatment plans, completed progress notes, and reports.
- Performed monthly quality assurance reviews to ensure compliance with state, federal and county ordinances.
- DBH liaison to the Division of Child Protective Services (DCPS), which included coordination and collaboration of services between two departments.

EDUCATION -----

Master of Science, Clinical Mental Health Counseling, Capella University | 2020

Master of Science in Human Services, Management & Organizational Leadership, Springfield College School of Human Services | 2008

Bachelor of Science in Human Services, Springfield College School of Human Services | 2006

Associate of Science in Human Services, minor in Alcohol and Drug Counseling, New Hampshire Technical Institute | 1993

Continue...

LICENSURE & CERTIFICATION -----

Masters Licensed Alcohol and Drug Counselor (MLADC) | New Hampshire | Valid Until 2025

Licensed Clinical Mental Health Counselor (LCMHC) New Hampshire | Valid Until 2025

National Certified Counselor (NCC) | Valid Until 2026

Certified Tobacco Treatment Provider (NCTTP) | Nationally

BOARD OF DIRECTORS & COMMUNITY AFFILIATIONS -----

New Hampshire Alcohol and Drug Abuse Counselors Association (NHADACA) | 2016 - Present

President of Board of Directors, 2023- Present

Board Member, 2017-2023

National Association of Alcohol Drug Abuse Counselors Member (NAADAC) | 2005 – present

Board Member 2023 – present

Greater Portsmouth Recovery Coalition (GPRC) | 2018-Present

Member involved with overall mission and co-occurring task force.

NH Bridging the Gaps Coalition | 2006-2008

Founding Member, participating in strategic planning & grant writing
(securing 1.2-million-dollar grant from SAMHSA)

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.

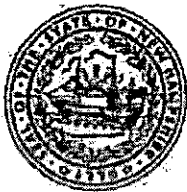
Contractor Name:

Dismas Home of NH, Inc

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Cheryll Andrews	Executive Director	\$42,400.00	\$106,000.00
Diane Fontneau	Clinical Director	\$105,000.00	\$105,000.00
Colleen Brough	Operations Director	\$100,000.00	\$100,000.00
		\$0.00	
		\$0.00	\$0.00
		\$0.00	\$0.00

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ARC



Lori A. Weaver
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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August 28, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed in **Bold** below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by extending the completion dates from September 29, 2023 to June 30, 2025 and increasing the total price limitation by \$15,331,072 from \$15,703,407 to \$31,034,479 and, effective September 29, 2023, upon Governor and Council approval. 62.33% Federal Funds. 11.68% General Funds. 25.99% Other Funds (Governor's Commission).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, amended on March 23, 2022, item #35, and most recently amended on December 21, 2022, item #29.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$1,052,232	\$360,596	\$1,412,828
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$180,000	\$593,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$490,666	\$320,000	\$810,666

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061- B001	Statewide	\$1,303,516	\$1,118,145	\$2,421,661
Families in Transition (Formerly known as: FIT/NHNH, Inc.) (Manchester, NH)	167730- B001	Statewide	\$2,960,216	\$1,750,000	\$4,710,216
Grafton County New Hampshire (North Haverhill, NH)	177397- B003	Statewide	\$464,325	\$850,000	\$1,314,325
Headrest (Lebanon, NH)	175226- B001	Statewide	\$805,107	\$710,000	\$1,515,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119- B001	Statewide	\$1,589,409	\$1,372,175	\$2,961,584
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204- B001	Statewide	\$4,715,348	\$7,325,156	\$12,040,504
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292- B001	Statewide	\$1,346,066	\$1,345,000	\$2,691,066
		Total:	\$15,703,407	\$15,331,072	\$31,034,479

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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EXPLANATION

The purpose of this request is to extend the expiration date and increase funding for the Contractors to continue providing substance use treatment services.

While insurance payments, including Medicaid, cover some of the cost of treating individuals, it does not cover the overall cost of providing treatment services. Through a cost-reimbursement model, these providers will be reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administrative costs. These funds also fill in the gaps for when individuals are uninsured or underinsured.

Approximately 3,574 individuals will be served during State Fiscal Years 2024 and 2025.

The Contractors will continue to provide a comprehensive range of treatment services accessible statewide. These services encompass individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, and high and low intensity residential treatment services. Additionally, specialized residential services and integrated medications for substance use disorders are also provided. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services funded providers looks at all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subsection 1.1. of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) year and nine (9) months of the four (4) years available.

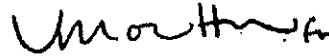
Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual, but also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464, T1084659, T1083955, T1085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759, and TBD.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Weaver
Commissioner

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical
Group

334662-B001

PO 1084542

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	92058501	\$280,618	\$0	\$280,618
2024-Q1	074-500589	Welfare Assistance	92058501	\$66,320	\$0	\$66,320
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
Sub-total				\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO 1084957

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance		\$470,179	\$0	\$470,179
2024-Q1	074-500589	Welfare Assistance		\$40,498	\$0	\$40,498
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$7,390	\$7,390
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$9,853	\$9,853
Sub-total				\$814,632	\$17,243	\$831,875

Cheshire Medical
Center/Dartmouth

155405-B001

PO 1083175

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance		\$59,496	\$0	\$59,496
2024-Q1	074-500589	Welfare Assistance		\$13,122	\$0	\$13,122
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$24,613	\$24,613
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$32,818	\$32,818
Sub-total				\$132,633	\$57,431	\$190,064

CC of
Nashua/Greater

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance		\$99,174	\$0	\$99,174
2024-Q1	074-500589	Welfare Assistance		\$29,806	\$0	\$29,806
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$43,758	\$43,758
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$58,343	\$58,343

Sub-total				\$167,124	\$102,101	\$259,225
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Dismas Home 290061-B001		PO 1083177				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance		\$344,159	\$0	\$344,159
2024-Q1	074-500589	Welfare Assistance		\$13,981	\$0	\$13,981
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$42,857	\$42,857
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$57,143	\$57,143
Sub-total				\$494,934	\$100,000	\$594,934

Families in Transition 157730-B001		PO 1083185				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance		\$362,283	\$0	\$362,283
2024-Q1	074-500589	Welfare Assistance		\$13,047	\$0	\$13,047
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$67,629	\$67,629
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$90,173	\$90,173
Sub-total				\$518,444	\$157,802	\$676,246

Grafton Cty 177397-B003		PO 1088987				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance		\$69,395	\$0	\$69,395
2024-Q1	074-500589	Welfare Assistance		\$14,827	\$0	\$14,827
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$116,231	\$116,231
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$154,974	\$154,974
Sub-total				\$148,854	\$271,205	\$420,059

Headrest, Inc. 175226-B001		PO 1083186				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance		\$43,917	\$0	\$43,917
2024-Q1	074-500589	Welfare Assistance		\$10,390	\$0	\$10,390
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$74,376	\$74,376
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$99,168	\$99,168
Sub-total				\$80,370	\$173,544	\$253,914

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance		\$332,570	\$0	\$332,570
2024-Q1	074-500589	Welfare Assistance		\$10,965	\$0	\$10,965
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$182,368	\$182,368
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$243,158	\$243,158
Sub-total				\$486,437	\$425,526	\$911,963

Manchester Alcohol
Rehab Center,

177204-B001

PO 1083184

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance		\$234,976	\$0	\$234,976
2024-Q1	074-500589	Welfare Assistance		\$50,208	\$0	\$50,208
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,006,113	\$1,006,113
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,341,484	\$1,341,484
Sub-total				\$452,125	\$2,347,597	\$2,799,722

Southeastern NH
Alcohol & Drug

155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance		\$36,020	\$0	\$36,020
2024-Q1	074-500589	Welfare Assistance		\$7,696	\$0	\$7,696
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$142,522	\$142,522
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$190,029	\$190,029
Sub-total				\$77,858	\$332,551	\$410,409
SUB TOTAL GOV COMM				\$3,926,205	\$3,985,000	\$7,911,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0

2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Cheshire Medical Center/Dartmouth

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance		\$126,091	\$0	\$126,091
2024-Q1	074-500589	Welfare Assistance		\$27,811	\$0	\$27,811
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$52,530	\$52,530
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$70,039	\$70,039
Sub-total				\$281,095	\$122,569	\$403,664

CC of Nashua/Greater

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance		\$210,590	\$0	\$210,590
2024-Q1	074-500589	Welfare Assistance		\$63,305	\$0	\$63,305
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$93,385	\$93,385
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$124,514	\$124,514
Sub-total				\$333,542	\$217,899	\$551,441

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance		\$133,325	\$0	\$133,325
2024-Q1	074-500589	Welfare Assistance		\$29,631	\$0	\$29,631
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance		\$766,463	\$0	\$766,463
2024-Q1	074-500589	Welfare Assistance		\$168,206	\$0	\$168,206
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$62,013	\$62,013
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$82,684	\$82,684
Sub-total				\$1,496,763	\$144,697	\$1,641,460

Grafton City

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance		\$147,071	\$0	\$147,071
2024-Q1	074-500589	Welfare Assistance		\$31,424	\$0	\$31,424
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$248,055	\$248,055
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$330,740	\$330,740
Sub-total				\$315,471	\$578,795	\$894,266

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance		\$93,078	\$0	\$93,078
2024-Q1	074-500589	Welfare Assistance		\$22,021	\$0	\$22,021
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$103,851	\$103,851
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$138,469	\$138,469
Sub-total				\$170,337	\$242,320	\$412,657

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance		\$108,764	\$0	\$108,764
2024-Q1	074-500589	Welfare Assistance		\$23,239	\$0	\$23,239
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$73,651	\$73,651
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$98,202	\$98,202
Sub-total				\$236,172	\$171,853	\$408,025

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title		Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance		\$497,996	\$0	\$497,996
2024-Q1	074-500589	Welfare Assistance		\$106,407	\$0	\$106,407
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,452,076	\$1,452,076
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,936,101	\$1,936,101
Sub-total				\$958,208	\$3,388,177	\$4,346,385

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance		\$76,338	\$0	\$76,338
2024-Q1	074-500589	Welfare Assistance		\$16,311	\$0	\$16,311
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$171,541	\$171,541
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$228,721	\$228,721
Sub-total				\$165,008	\$400,262	\$565,270
SUB TOTAL CLINICAL				\$4,210,778	\$5,266,572	\$9,477,350

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance		\$118,800	\$0	\$118,800
2024-Q1	074-500589	Welfare Assistance		\$30,000	\$0	\$30,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$147,151	\$147,151
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$196,202	\$196,202
Sub-total				\$237,600	\$343,353	\$580,953

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$436,348	\$436,348

2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$581,797	\$581,797
Sub-total				\$554,400	\$1,018,145	\$1,572,545

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance		\$420,381	\$0	\$420,381
2024-Q1	074-500589	Welfare Assistance		\$91,728	\$0	\$91,728
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$620,358	\$620,358
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$827,143	\$827,143
Sub-total				\$945,009	\$1,447,501	\$2,392,510

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$126,058	\$126,058
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$168,078	\$168,078
Sub-total				\$554,400	\$294,136	\$848,536

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance		\$433,400	\$0	\$433,400
2024-Q1	074-500589	Welfare Assistance		\$107,800	\$0	\$107,800
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$332,055	\$332,055
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$442,741	\$442,741
Sub-total				\$866,800	\$774,796	\$1,641,596

Manchester Alcohol Rehab Center,

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance		\$1,402,500	\$0	\$1,402,500
2024-Q1	074-500589	Welfare Assistance		\$328,300	\$0	\$328,300
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$681,164	\$681,164
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$908,218	\$908,218
Sub-total				\$2,805,000	\$1,589,382	\$4,394,382

**Southeastern.NH.
Alcohol & Drug**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance		\$551,600	\$0	\$551,600
2024-Q1	074-500589	Welfare Assistance		\$137,200	\$0	\$137,200
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$262,366	\$262,366
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$349,821	\$349,821
Sub-total				\$1,103,200	\$612,187	\$1,715,387
SUB TOTAL SOR				\$7,066,409	\$6,079,500	\$13,145,909
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)						

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$375,000	\$0	\$375,000
2024-Q1	074-500589	Welfare Assistance		\$125,015	\$0	\$125,015
Sub-total				\$500,015	\$0	\$500,015
Grand Total All				<u>\$15,703,407</u>	<u>\$15,331,072</u>	<u>\$31,034,479</u>

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Dismas Home of New Hampshire, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021, (Item #30), as amended on March 23, 2022, (Item #35), and as amended on December 21, 2022, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2025
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,421,661
3. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 6.927%, Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded October 1, 2020, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI083464, which are only effective from the contract effective date through September 30, 2022; and as awarded October 1, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI084659, which are effective through September 30, 2023; and as awarded February 15, 2023 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.959 FAIN TI085821, which are effective through September 30, 2024; and ALN 93.959 FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.2. 64.937%, Federal funds from the State Opioid Response Grant, as awarded September 30, 2021, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA # 93.788, FAIN TI083326, which are only effective from the contract effective date through September 29, 2022, and as awarded September 23, 2022, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.788, FAIN H79TI085759, which are only effective from September 30, 2022 through September 29, 2023; and SOR 3B, ALN 93.788, FAIN TBD, are anticipated to be available effective 9/30/2023, pending the receipt of the Notice of Award from SAMHSA; and ALN 93.788, FAIN TBD, anticipated to be available effective

DS
CA

9/30/2024, pending the receipt of the Notice of Award from SAMHSA.

- 1.3. 3.569% General funds.
- 1.4. 24.567% Other funds (Governor's Commission).
4. Modify Exhibit C, Amendment #1, Payment Terms, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, Women's SUD Treatment Services Budget through Exhibit C-12, Residential Services Budget.
 - 3.1. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting.
 - 3.2. Ensure approval for Exhibits C-1, Women's SUD Treatment Services Budget through Exhibit C-12, Residential Budget is received from the Department prior to submitting invoices for payment.
 - 3.3. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 4, to read:
 4. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than October 20, 2023, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 4.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2023 through June 30, 2024, as follows:
 - 4.1.1. Exhibit C-7, Women's SUD Treatment Services Budget
 - 4.1.2. Exhibit C-8, Amendment #1, Transitional Living Program Budget
 - 4.1.3. Exhibit C-9, Residential Services Budget
6. Modify Exhibit C, Amendment #1, Payment Terms, Section 5, to read:
 5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days prior to June 30, 2024, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-10, Women's SUD Treatment Services Budget
 - 5.1.2. Exhibit C-11, Transitional Living Program Budget
 - 5.1.3. Exhibit C-12, Residential Services Budget
7. Modify Exhibit C, Amendment #1, Payment Terms, Section 6, to read:
 6. Reserved.

DS
CA

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 29, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

8/22/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Dismas Home of New Hampshire, Inc.

DocuSigned by:

Cheryl Andrews

Name: Cheryl Andrews

Title: Executive Director

8/22/2023

Date

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

OFFICE OF THE ATTORNEY GENERAL

8/23/2023

Date

DocuSigned by:

Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

ARC
29



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shibley
Commissioner

Katja S. Fox
Director

119 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by increasing the total price limitation by \$4,229,499 from \$11,473,908 to \$15,703,407 with no change to the contract completion dates of September 29, 2023, effective retroactive to September 30, 2022, upon Governor and Council approval. 65.88% Federal Funds. 9.12% General Funds. 25.00% Other Funds (Governor's Commission Fund).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, and most recently amended on March 23, 2022, item #35.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$933,432	\$118,800	\$1,052,232
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$0	\$413,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$190,666	\$300,000	\$490,666
Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,026,316	\$277,200	\$1,303,516
Families in Transition (Formerly known as: FIT/NHMH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,591,432	\$368,784	\$2,960,216

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

Grafton County New Hampshire (North Haverhill, NH)	177397 -B003	Statewide	\$464,325	\$0	\$464,325
Headrest (Lebanon, NH)	175226 -B001	Statewide	\$527,907	\$277,200	\$805,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119 -B001	Statewide	\$1,156,009	\$433,400	\$1,589,409
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204 -B001	Statewide	\$2,812,833	\$1,902,515	\$4,715,348
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292 -B001	Statewide	\$794,466	\$551,600	\$1,346,066
		Total:	\$11,473,908	\$4,229,499	\$16,703,407

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

See attached fiscal details.

EXPLANATION

The Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding effective September 30, 2022. The Department needed additional time to finalize the amendments and funding details. This request is **Retroactive** to align with the federal effective date of funding. This request is **Sole Source** because the scopes of services are being amended and funds are being added.

The purpose of this request is twofold: to increase funding for the Contractors to continue providing and to expand substance use treatment services; and to modify the scopes of service to align with the services provided by each Contractor.

The funding increase is for those Contractors, currently receiving federal State Opioid Response funding, to support people in need of residential treatment services. The Contractors will continue providing substance use disorder treatment and recovery support services to New Hampshire residents with current or a history of Opioid Use Disorder or Stimulant Use Disorder. Additionally, Greater Nashua Mental Health will receive increased funding in order to expand hours, implement family treatment services and provide case management and peer recovery support to adolescents, and Manchester Alcoholism Rehabilitation Center will receive increased funding to increase capacity for individuals being served at the American Society of Addiction Medicine (ASAM) 3, 7 Level of Care. The Contractors that only provide outpatient services did not receive increased funding.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

The Department modified the scopes of service to: clarify contractor responsibilities related to improving Government Performance and Results Act (GPRA) collection for those Contractors that currently receive federal State Opioid Response funding; reflect the expansion of services for Greater Nashua Mental Health and Manchester Alcoholism Rehabilitation Center; and to reflect the reduction of 39 transitional living beds to 25 beds for Families in Transition. The organization recently closed its transitional living program for men.

Approximately 1,547 individuals will be served during State Fiscal Year 2023 through Quarter 1 of State Fiscal Year 2024.

The Contractors will continue to provide an array of treatment services with statewide access, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory and medically monitored withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medications for substance use disorders. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers looks at all collected data, including demographic and outcome data, to ensure:

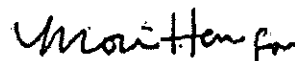
- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. Research shows that treatment wait times increase the risk of overdoses, both fatal and non-fatal. Any delay in receiving treatment or recovery supports is not high quality healthcare, and primarily impacts the individual, but has potential consequences for families and communities as well, such as increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464 and T1084659, and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical
Group

334662-B001

PO TBD

PO 1084542

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-5005851#	Community Grants	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	\$280,618	\$0	\$280,618
2024	074-500589	Welfare Assistance	\$66,320	\$0	\$66,320
Sub-total			\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO TBD

PO 1084957

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance	\$470,179	\$0	\$470,179
2024	074-500589	Welfare Assistance	\$40,498	\$0	\$40,498
Sub-total			\$814,632	\$0	\$814,632

Cheshire Medical
Center/Dartmouth

155405-B001

PO TBD

PO 1083175

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance	\$59,496	\$0	\$59,496
2024	074-500589	Welfare Assistance	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of
Nashua/Greater

154112-B001

PO TBD

PO 1083753

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	\$27,174	\$72,000	\$99,174
2024	074-500589	Welfare Assistance	\$5,806	\$24,000	\$29,806
Sub-total			\$61,124	\$96,000	\$157,124

Dismas Home

290061-B001

PO TBD

PO 1083177

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	\$344,159	\$0	\$344,159

2024	074-500589	Welfare Assistance	\$13,981	\$0	\$13,981
Sub-total			\$494,934	\$0	\$494,934

Families in Transition	157730-B001		PO TBD		PO 1083185
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	\$13,047	\$0	\$13,047
Sub-total			\$518,444	\$0	\$518,444

Grafton Cty	177397-B003		PO TBD		PO 1083176
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc. 175226-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance	\$43,917	\$0	\$43,917
2024	074-500589	Welfare Assistance	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill 275119-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	\$332,570	\$0	\$332,570
2024	074-500589	Welfare Assistance	\$10,965	\$0	\$10,965
Sub-total			\$486,437	\$0	\$486,437

Manchester Alcohol
Rehab Center, 177204-B001 PO TBD PO 1083184

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance	\$234,976	\$0	\$234,976
2024	074-500589	Welfare Assistance	\$50,208	\$0	\$50,208

Sub-total			\$452,125	\$0	\$452,125
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Southeastern NH
Alcohol & Drug

155292-B001

PO TBD

PO 1083180

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$3,830,205	\$96,000	\$3,926,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL
FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0

2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0
2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance	\$126,091	\$0	\$126,091
2024	074-500589	Welfare Assistance	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	\$57,590	\$153,000	\$210,590
2024	074-500589	Welfare Assistance	\$12,305	\$51,000	\$63,305
Sub-total			\$129,542	\$204,000	\$333,542

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	\$168,206	\$0	\$168,206

Sub-total			\$1,496,763	\$0	\$1,496,763
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Grafton Cty

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance	\$93,078	\$0	\$93,078
2024	074-500589	Welfare Assistance	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol
Rehab Center.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance	\$497,996	\$0	\$497,996
2024	074-500589	Welfare Assistance	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008

SUB TOTAL CLINICAL		\$4,006,778	\$204,000	\$4,210,778
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05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

**Bridge Street
Recovery, LLC**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance	\$30,000	\$88,800	\$118,800
2024	074-500589	Welfare Assistance	\$0	\$30,000	\$30,000
Sub-total			\$118,800	\$118,800	\$237,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000

Sub-total			\$277,200	\$277,200	\$554,400
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Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	\$143,325	\$277,056	\$420,381
2024	074-500589	Welfare Assistance	\$0	\$91,728	\$91,728
Sub-total			\$576,225	\$368,784	\$945,009

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000
Sub-total			\$277,200	\$277,200	\$554,400

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	\$107,800	\$325,600	\$433,400
2024	074-500589	Welfare Assistance	\$0	\$107,800	\$107,800
Sub-total			\$433,400	\$433,400	\$866,800

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance	\$328,300	\$1,074,200	\$1,402,500
2024	074-500589	Welfare Assistance	\$0	\$328,300	\$328,300
Sub-total			\$1,402,500	\$1,402,500	\$2,805,000

**Southeastern NH
Alcohol & Drug**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	\$137,200	\$414,400	\$551,600
2024	074-500589	Welfare Assistance	\$0	\$137,200	\$137,200
Sub-total			\$551,600	\$551,600	\$1,103,200

SUB TOTAL SOR		\$3,636,925	\$3,429,484	\$7,066,409
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)				

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$375,000	\$375,000
2024	074-500589	Welfare Assistance	\$0	\$125,015	\$125,015
Sub-total			\$0	\$500,015	\$500,015
Grand Total All			<u>\$11,473,908</u>	<u>\$4,229,499</u>	<u>\$15,703,407</u>



Lori A. Shilbette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

March 14, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by decreasing the total price limitation by \$192,012 from \$11,865,920 to \$11,473,908 with no change to the contract completion dates of September 29, 2023, effective upon Governor and Council approval. 54.745% Federal Funds. 11.873% General Funds. 33.382% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794	\$0	\$562,794	O: 10/13/21 #30
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744	(\$328,312)	\$933,432	O: 10/13/21 #30
The Cheshire Medical Center	155405-B001	Statewide	\$413,728	\$0	\$413,728	O: 10/13/21 #30
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666	\$0	\$190,666	O: 10/13/21 #38C
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$851,316	\$375,000	\$1,026,316	O: 10/13/21 #30
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432	\$375,000	\$2,591,432	O: 10/13/21 #30

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Grafton County New Hampshire	177397- B003	Statewide	\$464,325	\$0	\$464,325	O: 10/13/21 #30
Headrest	175226- B001	Statewide	\$527,907	\$0	\$527,907	O: 10/13/21 #30
Hope on Haven Hill, Inc.	275119- B001	Statewide	\$781,009	\$375,000	\$1,156,009	O: 10/13/21 #30
Manchester Alcoholism Rehabilitation Center	177204- B001	Statewide	\$3,801,533	(\$988,700)	\$2,812,833	O: 10/13/21 #30
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292- B001	Statewide	\$794,466	\$0	\$794,466	O: 10/13/21 #30
		Total:	\$11,665,920	(\$192,012)	\$11,473,908	

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to clarify requirements related to staffing and coordination of care; to attach Exhibit L, ASAM End User Agreement; to clarify payment terms for all Contractors; to update terms specific to 42 CFR Part 2, substance use treatment confidentiality regulations within the Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement; to revise the funding allocations for Bridge Street Recovery and for the Manchester Alcoholism Rehabilitation Center; and to increase funding to Contractors with transitional living programs.

The clarified staffing requirements will allow Contractors to hire and utilize Licensed Supervisors, in accordance with the original requirements of the related Request for Proposals (RFP) for these services. The original contracts referred to the position as a Licensed Clinical Supervisor based on a specific type of license issued by the New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals, which is not required under these contracts. The Licensed Supervisor is equally qualified to the Licensed Clinical Supervisor to provide supervision services.

His Excellency, Governor Christopher T. Sununu
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Additional language around coordination of care will require Contractors to use a Department-approved referral system to connect individuals to health and social services providers as needed.

Exhibit L, ASAM End User Agreement, which details policy regarding Contractors' promotion or marketing of the American Society of Addiction Medicine (ASAM) criteria or utilization of language related to ASAM levels of care, will ensure Contractor compliance with ASAM requirements relative to utilization of such language. Should the Governor and Council not authorize this request, Contractors that market or promote their utilization of ASAM criteria or levels of care will be out of compliance with the End User Agreement Policy required by ASAM.

The clarified detailed payment process for all Contractors will ensure compliance with federal funding requirements. Should Governor and Council not authorize this request, Contractors that receive State Opioid Response funding through these agreements may not be able to accurately invoice for program-related expenses, which may put the Department in violation of federal funding agreements.

Revising the funding allocation for Bridge Street Recovery is necessary because the initial funding award amount for the organization was based their provision of multiple services under this agreement. The Contractor has chosen to only provide Transitional Living (TLP) Services under this agreement, resulting in the funding decrease.

Revising the funding allocation for the Manchester Alcoholism Rehabilitation Center is necessary because the initial funding award amount for Manchester Alcoholism Rehabilitation Center was based on the number of licensed beds available at its facilities for services within this scope of work. The Contractor has chosen to reduce the number of licensed beds available for these services, resulting in a decrease in funding. The types of services available through Manchester Alcoholism Rehabilitation Center remain unchanged.

The funding made available by the decrease will be utilized for a future procurement, for substance use disorder residential and outpatient treatment and recovery services for the general public, as well as for pregnant and parenting women. The new procurement will serve approximately 450 individuals. Should the Governor and Council not authorize this request, the Department will not be able to utilize this funding for the new procurement to address known service gaps, including in the Greater Nashua Area.

Adding funding to Contractors with transitional living programs is necessary, due to the increasing lack of affordable housing and increasing acuity of substance use disorders in the state, exacerbated by the COVID-19 pandemic. Individuals with substance use disorders have a greater need for stable, affordable housing, where they can continue to receive treatment services. Transitional living programs are not covered by Medicaid, and these funds will be used to provide this service to the most vulnerable individuals; individuals who have an income below 400% of the poverty level; are residents of NH or experiencing homelessness in NH; and who are in need of ongoing substance use disorder treatment in a safe and sober environment.

Contractors will continue to provide an array of treatment and recovery support services with statewide access, ensuring individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery. Approximately 7000 individuals will continue to be served over the next two (2) years through all 11 contracts.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers will look at all collected data, including the demographic and outcome data collected from the Web Information Technology System (WITS). This will help to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on American Society of Addiction Medicine (ASAM) Criteria...
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

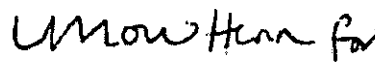
As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is not exercising its option to renew at this time.

Area served: Statewide

Source of Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA # 93.959 FAIN T1083464 and State Opioid Response Grant, CFDA # 93.788, FAIN T1083326.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

SUD Tx Financial Detail - Amendment #1

03-01-02-020310-33020000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334582-B001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$89,199	\$148,657	\$215,856
2023	074-500565	Community Grants	\$29,960	\$190,538	\$280,518
2024	074-500565	Community Grants	\$21,261	\$45,059	\$306,320
Sub-total			\$180,420	\$382,374	\$562,794

Bridge Street Recovery, LLC		341958-B001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$130,979	\$109,676	\$303,853
2023	074-500565	Community Grants	\$189,929	\$281,250	\$470,179
2024	074-500565	Community Grants	\$40,498	\$0	\$40,498
Sub-total			\$360,406	\$448,226	\$814,632

Center/Dartmouth Hitchcock Keene		155405-B001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$60,015	\$0	\$60,015
2023	074-500565	Community Grants	\$59,496	\$0	\$59,496
2024	074-500565	Community Grants	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of Nashua/Greater Nashua Mental Health		154112-B001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$28,144	\$0	\$28,144
2023	074-500565	Community Grants	\$27,174	\$0	\$27,174
2024	074-500565	Community Grants	\$5,806	\$0	\$5,806
Sub-total			\$61,124	\$0	\$61,124

Dismas Home		290081-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$43,044	\$93,750	\$136,794
2023	074-500585	Community Grants	\$42,909	\$281,250	\$324,159
2024	074-500585	Community Grants	\$13,981	\$0	\$13,981
Sub-total			\$119,934	\$375,000	\$494,934

Families In Transition		157730-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$196,021	(\$52,907)	\$143,114
2023	074-500585	Community Grants	\$271,691	\$90,592	\$362,283
2024	074-500585	Community Grants	\$50,106	(\$45,052)	\$15,054
Sub-total			\$517,818	(\$7,367)	\$510,451

Griffin City		177397-0003	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500585	Community Grants	\$69,395	\$0	\$69,395
2024	074-500585	Community Grants	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc.		175226-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500585	Community Grants	\$43,917	\$0	\$43,917
2024	074-500585	Community Grants	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven H&R		275119-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$49,152	\$93,760	\$142,902
2023	074-500585	Community Grants	\$51,320	\$291,250	\$332,570
2024	074-500585	Community Grants	\$10,965	\$0	\$10,965
Sub-total			\$111,437	\$375,000	\$486,437

Manchester Alcohol Rehab Center, Easter Seals, Farnum Center		177204-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$168,941	\$0	\$168,941
2023	074-500585	Community Grants	\$234,976	\$0	\$234,976
2024	074-500585	Community Grants	\$50,206	\$0	\$50,206
Sub-total			\$452,125	\$0	\$452,125

Southeastern NH Alcohol & Drug Abuse Services		155202-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500585	Community Grants	\$36,020	\$0	\$36,020
2024	074-500585	Community Grants	\$7,896	\$0	\$7,896
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GPPY COMM			\$2,256,970	\$1,573,228	\$3,830,203

05-03-02-020510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ON FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$148,657	(\$148,657)	\$0
2023	074-500585	Community Grants	\$190,656	(\$190,656)	\$0
2024	074-500585	Community Grants	\$43,059	(\$43,059)	\$0
Sub-total			\$382,374	(\$382,374)	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$290,305	(\$290,305)	\$0
2023	074-500585	Community Grants	\$400,404	(\$400,404)	\$0
2024	074-500585	Community Grants	\$85,829	(\$85,829)	\$0
Sub-total			\$776,538	(\$776,538)	\$0

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500585	Community Grants	\$126,091	\$0	\$126,091
2024	074-500585	Community Grants	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500585	Community Grants	\$57,590	\$0	\$57,590
2024	074-500585	Community Grants	\$12,305	\$0	\$12,305
Sub-total			\$129,542	\$0	\$129,542

Dumas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500585	Community Grants	\$133,325	\$0	\$133,325
2024	074-500585	Community Grants	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$415,437	\$146,657	\$562,094
2023	074-500585	Community Grants	\$575,805	\$190,656	\$766,463
2024	074-500585	Community Grants	\$123,147	\$45,039	\$168,206
Sub-total			\$1,114,389	\$382,352	\$1,496,743

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500585	Community Grants	\$147,071	\$0	\$147,071
2024	074-500585	Community Grants	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500585	Community Grants	\$93,078	\$0	\$93,078
2024	074-500585	Community Grants	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$104,180	\$0	\$104,180
2023	074-500585	Community Grants	\$108,764	\$0	\$108,764
2024	074-500585	Community Grants	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol Rehab Center,
 Easter Seals, Farnum Center.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500585	Community Grants	\$497,998	\$0	\$497,998
2024	074-500585	Community Grants	\$106,407	\$0	\$106,407
Sub-total			\$958,209	\$0	\$958,209

Southeastern NH Alcohol & Drug
 Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,330	\$0	\$72,330
2023	074-500585	Community Grants	\$76,336	\$0	\$76,336
2024	074-500585	Community Grants	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008
SUB TOTAL CLINICAL			\$4,763,316	(\$76,538)	\$4,686,778

05-03-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS; DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500585	Community Grants	\$30,000	\$0	\$30,000
Sub-total			\$118,800	\$0	\$118,800

Domas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500585	Community Grants	\$143,325	\$0	\$143,325
Sub-total			\$576,225	\$0	\$576,225

Headrest, Inc.					
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Hope on Haven Hill					
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500585	Community Grants	\$107,600	\$0	\$107,600
Sub-total			\$433,400	\$0	\$433,400

Manchester Alcohol Rehab Center, Easter Seals, Fenum Center					
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,793,400	(\$719,200)	\$1,074,200
2023	074-500585	Community Grants	\$597,600	(\$269,500)	\$328,300
Sub-total			\$2,391,200	(\$988,700)	\$1,402,500

Southeastern NH Alcohol & Drug Abuse Services					
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500585	Community Grants	\$137,200	\$0	\$137,200
Sub-total			\$551,600	\$0	\$551,600
SUB TOTAL SOR			\$4,625,625	(\$936,700)	\$3,688,925
Grand Total All			\$11,681,920	(\$182,912)	\$11,473,928

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Lori A. Shibliette
Commissioner

Katie S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 15, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into contracts with the Contractors listed below in an amount not to exceed \$11,475,254 for Substance Use Disorder Treatment and Recovery Support Services, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through September 29, 2023. 66.56% Federal Funds. 14.00% General Funds. 19.44% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Contract Amount
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744
The Cheshire Medical Center	155405-B001	Statewide	\$413,728
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316
FIT/NHNNH, Inc.	157730-B001	Statewide	\$2,216,432
Grafton County New Hampshire	177397-B003	Statewide	\$464,325
Headrest	175226-B001	Statewide	\$527,907
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466
		Total:	\$11,475,254

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to provide Substance Use Disorder Treatment and Recovery Supports Services statewide to New Hampshire residents who have income below 400% of the Federal Poverty Level, and are uninsured or underinsured.

The Contractors will provide statewide access to an array of treatment services, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medication assisted treatment. The Contractors will ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which will increase the ability of individuals to achieve and maintain recovery. The Contractors will also assist eligible individuals with enrolling in Medicaid while receiving treatment, and the Department will serve as the payer of last resort.

Approximately 7,000 individuals will receive services over the next two years.

The Department will monitor services through monthly, quarterly, and annual reporting to ensure the Contractors:

- Provide services that reduce the negative impacts of substance misuse.
- Make continuing care, transfer and discharge decisions based on American Society of Addiction Medicine (ASAM) criteria.
- Treat individuals using Evidence Based Practices and follow best practices.
- Achieve initiation, engagement, and retention goals as required by the Department.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 20, 2021 through August 19, 2021. The Department received twelve (12) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached. This request represents ten (10) of twelve (12) contracts for Substance Use Disorder Treatment and Recovery Supports Services. The Department anticipates presenting two (2) additional contracts at a future Governor and Executive Council meeting for approval.

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

Should the Governor and Council not authorize this request, individuals in need of Substance Use Disorder Treatment and Recovery Supports Services may not receive the treatment, tools, and education required to enhance and sustain recovery that, in some cases, prevents untimely deaths.

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA
93.959 FAIN TI083464 and State Opioid Response Grant, CFDA # 93.788, FAIN TI083326.

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

Respectfully submitted,

DocuSigned by:
Lori A. Shabinette
LCA82094125473...

Lori A. Shabinette
Commissioner

05-85-92-020510-33020000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334882-8001	PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	
2022	102-500731	Contracts for Prog Svc	\$89,189	
2023	102-500731	Contracts for Prog Svc	\$89,981	
2024	102-500731	Contracts for Prog Svc	\$21,281	
Sub-total			\$180,421	

Bridge Street Recovery, LLC		341888-8001	PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	
2022	102-500731	Contracts for Prog Svc	\$130,879	
2023	102-500731	Contracts for Prog Svc	\$188,928	
2024	102-500731	Contracts for Prog Svc	\$40,498	
Sub-total			\$360,405	

Center/Dartmouth Hitchcock Keene		155405-8001	PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	
2022	102-500731	Contracts for Prog Svc	\$60,015	
2023	102-500731	Contracts for Prog Svc	\$59,496	
2024	102-500731	Contracts for Prog Svc	\$13,122	
Sub-total			\$132,633	

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CC of Nashua/Greater Nashua
Mental Health

154112-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

290081-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$43,044
2023	102-500731	Contracts for Prog Svc	\$62,909
2024	102-500731	Contracts for Prog Svc	\$13,981
Sub-total			\$118,934

Families In Transition

157730-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$198,022
2023	102-500731	Contracts for Prog Svc	\$271,691
2024	102-500731	Contracts for Prog Svc	\$58,108
Sub-total			\$525,818

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Grafton City		177397-B003	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$64,032
2023	102-500731	Contracts for Prog Svc	\$69,395
2024	102-500731	Contracts for Prog Svc	\$14,827
Sub-total			\$148,854

Harbor Care		166574-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.		175226-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$28,063
2023	102-500731	Contracts for Prog Svc	\$43,818
2024	102-500731	Contracts for Prog Svc	\$10,390
Sub-total			\$80,372

Hope on Haven Hill		275119-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$49,152
2023	102-500731	Contracts for Prog Svc	\$51,320
2024	102-500731	Contracts for Prog Svc	\$10,985
Sub-total			\$111,437

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**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

177204-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$188,941
2023	102-500731	Contracts for Prog Svc	\$234,977
2024	102-500731	Contracts for Prog Svc	\$50,208
Sub-total			\$452,125

**Southeastern NH Alcohol & Drug
Abuse Services**

155282-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$34,142
2023	102-500731	Contracts for Prog Svc	\$36,020
2024	102-500731	Contracts for Prog Svc	\$7,698
Sub-total			\$77,858
SUB TOTAL GOV. COMM			\$2,195,857

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL
FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$148,657
2023	102-500731	Contracts for Prog Svc	\$190,658
2024	102-500731	Contracts for Prog Svc	\$45,059
Sub-total			\$382,373

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$290,305
2023	102-500731	Contracts for Prog Svc	\$400,404
2024	102-500731	Contracts for Prog Svc	\$85,829
Sub-total			\$776,539

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$127,193
2023	102-500731	Contracts for Prog Svc	\$126,092
2024	102-500731	Contracts for Prog Svc	\$27,811
Sub-total			\$281,095

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**CC of Nashua/Greater Nashua
Mental Health**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$81,228
2023	102-500731	Contracts for Prog Svc	\$133,325
2024	102-500731	Contracts for Prog Svc	\$29,031
Sub-total			\$254,182

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$415,437
2023	102-500731	Contracts for Prog Svc	\$575,805
2024	102-500731	Contracts for Prog Svc	\$123,147
Sub-total			\$1,114,389

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$138,977
2023	102-500731	Contracts for Prog Svc	\$147,071
2024	102-500731	Contracts for Prog Svc	\$31,424
Sub-total			\$315,471

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Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrost, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$55,237
2023	102-500731	Contracts for Prog Svc	\$93,078
2024	102-500731	Contracts for Prog Svc	\$22,021
Sub-total			\$170,335

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$104,169
2023	102-500731	Contracts for Prog Svc	\$108,764
2024	102-500731	Contracts for Prog Svc	\$23,239
Sub-total			\$236,172

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**Manchester Alcohol Rehab Center,
Easter Seals, Famum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$353,805
2023	102-500731	Contracts for Prog Svc	\$497,696
2024	102-500731	Contracts for Prog Svc	\$106,407
Sub-total			\$958,208

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$72,359
2023	102-500731	Contracts for Prog Svc	\$76,338
2024	102-500731	Contracts for Prog Svc	\$16,311
Sub-total			\$185,008
SUB TOTAL CLINICAL			\$4,653,772

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06-95-92-920610-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$88,800
2023	102-500731	Contracts for Prog Svc	\$30,000
Sub-total			\$118,800

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$432,900
2023	102-500731	Contracts for Prog Svc	\$143,325
Sub-total			\$576,225

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

DocuSign Envelope ID: 523BCEC5-5C48-4630-A554-9773600A6A0F

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$325,600
2023	102-500731	Contracts for Prog Svc	\$107,800
Sub-total			\$433,400

**Manchester Alcohol Rehab Center,
Easter Seals, Forum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$1,793,400
2023	102-500731	Contracts for Prog Svc	\$597,600
Sub-total			\$2,391,200

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$414,400
2023	102-500731	Contracts for Prog Svc	\$137,200
Sub-total			\$551,600
SUB TOTAL BOR			\$4,625,825
Grand Total All			<u>\$11,476,254</u>

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

Project ID # **RFP-2022-BDAS-01-SUBST**Project Title **Substance Use Disorder Treatment and Recovery Support Services**

	Maximum Points Available	Belonging Medical Group, PLLC	Bridge Street Recovery, LLC	Cheshire Medical Center	Dismas Home of New Hampshire, Inc.	Manchester Alcoholism Rehabilitation Center	FTI/NMNH, Inc.	Grafton County New Hampshire	Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	Harbor Home	Headrest	Hope on Haven Hdl, Inc.	South Eastern New Hampshire Alcohol & Drug Abuse Services
Technical													
Qualifications (Q1)	50	40	25	47	37	50	50	43	48	50	50	50	50
Experience (Q2)	50	45	25	48	35	45	50	45	50	50	50	45	48
ASAM (Q3)	20	20	11	8	20	15	20	10	20	20	9	20	20
Knowledge (Q4)	20	20	13	5	20	13	20	15	20	20	10	20	18
Samples (Q5)	30	15	7	8	23	21	14	21	12	8	7	14	8
Collaboration & Wraparound (Q6)	45	45	25	15	45	24	45	37	40	45	40	40	20
Staffing Plan (Q7)	15	13	13	4	10	12	13	13	13	13	10	14	4
Subtotal - Technical	230	198	119	135	190	180	212	184	203	206	176	203	168
Cost													
4.2.1.1. Budget Sheet	70	63	30	63	63	48	60	63	60	63	58	65	62
4.2.1.2. Staff List	30	25	29	25	25	28	28	30	25	25	28	30	28
Subtotal - Cost	100	88	59	88	88	76	88	93	85	88	86	95	90
TOTAL POINTS	330	286	178	223	278	256	300	277	288	294	262	298	258

Reviewer Name

Title

1 Sara Cleveland

2 Paula Holgan

3 Laurie Heath

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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Families in Transition ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021 (Item #30), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

June 30, 2027

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

\$7,004,052

3. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B – Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Operational Requirements – Amendment #1, by replacing it in its entirety with Exhibit B-1, Operational Requirements - Amendment #4, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:

1. This Agreement is funded by:

- 1.1. 72.26% Federal Funds

- 1.1.1. 22.41% from the Substance Use Prevention and Treatment Block Grant, as awarded by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.959, on:

1.1.1.1. October 1, 2020, FAIN TI083464.

1.1.1.2. October 1, 2021, FAIN TI084659.

1.1.1.3. February 15, 2023, FAIN TI085821.

1.1.1.4. February 20, 2024, FAIN B08T1087053.

1.1.1.5. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.

- 1.1.2. 49.85% from the State Opioid Response Grant, as awarded by SAMHSA, ALN

Initial


#93.788, on:

1.1.2.1. September 30, 2021, FAIN T1083326.

1.1.2.2. September 23, 2022, FAIN H79T1085759.

1.1.2.3. September 24, 2024, FAIN T1087843.

1.1.2.4. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.

1.2. 11.47% General Funds

1.3. 16.27% Other Funds (Governor's Commission)

6. Modify Exhibit C, Payment Terms, Amendment #1, Section 3, to read:

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-16, Transitional Living Program Budget, Amendment #4. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting. The Contractor shall:

3.1. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-16, Transitional Living Program Budget, Amendment #4 is received from the Department prior to submitting invoices for payment; and

3.2. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.

7. Modify Exhibit C, Payment Terms, Amendment #1, Section 5, to read:

5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days after Governor and Executive Council approval, which shall be retained by the Department. The Contractor shall submit budgets as follows:

5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:

5.1.1. Exhibit C-10, SUD Treatment Services Budget, Amendment #4; and

5.1.2. Exhibit C-11, Transitional Living Program Budget, Amendment #4.

8. Modify Exhibit C, Amendment #1, Payment Terms, Section 20, Audits, to read:

20. Audits

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

20.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

20.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

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

20.2. 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.

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- 20.2.1. 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.
 - 20.3. 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.
 - 20.4. 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.
 - 20.5. 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.
 - 20.6. 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.
- 9. Add Exhibit C-13, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 - 10. Add Exhibit C-14, Transitional Living Program Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 - 11. Add Exhibit C-15, SUD Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 - 12. Add Exhibit C-16, Transitional Living Program Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

5/15/2025

Date

DocuSigned by:

Katja S. Fox

ED0D05804C63442

Name: Katja S. Fox

Title: Director

Families in Transition

5/14/2025

Date

Signed by:

Maria Devlin

A6334739374E140C

Name: Maria Devlin

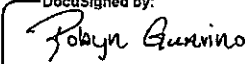
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/15/2025

Date

DocuSigned by:

7487348449411450

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B- Amendment #4**

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide Substance Use Disorder (SUD) treatment and recovery support services that:
 - 1.1.1. Assist individuals with:
 - 1.1.1.1. Stopping or reducing substance misuse;
 - 1.1.1.2. Improving social functioning, and physical and mental health; and
 - 1.1.1.3. Reducing risk for recurrence of substance misuse;
 - 1.1.2. Focus on strengths and resilience of individuals and families;
 - 1.1.3. Are culturally sensitive and relevant to individuals served;
 - 1.1.4. Promote person-centered and self-directed approaches to care; and
 - 1.1.5. Are trauma informed and designed to acknowledge the impact of violence and trauma on individuals' lives and the importance of addressing trauma in treatment.
- 1.2. The Contractor shall comply with all requirements in Exhibit B-1, Operational Requirements, Amendment #4, as applicable.
- 1.3. For the purposes of this Agreement, all references to:
 - 1.3.1. Business days shall mean Monday through Friday and excluding state and federal holidays.
 - 1.3.2. Calendar days or days shall mean Monday through Sunday, including state and federal holidays.
 - 1.3.3. Business hours shall mean Monday through Friday from 8:00 AM to 5:00 PM, excluding state and federal holidays.

2. Population Served

- 2.1. The Contractor shall ensure services are provided to individuals who:
 - 2.1.1. Are age 12 years or older, or under age 12 with signed consent from a parent or legal guardian;
 - 2.1.2. Have been diagnosed by:
 - 2.1.2.1. A professional licensed by the state of NH acting within the scope of their license or
 - 2.1.2.2. An unlicensed counselor who:
 - 2.1.2.2.1. Is working toward licensure and is in, at least, the second year of an accredited graduate clinical program;
 - 2.1.2.2.2. Is serving in a clinical internship with the Contractor for services provided within this Agreement;

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**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

EXHIBIT B - Amendment #4

- 2.1.2.2.3. Is under the supervision of a professional licensed by the state of NH, who is acting within the scope of their license, to act as a supervisor of an unlicensed individual; and
- 2.1.2.2.4. Has completed the required coursework for licensure, as required by:
 - 2.1.2.2.4.1. NH Board of Alcohol and Other Drug Use Providers;
 - 2.1.2.2.4.2. NH Board of Mental Health Practice; or
 - 2.1.2.2.4.3. NH Board of Psychology; and
- 2.1.3. Meet the American Society of Addiction Medicine Criteria published in October 2013 or later, (ASAM), for the services provided under this Agreement.
- 2.2. The Contractor shall provide services under this Agreement to individuals who are residents of, or unhoused in, NH; who meet the eligibility requirements identified above; and who are uninsured or whose insurance does not cover SUD treatment.
- 2.3. The Contractor may provide services to specialty populations, as determined by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:
 - 2.3.1. Pregnant and parenting individuals;
 - 2.3.2. Individuals with a history of injection drug use;
 - 2.3.3. Individuals with co-occurring substance use and mental health disorders;
 - 2.3.4. Individuals with, or at risk of tuberculosis;
 - 2.3.5. Individuals under the age of 18;
 - 2.3.6. Racial and ethnic minorities; and
 - 2.3.7. Individuals identifying as LGBTQI+.
- 2.4. The Contractor shall ensure consent for services is obtained from individuals receiving services aged 12 and older, or the parent or legal guardian of an individual receiving services who is under the age of 12, in accordance with NH RSA 318-B:12-a and 42 CFR Part 2, prior to providing services.
- 2.5. The Contractor shall ensure individuals under 18 years of age are not denied services due to:
 - 2.5.1. The parent's inability and/or unwillingness to pay the service fee(s); or
 - 2.5.2. The minor's decision to receive confidential services, pursuant to NH RSA 318-B:12-a.
- 2.6. The Contractor shall not deny services to individuals who:
 - 2.6.1. Receive medication for SUD (MSUD), from other service providers, including the individual's primary care provider;
 - 2.6.2. Have co-occurring mental health disorders; or

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

EXHIBIT B - Amendment #4

- 2.6.3. Are taking prescribed medications, regardless of the class of medication.
- 2.7. The Contractor shall enroll eligible individuals in the following order of priority:
 - 2.7.1. Pregnant individuals who inject drugs;
 - 2.7.2. Pregnant individuals;
 - 2.7.2.1. If the Contractor is unable to admit a pregnant individual to the needed level of care within 24 hours, the Contractor shall:
 - 2.7.2.1.1. Assist the individual with identifying alternative providers and accessing services with these providers, which includes referrals for prenatal care and actively reaching out to identify providers on the behalf of the individual; and
 - 2.7.2.1.2. Provide interim services within 48 hours of the level of care determination until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider. The Contractor shall ensure interim services include:
 - 2.7.2.1.2.1. A minimum of one (1), 60-minute, individual or group outpatient session per week;
 - 2.7.2.1.2.2. Recovery support services, as appropriate; and
 - 2.7.2.1.2.3. Daily calls to the individual to assess and respond to any emergent needs.
 - 2.7.3. Individuals with dependent children;
 - 2.7.4. Individuals with a history of injection drug use;
 - 2.7.4.1. If the Contractor is unable to admit an individual with a history of injection drug use within 14 days of the individual applying for services, the Contractor shall provide and document interim services until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider; and
 - 2.7.5. Individuals who require priority admission at the request of the Department.
- 2.8. The Contractor shall report information related to priority populations to the Department, in a format approved by the Department, on a monthly basis.

3. Scope of Services

3.1. Clinical Services

- 3.1.1. The Contractor shall adhere to their organization's clinical care manual that includes policies and procedures related to all clinical services provided, including, but not limited to screening, assessment, progress notes, continuing care decisions, and discharge.

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- 3.1.2. The Contractor shall develop and implement written policies and procedures governing its operation and all services provided through this Agreement.
- 3.1.3. The Contractor shall ensure staff are trained on all policies and procedures, which are reviewed and revised annually.
- 3.1.4. The Contractor shall provide the following SUD treatment services to eligible individuals, based on the ASAM 2013 criteria. If using ASAM 2023 criteria, the Contractor must follow guidance outlined by ASAM 2023 for the equivalent levels of care:
 - 3.1.4.1. **Individual Outpatient Treatment** as defined as ASAM Level 1 which includes up to eight (8) clinical service hours per week.
 - 3.1.4.2. **Group Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.3. **Intensive Outpatient Treatment** as defined as ASAM Level 2.1, which includes nine (9) to 19 clinical service hours per week.
 - 3.1.4.4. **Transitional Living Services**, which are residential SUD treatment services, according to an individualized treatment plan designed to support individuals as they transition back into the community. Transitional living services are not defined by ASAM. The Contractor shall ensure:
 - 3.1.4.4.1. A minimum total of 25 beds are available at this level of care.
 - 3.1.4.4.2. Transitional living services include a minimum of three (3) hours of clinical services per week, of which a minimum of one (1) hour shall be delivered by a licensed counselor or unlicensed counselor working under the supervision of a licensed supervisor, as identified in Section 2.1.2; and
 - 3.1.4.4.3. The remaining hours are delivered by a NH Certified Recovery Support Worker (CRSW) working under a licensed supervisor or a licensed or unlicensed counselor, as identified in Section 2.1.2; and
 - 3.1.4.4.4. The maximum length of stay is 12 months, during which time adult residents who work in the community may be required to pay a portion of room and board.
 - 3.1.4.5. **Recovery Support Services**, provided in conjunction with a minimum of one (1) of the services identified above. The Contractor ensure Recovery Support Services includes:
 - 3.1.4.5.1. **Intensive Case Management** in accordance with SAMHSA TIP 27: Comprehensive Case Management for Substance Abuse Treatment.

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3.1.5. The Contractor shall ensure clinical services are provided separately for youth and adults, unless otherwise approved by the Department. The Contractor shall ensure:

3.1.5.1. Youth and adults do not share the same residency space; and

3.1.5.2. Communal spaces such as kitchens, group rooms, and recreation are used at separate times.

3.1.6. The Contractor shall ensure all residential programs maintain a daily shift change log documenting significant events and behaviors of which subsequent shift should be made aware.

3.2. Interim Services

3.2.1. The Contractor shall offer interim services to all individuals waiting for clinical services and ensure interim services include, but are not limited to:

3.2.1.1. Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.

3.2.1.2. Referral for HIV or TB treatment services, if necessary.

3.2.1.3. Individual and/or group counseling on the effects of alcohol and other drug use.

3.2.1.4. Relapse prevention and recovery support services.

3.3. Infectious Diseases

3.3.1. Human Immunodeficiency Virus

3.3.1.1. The Contractor shall conduct an HIV/AIDS screening upon an individual's admission to treatment. The Contractor shall ensure the screening includes:

3.3.1.1.1. The provision of information;

3.3.1.1.2. Risk assessment; and

3.3.1.1.3. Intervention and risk reduction education.

3.3.2. Tuberculosis

3.3.2.1. The Contractor shall directly, or through arrangements with other public or non-profit private entities, routinely make the following TB services available to each individual receiving SUD treatment services:

3.3.2.1.1. Counseling with respect to TB;

3.3.2.1.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and

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- 3.3.2.1.3. Providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.
- 3.3.2.2. The Contractor shall refer individuals, who are denied admission to the program on the basis of lack of capacity, to other providers of TB services.
- 3.3.2.3. The Contractor shall implement infection control procedures consistent with procedures established by the Department to prevent the transmission of TB, which include:
 - 3.3.2.3.1. Screening patients and identifying individuals who are at high risk of becoming infected;
 - 3.3.2.3.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2; and
 - 3.3.2.3.3. Providing case management to ensure individuals receive services.
- 3.3.2.4. The Contractor shall report all individuals with active TB, as required by State law and in accordance with Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2.

3.4. Intake

- 3.4.1. The Contractor shall complete an intake screening for all individuals requesting services. The Contractor shall:
 - 3.4.1.1. Communicate directly with the individual within two (2) business days from the date the individual initially contacts the Contractor for services. The Contractor shall ensure communication includes contact that is:
 - 3.4.1.1.1. Face-to-face, in person;
 - 3.4.1.1.2. Face-to-face, virtually and/or electronically; or
 - 3.4.1.1.3. By telephone; and
 - 3.4.1.2. Complete an initial intake screening for the individual within two (2) business days from the date of the first direct contact, utilizing the Social Detox Screen within the Department-provided record system, or another social detox screening tool, as well as the ASAM Immediate Needs Profile, to determine the probability of the individual having a SUD and an estimate of the appropriate ASAM level of care.
- 3.4.2. The Contractor shall document the results of the screening in Department-provided record system for the individuals receiving services through this Agreement.

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3.4.3. The Contractor shall assess income of each individual receiving services through this Agreement using the Fee Determination Form in Department-provided record system to determine the individual's cost share of service fees. The Contractor shall ensure:

3.4.3.1. Individuals with an income of at least 139% of the federal poverty level are subject to a percentage of the cost share;

3.4.3.2. Individuals with an income at or above 400% of the federal poverty guidelines are subject to the entire cost share;

3.4.3.3. The income assessment is administered within two (2) business days from the date of initial contact for services and reassessed minimum of monthly thereafter; and

3.4.3.4. Each income assessment and/or reassessment are signed by the individual and kept in the individual's record.

3.4.4. The Contractor shall ensure all attempts to contact the individual are documented in the individual's record or call log.

3.5. Clinical Evaluation

3.5.1. The Contractor shall use clinical evaluations, conducted and completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2, to make level of care determinations and to develop initial treatment plans. The Contractor shall ensure clinical evaluations include:

3.5.1.1. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5 TR) diagnostic information;

3.5.1.2. Complete biopsychosocial information; and

3.5.1.3. A recommendation for an ASAM level of care that is completed by the Contractor, or by a referring agency less than 30 days prior to the individual's admission to the Contractor's SUD treatment program.

3.5.2. The Contractor shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation are recorded in the individual's record within 72 hours after admission to residential treatment or three (3) sessions for any outpatient levels of care, whichever is later.

3.5.3. The Contractor shall complete a new clinical evaluation for the individual, prior to admission, if:

3.5.3.1. More than 30 days have passed since the referring provider completed the evaluation;

3.5.3.2. The evaluation was conducted and completed by someone other than a licensed counselor, or unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;

3.5.3.3. The evaluation did not include DSM 5 TR diagnostic information and a recommendation for a specific ASAM level of care;

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3.5.3.4. An individual presents for admission to services without a completed evaluation.

3.5.4. If the Contractor is unable to complete the evaluation prior to admission due to geographic or other barriers, the Contractor shall assist the individual with accessing an evaluation through their local NH The Doorways program (Doorway/s), or other appropriate provider.

3.5.5. The Contractor shall provide SUD treatment services at the appropriate ASAM level of care, as determined by the individual's clinical evaluation, unless:

3.5.5.1. The individual chooses to receive a service with a lower intensity ASAM level of care; or

3.5.5.2. The service with the indicated ASAM level of care is unavailable at the time the level of care is determined; in which case the individual may choose:

3.5.5.2.1. A service with a lower intensity ASAM level of care;

3.5.5.2.2. To be placed on the waitlist until a service with the assessed ASAM level of care becomes available; or

3.5.5.2.3. To be referred to another agency in the individual's service area that provides service with the indicated ASAM level of care.

3.5.6. If the level of care recommended by the clinical evaluation is available, and the individuals is admitted to a different level of care, the Contractor shall document the reasoning for the admittance in the individual's record.

3.6. Waitlists

3.6.1. The Contractor shall maintain a waitlist of all individuals waiting for SUD treatment services under this Agreement and shall follow the requirements in Exhibit B-1, Amendment #4, of this Agreement regarding waitlists.

3.6.2. The Contractor shall track the wait time for individuals to receive services from the date of initial contact to the date the individual first received SUD services, other than the evaluation described above.

3.6.3. The Contractor shall provide the following reports to the Department upon request:

3.6.3.1. The average wait time for all individuals, by the type of service and payer source for all services; and

3.6.3.2. The average wait time for priority populations, identified in Section 2.3, by the type of service and payer source for the services.

3.7. Assistance Enrolling in Insurance Programs

3.7.1. The Contractor shall assist individuals, and/or their parents or legal guardians, who are unable to secure the financial resources necessary for initial entry into a SUD treatment program, to obtain other potential

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sources of payment within 14 days of admission, including enrollment in public or private insurance.

3.7.2. The Contractor shall document assistance provided with securing financial resources, or the individuals' refusal of assistance, in the individual's service record.

3.7.3. The Contractor shall track the length of time taken to enroll pregnant individuals in Medicaid and shall report that information to the Department upon request.

3.8. Use of Evidence-Based Practices

3.8.1. The Contractor shall ensure all services in this Agreement are provided:

3.8.1.1. Using evidence-based practices; as demonstrated by meeting one of the following criteria:

3.8.1.1.1. The service is included as an evidence-based mental health and substance misuse intervention in the SAMHSA Evidence-Based Practices Resource Center;

3.8.1.1.2. The service is published in a peer-reviewed journal and has been found to have positive effects; or

3.8.1.1.3. The service is based on a theoretical perspective that has validated research; and

3.8.1.2. In accordance with:

3.8.1.2.1. ASAM Criteria;

3.8.1.2.2. SAMHSA Treatment Improvement Protocols; and

3.8.1.2.3. SAMHSA Technical Assistance Publications.

3.8.2. The Contractor shall assess all individuals for risk of self-harm at all phases of treatment, including, initial contact; screening, intake, initial clinical evaluation/assessment, admission; and discharge.

3.8.3. The Contractor shall provide on-going assessments of mental health symptoms for individuals receiving services when and where clinically appropriate. The Contractor shall ensure mental health assessments are administered at the time of clinical evaluation/assessment and upon discharge, at a minimum.

3.8.4. The Contractor shall assess all individuals for withdrawal risk, when clinically appropriate, and at initial contact, screening, intake, initial clinical evaluation/assessment, and admission.

3.9. Treatment Planning

3.9.1. The Contractor shall ensure individualized treatment plans are completed for all individuals admitted for services, including transitional living services. The Contractor shall ensure all initial treatment plans:

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- 3.9.1.1. Are completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
- 3.9.1.2. Are based on clinical evaluation data that addresses problems in all ASAM domains, justifying the individual's admittance to the current level of care;
- 3.9.1.3. Are completed within 72 hours of admission to any residential level of care, and within three (3) sessions to any outpatient level of care;
- 3.9.1.4. Identifies and documents:
 - 3.9.1.4.1. The individual's strengths and resources for achieving goals and objectives;
 - 3.9.1.4.2. Referrals to outside agencies for the purpose of achieving a specific goal or objective when the service cannot be provided through this Agreement;
- 3.9.1.5. Include:
 - 3.9.1.5.1. The individual's involvement in identifying, developing, and prioritizing goals, objectives, and action steps;
 - 3.9.1.5.2. Treatment plan goals, objectives, and action steps written in terms that are S.M.A.R.T., which are:
 - 3.9.1.5.2.1. Specific, clearly defining what shall be done;
 - 3.9.1.5.2.2. Measurable, including clear criteria for progress and completion;
 - 3.9.1.5.2.3. Attainable, within the individual's ability to achieve;
 - 3.9.1.5.2.4. Realistic, the resources are available to the individual; and
 - 3.9.1.5.2.5. Timely, something that needs to be completed within a stated period for completion that is reasonable;
- 3.9.1.6. Are signed by the individual and the counselor, agreeing to the treatment plan; or if applicable, documentation of the individual's refusal to sign the treatment plan; and
- 3.9.1.7. If the individual is receiving services via telehealth only, the individual's verbal agreement to the treatment plan is documented in the individual's service record.
- 3.9.2. The Contractor shall collaborate with the individual receiving services to review their treatment plan, at the following minimum intervals, as identified

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by ASAM:

- 3.9.2.1. All ASAM Level 1 programs: Every six (6) clinical sessions or every six (6) weeks, whichever is less frequent;
- 3.9.2.2. ASAM Level 2.1 programs: Every 14 days;
- 3.9.2.3. ASAM Level 2.5, Level 3.5, and Level 3.7 programs: Every seven (7) days;
- 3.9.2.4. ASAM Level 3.1: Every 30 days; and
- 3.9.2.5. Transitional living services: Every 30 days.
- 3.9.3. The Contractor shall amend treatment plans for all ASAM levels of care, and transitional living services, when:
 - 3.9.3.1. Changes are made in any ASAM domain;
 - 3.9.3.2. Goals have been met and problems have been resolved; or
 - 3.9.3.3. New goals and new problems have been identified.
- 3.9.4. The Contractor shall ensure treatment plan amendments for all ASAM levels of care and transitional living services, or the progress note associated with an amendment, include a justification for:
 - 3.9.4.1. Continued treatment at the current level of care;
 - 3.9.4.2. Transfer from one level of care to another within the same agency; or
 - 3.9.4.3. Discharge from treatment at the agency.
- 3.9.5. The Contractor shall ensure the justification includes a minimum of one (1) of the following three (3) ASAM Continuing Service Criteria for continuing services:
 - 3.9.5.1. Continuing Service Criteria A: The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue working toward treatment goals;
 - 3.9.5.2. Continuing Service Criteria B: The individual is not yet making progress but has the capacity to resolve their issues. The individual is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue working toward treatment goals; or
 - 3.9.5.3. Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care which the individual is receiving treatment is the least intensive level at which the

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individual's problems can be addressed effectively.

3.9.6. The Contractor shall ensure any treatment plan amendments are signed by the individual and the counselor, agreeing to the updates; or if applicable, documentation of the individual's refusal to sign the treatment plan; and if the individual is receiving services via telehealth only, documentation of the individual's verbal agreement to the treatment plan.

3.9.7. The Contractor shall track the individual's progress relative to specific goals and objectives in progress notes.

3.10. Coordination of Care

3.10.1. The Contractor shall utilize the Department's designated Closed Loop Referral system to connect individuals to health and social service providers, as appropriate.

3.10.2. The Contractor shall ensure all coordination of care activities are compliant with state and federal laws and rules, including but not limited to NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2.

3.10.3. The Contractor shall refer individuals to, and coordinate the individual's care with, other providers and document the coordination, or individual's refusal of the coordination, in the individual's service record. The Contractor shall ensure referrals include:

3.10.3.1. Primary care providers. If the individual does not have a primary care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;

3.10.3.2. Behavioral health care providers when serving individuals with co-occurring substance use and mental health disorders. If the individual does not have a behavioral health care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;

3.10.3.3. MSUD as clinically appropriate, including medications for alcohol use disorder (AUD). The Contractor shall track the percentage of individuals with a diagnosis of AUD who were offered a referral to MSUD, and report the percentage to the Department on a quarterly basis; and

3.10.3.4. Peer recovery support providers. If the individual does not have a peer recovery support provider, or the Contractor does not provide peer support services, the Contractor shall make an appropriate referral to one and coordinate care with that provider.

3.10.4. The Contractor shall coordinate individual services with the Department's Doorway contractors, as appropriate, including:

3.10.4.1. Ensuring timely admission of individuals to services;

3.10.4.2. Completing initial clinical evaluations as needed; and

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- 3.10.4.3. Referring individuals to Doorway services when the Contractor cannot admit an individual for services within 48 hours.
- 3.10.5. The Contractor shall coordinate with the NH Ryan White CARE Program, for individuals identified as at risk of or with HIV/AIDS.
- 3.10.6. The Contractor shall coordinate with other social service agencies engaged with the individual, as applicable, which may include but are not limited to the NH Division for Children, Youth, and Families and Probation and Parole.
- 3.10.7. The Contractor shall clearly document when the individual refuses any referrals or care coordination in the individual's service record.
- 3.10.8. The Contractor shall not prohibit individuals from receiving services under this Agreement when an individual does not consent to information sharing.
- 3.10.9. The Contractor shall notify individuals who consent to information sharing that they have the ability to rescind the consent at any time without any impact on services provided under the awarded contract.
- 3.11. Transfer or Discharge
- 3.11.1. The Contractor shall identify the reason for transfer or discharge in the Program Enrollment section of the Department-provided record system, for each individual entered into the Department-provided record system, at the time of transfer or discharge from the program.
- 3.11.2. The Contractor shall ensure the counselor updates the ASAM assessment and amends the treatment plan when transferring an individual from one level of care to another within the same agency or when discharging the individual to another treatment provider.
- 3.11.3. The Contractor shall complete a transfer or discharge summary when an individual is being transferred to another level of care within the agency or discharged from treatment at the contracted agency. The Contractor shall ensure the transfer or discharge summary addresses all ASAM domains, including the process of transfer planning at the time of the individual's intake to the program, including transitional living services, and includes:
- 3.11.3.1. Dates of admission, discharge, or transfer.
- 3.11.3.2. Reason for admission.
- 3.11.3.3. The individual's psychosocial substance misuse history and legal history.
- 3.11.3.4. A summary of the individual's progress toward treatment goals.
- 3.11.3.5. The individual's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment.
- 3.11.3.6. A summary of the individual's physical and mental health condition at the time of discharge.
- 3.11.3.7. A continuing care plan, including all ASAM domains, with specific information regarding referrals or further treatment.

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- 3.11.3.8. The dated signature of the counselor completing the summary.
- 3.11.3.9. At least one (1) of the following four (4) ASAM Transfer/Discharge Criteria and how the individual meets the requirement, including transitional living services:
 - 3.11.3.9.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated.
 - 3.11.3.9.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated;
 - 3.11.3.9.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit their ability to resolve their problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
 - 3.11.3.9.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care.
- 3.11.4. The Contractor shall ensure the discharge or transfer summary is completed no later than seven (7) days following an individual's discharge or transfer.
- 3.11.5. The Contractor shall discharge an individual from the Department-provided record system when they are no longer receiving services at the agency. The Contractor shall close the Episode in the Department-provided record system even if the individual is expected to return at a future date, including, after completing treatment at a different agency. The time frames for discharge from the Department-provided record system are as follows:

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3.11.5.1. Individuals receiving outpatient services (individual outpatient, intensive outpatient, and partial hospitalization program), who have not received services in the past thirty (30) days shall be discharged by day 30. Upon the individual's return to treatment a new episode of care shall be started and all standard admission steps must be taken.

3.11.5.2. Individuals receiving residential services, who have not received services in the past 48 hours shall be discharged.

3.11.6. The Contractor shall ensure a new episode of care is started and all standard admission steps are completed for individuals returning for services after being discharged.

3.12. Individual and Group Education

3.12.1. The Contractor shall offer all individuals receiving services under this Agreement individual or group education on prevention, treatment, and nature of:

3.12.1.1. SUD;

3.12.1.2. Relapse prevention;

3.12.1.3. Hepatitis C Virus (HCV);

3.12.1.4. HIV;

3.12.1.5. Sexually Transmitted Diseases (STDs);

3.12.1.6. Infectious diseases associated with injection drug use;

3.12.1.7. Individual and/or group counseling for individuals of childbearing age, regardless of gender, on the effects of alcohol and other drug use on a fetus; and

3.12.1.8. The relationship between nicotine use and substance use with other mental health disorders, if the individual uses nicotine.

3.12.2. The Contractor shall ensure that all individuals are screened at intake and discharge for tobacco use, treatment needs and referral to the NH QuitLine, as part of treatment planning.

3.12.3. The Contractor shall maintain an outline of each educational session provided.

3.13. Tobacco-Free Environment

3.13.1. The Contractor shall ensure all facilities where services under this Agreement are provided are nicotine-free environments by having policies and procedures that apply to all staff, individuals receiving services, and visitors, that include but are not limited to:

3.13.1.1. Prohibiting smoking of any nicotine product, the use of oral tobacco products or "spit" tobacco, and the use of electronic devices, including vaping devices;

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- 3.13.1.2. Prohibiting the use of nicotine products within the Contractor's facilities at any time;
- 3.13.1.3. Prohibiting the use of nicotine in any Contractor-owned vehicle;
- 3.13.1.4. Whether or not the use of nicotine products is prohibited outside of the facility on the grounds. If use of nicotine products is allowed outside of the facility on the grounds, the Contractor shall ensure:
 - 3.13.1.4.1. Designated smoking area(s) are located a minimum of 20 feet from the main entrance;
 - 3.13.1.4.2. All materials used for smoking in the designated area, including cigarette butts and matches, are extinguished and disposed of in appropriate containers;
 - 3.13.1.4.3. Periodic cleanup of the designated smoking area is scheduled and completed as scheduled and/or needed; and
 - 3.13.1.4.4. If the designated smoking area is not properly maintained, it shall be eliminated at the discretion of the Contractor; and
- 3.13.1.5. Prohibiting nicotine use in personal vehicles when transporting individuals on authorized business.
- 3.13.2. The Contractor shall ensure the nicotine -free environment policy is included in employee, individual, and visitor orientations and posted in the Contractor's facilities and vehicles.
- 3.13.3. The Contractor shall not use nicotine use, in and of itself, as grounds for discharging individuals from the services being provided under this Contract.

4. Electronic Record System

- 4.1. The Contractor shall use the Department-provided electronic health record system (EHRS) to record contact with individuals within three (3) days, unless otherwise stated in the guidance document(s). The Contractor shall utilize the Department-provided EHRS to record all NH Bureau of Drug & Alcohol Services (BDAS) individual interactions, including:
 - 4.1.1. Determining individual eligibility;
 - 4.1.2. Reporting all data that is used to calculate and analyze National Outcome Measures; and
 - 4.1.3. Providing other information as required by the Department.
- 4.2. The Contractor shall provide the individual with the Department-provided EHRS information acknowledgement form and obtain the individual's signature on that form at the time of admission to treatment, prior to providing services.
- 4.3. The Contractor shall ensure information for individuals refusing to sign the information

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acknowledgement is not entered into the EHRS and the Contractor shall contact the Department to establish alternative reporting and billing procedures.

- 4.4. The Contractor shall ensure services are provided to individuals who refuse to sign the information acknowledgement, despite not being able to enter that individual into the state provided EHRS. The Contractor shall:
- 4.4.1. Establish a policy to document individual activity elsewhere;
 - 4.4.2. Obtain Department approval of the established policy;
 - 4.4.3. Notify the Department of each individual's refusal; and
 - 4.4.4. Ensure the Department has access to records as requested.
- 4.5. The Contractor shall ensure the Department-provided EHRS is only used for individuals who are in a program that is funded by, or under the oversight of, the Department. The Contractor may use Department-provided EHRS to enter information for services not covered by this Agreement. Training may be provided by the contracted agency, with prior approval of the content by the Department, if the following conditions apply:
- 4.5.1. The Department has approved the Contractors' use of the Department-provided EHRS for this purpose;
 - 4.5.2. The Contractor utilized the state provided EHRS for this purpose; and
 - 4.5.3. The Contractor does not have an alternative EHRS available for use.
- 4.6. The Contractor shall cease using the Department-provided EHRS for services not covered by this Agreement no later than 6/30/2027 and shall thereafter use a separate EHRS.
- 4.7. The Contractor shall cease utilizing the Department-provided EHRS if an individual obtains funding from another source while in treatment, unless otherwise approved by the Department. Individuals who are in a program that is funded by or under the oversight of the Department include:
- 4.7.1. Individuals receiving Department -funded SUD treatment services,
 - 4.7.2. Individuals receiving services from Impaired Driver Care Management Programs; and
 - 4.7.3. Individuals receiving services from Impaired Driver Service Providers, regardless of funding source.
- 4.8. The Contractor may use their own EHRS, in addition to the Department-provided EHRS, to record and track other data not collected in the state provided EHRS, only if the Department is allowed access to the electronic health records (EHR) upon request, for services provided under this Agreement.
- 4.9. The Contractor shall record that an individual has been discharged when the individual has completed a treatment episode in the state provided EHRS.
- 4.10. The Contractor shall follow all the instructions and requirements in the most current user guide for the EHRS, as provided by the Department.

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- 4.11. The Contractor shall agree to and follow the Information Security Requirements in Exhibit K.

5. Telehealth

- 5.1. The Contractor may deliver outpatient services via telehealth through secure telecommunication technology, when clinically appropriate and within the Contractor's scopes of practice, as allowed by federal and state law, and as documented in the individual's treatment plan. The Contractor acknowledges and agrees that:

- 5.1.1. Telehealth services may be rendered from a remote site, other than the Contractor's facility, or a remote site, approved by the Contractor;
- 5.1.2. Confidentiality and privacy protections apply to all telehealth services, under the same laws that protect the confidentiality of in-person services; and
- 5.1.3. The use of public facing applications, such as Facebook Live, Twitch, TikTok, or other similar video communication applications, is prohibited.

- 5.2. The Contractor shall ensure telehealth complies with all security and privacy components identified in Exhibit K, DHHS Information Security Requirements. The Contractor shall ensure:

- 5.2.1. An individual's appropriate informed consent to using the telecommunication technology is received and kept on file;
- 5.2.2. A provider is present with the individual(s) during the use of telecommunication technology;
- 5.2.3. Only authorized users have access to any individually identifiable personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Part 2 records as defined in 42 CFR Part 2 or electronic PHI (ePHI) that is shared or available through the telecommunication technology;
- 5.2.4. Secure end-to-end communication of data is implemented, including all communication of ePHI remaining in the United States; and
- 5.2.5. A system of monitoring the communications containing ePHI is implemented to prevent accidental or malicious breaches.

- 5.3. The Contractor shall adhere to all relevant state and federal regulations regarding telehealth not identified in the contract, including regulations regarding face-to-face services.

6. Staffing

- 6.1. The Contractor shall meet the following minimum staffing requirements, or request a waiver to the requirements, to provide the scope of work in this Agreement. Staffing levels must include:

- 6.1.1. A minimum of one (1) licensed supervisor, as identified in Section 2.1.2;
- 6.1.2. Staffing ratios for the following:
 - 6.1.2.1. Individual Counseling: The ratio of individuals receiving services to licensed and unlicensed counselors, as identified in Section

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- 2.1.2.1, who provide counseling to individuals on an individual basis in any ASAM level of care should be based on the following:
- 6.1.2.1.1. Clinician's ability to provide appropriate, effective, and evidence-based treatment to individuals within the setting;
 - 6.1.2.1.2. Type of treatment provided;
 - 6.1.2.1.3. Composition of the individual population; and
 - 6.1.2.1.4. Availability of auxiliary services;
- 6.1.2.2. SUD Treatment Groups: No more than 12 individuals with one licensed counselor or unlicensed counselor, as identified in Section 2.1.2, present or no more than 16 individuals when that counselor is joined by a second licensed counselor, unlicensed counselor, CRSW or uncertified recovery support worker;
- 6.1.2.3. Recovery Support Groups: No more than 12 individuals with one (1) NH CRSW present or no more than 16 individuals when that CRSW is joined by a second CRSW, or uncertified CRSW, licensed or unlicensed counselor, as identified in Section 2.1.2; and
- 6.1.2.4. Milieu/Line Staff in Residential Treatment Programs: Ratios must be based upon the needs of the individuals, and the staff's ability to ensure individual health, safety and well-being. The Contractor shall ensure a minimum of one (1) floating Milieu/Line staff member able to move between common areas to observe individuals is present at all times, when the space is occupied by individuals.
- 6.2. The Contractor shall actively seek to fill any open positions. Temporary staffing shortages are allowable, but not encouraged. Any temporary staffing shortages must be reported to Department in the quarterly contract compliance reports, as detailed in Section 9.7, and Contractor must be actively working to recruit new staff.
- 6.3. The Contractor shall notify Department in writing within one (1) month of hire when a new Administrator, Clinical Director, Executive Director, or any staff person essential to delivering this scope of services is hired to work in the program(s). The Contractor shall provide a copy of the resume of the employee, which clearly indicates the staff member is employed by the Contractor, with the new hire notification.
- 6.4. The Contractor shall notify the Department in writing within 14 calendar days, when there is not sufficient staffing to perform all required services for more than one (1) month.
- 6.5. The Contractor shall have policies and procedures related to student interns that address minimum coursework, experience and core competencies for interns having direct contact with individuals served by this Agreement.
- 6.6. The Contractor shall ensure student interns complete training on ethics, information security and confidentiality practices for handling PHI and SUD treatment records as

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safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2, as approved by the Department, prior to beginning their internship:

- 6.7. The Contractor shall ensure attendance of all required training for interns is documented in the interns' records and shall provide a list that includes the intern's name, dates of attendance and topics of training to the Department, as requested.
- 6.8. The Contractor shall ensure the health, safety, and well-being of all individuals in areas where individuals congregate, including common areas, group rooms and classrooms.
- 6.9. The Contractor shall ensure written policies, required under this Agreement, are available for Department review, as requested.
- 6.10. The Contractor may request a waiver from the Department, in writing, for staffing requirements, if the requirements are inappropriate for the services provided, under this Agreement. The Contractor shall provide both clinical and safety justifications to the Department for approval when requesting exemption from any of the staffing requirements in this Agreement.
- 6.11. The Contractor shall ensure no licensed supervisor, as identified in Section 2.1.2.1, shall supervise more than 12 staff unless the Department has approved an alternative supervision plan.
- 6.12. The Contractor shall provide ongoing clinical supervision that occurs at regular intervals, is documented in all staff members' records, and meets the requirements of the individuals' license(s) or certification(s).
- 6.13. The Contractor shall provide training to all staff providing SUD services under this Agreement on the following topics. The training:
 - 6.13.1. Must include the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities; professional boundaries and power dynamics; and appropriate information security and confidentiality practices for handling PHI and substance use disorder treatment records, as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2;
 - 6.13.2. May be provided by the Contractor with prior content approval from the Department; and
 - 6.13.3. Must be completed within 60 days of hire and annually thereafter.
- 6.14. The Contractor shall provide in-service training to all staff providing SUD services under this Agreement within 15 days of the contract effective date or the staff person's employment start date, if the staff member started work after the contract effective date, and annually thereafter. The Contractor shall ensure in-service training topics are as follows:
 - 6.14.1. Contract requirements;
 - 6.14.2. Policies and procedures provided by the Department;
 - 6.14.3. HCV;
 - 6.14.4. HIV; and

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6.14.5. TB.

- 6.15. The Contractor shall ensure staff attendance of all required training is documented in the staff members' records and shall provide a list of trained staff that includes dates and topics of training, to the Department, as requested.

7. Provisions Applicable to Contractors Receiving State Opioid Response (SOR) Funding

7.1. SOR Guidelines:

- 7.1.1. The Contractor shall establish formal information sharing and referral agreements with the Doorways in compliance with all applicable confidentiality laws, including 42 CFR Part 2 in order to receive payments for services funded with SOR resources.
- 7.1.2. The Contractor shall ensure all referrals of individuals to the Doorways are completed and documented in the individuals file, and available to the Department, as requested and as needed, for payment of invoices for services provided through SOR-funded initiatives.
- 7.1.3. The Contractor shall ensure individuals receiving services rendered from SOR funds have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD).
- 7.1.4. The Contractor shall coordinate ongoing care for individuals with documented history, or current diagnoses, of OUD or StimUD, receiving services rendered from SOR funds, with the Doorways, and in accordance with 42 CFR Part 2.
- 7.1.5. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, provide, or treat patients with marijuana. The Contractor shall ensure:
 - 7.1.5.1. Treatment in this context includes the treatment of opioid use disorder;
 - 7.1.5.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders; and
 - 7.1.5.3. This marijuana restriction applies to all subcontracts and memorandums of understanding that receive SOR funding.
- 7.1.6. If the Contractor is providing MSUD, the Contractor shall do so only with FDA-approved MSUD, which includes:
 - 7.1.6.1. Methadone; and
 - 7.1.6.2. Buprenorphine products including:
 - 7.1.6.2.1. Single-entity buprenorphine products;
 - 7.1.6.2.2. Buprenorphine/naloxone tablets;
 - 7.1.6.2.3. Buprenorphine/naloxone films; and

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7.1.6.2.4. Buprenorphine/naloxone buccal preparations.

- 7.1.7. If the Contractor is providing medical withdrawal management services that are supported by SOR funds, the Contractor shall do so only when the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 7.1.8. If the Contractor wishes to distribute Fentanyl test strips, the Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 7.1.8.1. Internal policies for the distribution of Fentanyl strips;
 - 7.1.8.2. Distribution methods and frequency; and
 - 7.1.8.3. Other key data as requested by the Department.
- 7.1.9. If the Contractor provides recovery housing, or refers individuals to recovery housing, the Contractor shall ensure any individuals receiving financial aid for the recovery housing, utilizing SOR funds, are in a facility that:
 - 7.1.9.1. Aligns with national industry standards; and
 - 7.1.9.2. Is registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with the New Hampshire Administrative Rules, He-A 305, Voluntary Registry for Recovery Houses.
- 7.1.10. The Contractor shall accept individuals on MSUD and facilitate access to MSUD on-site, or through referrals, for all individuals supported with SOR funds, as clinically appropriate.
- 7.1.11. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 7.1.12. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorway do not receive any additional services utilizing SOR funding.
- 7.1.13. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

7.2. Government Performance Results Act

- 7.2.1. The Contractor shall administer, or coordinate the administration of, the Government Performance Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010 required initial interview and associated follow-ups at six (6) months and discharge for all individuals with a diagnosed OUD or StimUD receiving program services.
- 7.2.2. The Contractor shall provide or coordinate ongoing follow-up and support of individuals engaged in services until a discharge GPRA interview is completed. The Contractor shall ensure:

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- 7.2.2.1. Contact with each individual is attempted during a time when the individual would normally be available. Contact must be made in person, by telephone, or by an alternative method approved by the Department, according to the following guidelines:
 - 7.2.2.1.1. If the first contact attempt is not successful, a second contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the first attempt;
 - 7.2.2.1.2. If the second contact attempt is not successful, a third contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the second attempt;
- 7.2.2.2. Each successful contact must include:
 - 7.2.2.2.1. Inquiries on the status of each individual's recovery and experience with their external service provider;
 - 7.2.2.2.2. Identification of individual needs;
 - 7.2.2.2.3. Assistance to the individual to address identified needs; and
 - 7.2.2.2.4. Early intervention for individuals who have resumed use;
- 7.2.2.3. When the aforementioned follow-up interview results in a determination that the individual is at risk of self-harm, the Contractor must proceed in alignment with their crisis response policies and procedure; and
- 7.2.2.4. All efforts to contact individuals are clearly documented in a manner approved by the Department.
- 7.2.3. The Contractor shall ensure the GPRA interviews are attempted at the following intervals:
 - 7.2.3.1. At the time of intake or no later than seven (7) calendar days after the Individual enters into treatment services;
 - 7.2.3.2. No later than six (6) months post intake into treatment services. The window for this interview opens five (5) months after the intake interview; and
 - 7.2.3.3. Upon discharge from the initially referred service.
- 7.2.4. The Contractor shall ensure completed GPRA data is entered into the Department determined administrative software, at a minimum of the following intervals:
 - 7.2.4.1. At the time of intake or no later than seven (7) calendar days after the GPRA interview is conducted;

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7.2.4.2. Six (6) months post intake into Doorway services; and

7.2.4.2.1. Upon discharge from the initially referred service.

7.2.5. The Contractor shall document any loss of contact in the Department-approved administrative software system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.

7.2.6. The Contractor shall ensure contingency management strategies are utilized to increase engagement in follow-up GPRA interviews. Contingency management strategies may include but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview. The Contractor must ensure gift cards do not exceed \$30 in value and are not used to incentivize participation in treatment.

8. Reporting Requirements within the Department-provided record system

8.1. The Contractor shall report individual demographic data in the Department-provided record system for all individuals in section 2.2 of this Agreement as specified in the current Department-provided record system User Guide.

8.2. The Contractor shall report individual National Outcome Measures (NOMS) data in the Department-provided record system for all individuals receiving services under this Agreement, as follows:

8.2.1. All individuals at admission; and

8.2.2. All individuals upon discharge.

8.3. The Contractor shall report all data for individuals receiving services under this Agreement that are necessary for calculation of the following performance measures in the Department-provided record system, and as specified in its User Guide:

8.3.1. Initiation: Percentage of individuals accessing services within 14 days of initial contact;

8.3.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of screening;

8.3.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of screening;

8.3.4. Treatment Completion: Percentage of individuals completing treatment; and

8.3.5. National Outcome Measures:

8.3.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use on the date of discharge compared to the date of first service;

8.3.5.2. Increase in/no change in the number of individuals employed or in school on the date of the last service compared to the date of the first service;

8.3.5.3. Reduction in/no change in the number of individuals arrested in past 30 days from the date of the first service to the date of the

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last service;

8.3.5.4. Increase in/no change in the number of individuals that have stable housing at the date of the last service compared to the date of the first service; and

8.3.5.5. Increase in/no change in the number of individuals participating in community support services at the date of the last service compared to the date of the first service.

8.4. The Contractor shall report all other data, as specified in the Department-provided record system User Guide, to support the Department's analysis and reporting on demographics, performance, services and other factors as determined by the Department and in a format specified by the Department.

8.5. The Contractor shall report the number of individuals with an alcohol use disorder who were referred for MSUD, as described in Section 3.10.3.3., to the Department on a quarterly basis.

8.6. The Contractor shall complete monthly contract compliance reporting no later than the 10th day of the month following the reporting month in a format determined, and as requested, by the Department.

8.7. The Contractor shall submit quarterly contract compliance reporting no later than the 10th day of following month in a format determined, and as requested, by the Department.

8.8. The Contractor shall notify the Department in writing of all contact with law enforcement as soon as possible, and no more than 24 hours following the incident.

8.9. The Contractor shall notify the Department in writing of all media contacts as soon as possible, and no more than 24 hours following the incident.

8.10. The Contractor shall report sentinel events in accordance with RSA 126-A:4,IV

8.11. The Contractor shall refer to the current Department-provided record system User Guide for guidance on NOMS and other data reporting requirements.

9. Performance Measures

9.1. Contract performance shall be measured to evaluate service quality and efficacy in mitigating negative impacts of substance misuse, including but not limited to the opioid epidemic and associated overdoses. The following performance measures will be used by the Department to evaluate selected contractor performance:

9.1.1. Initiation: Percentage of individuals accessing services within 14 days;

9.1.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of admission to the appropriate level of care;

9.1.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of admission to the appropriate level of care;

9.1.4. Treatment completion: Percentage of individuals completing treatment; and

9.1.5. NOMS, as detailed in Section 9.3: The percentage of individuals out of all individuals discharged improved in at least three (3) out of five (5) of the

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following NOMS outcome criteria:

- 9.1.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use at discharge compared to the period of 7 days before and the date of first service during an episode of care (or previous episode of care for individuals referred for services from a different DEPARTMENT contracted SUD treatment provider);
 - 9.1.5.2. Increase in/no change in number of individuals employed or in school on the date of last service compared to first service;
 - 9.1.5.3. Reduction in/no change in number of individuals arrested in past 30 days from date of first service to date of last service;
 - 9.1.5.4. Increase in/no change in number of individuals that have stable housing at last service compared to first service; and
 - 9.1.5.5. Increase in/no change in number of individuals participating in community support services at last service compared to first service.
- 9.2. The Contractor shall meet or exceed baseline performance requirements as determined by the Department.
- 9.2.1. The Department will actively and regularly collaborate with the Contractor to develop a performance improvement structure that will enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
 - 9.2.2. The Department may identify expectations for active and regular collaboration, including key performance measures, in this Agreement. Where applicable, the Contractor must collect and share data with the Department, as requested, and in a format specified, by the Department.
- 9.3. The Contractor shall participate in all quality improvement activities, as directed and requested by the Department, including, but not limited to:
- 9.3.1. Electronic and in-person individual record reviews.
 - 9.3.2. Site visits.
 - 9.3.3. Training and technical assistance activities.
- 9.4. The Contractor shall monitor and manage the utilization rates of its services at all ASAM levels of care to ensure services are offered at a consistently high quality throughout the term of the contract. To maintain a consistently high quality of service and adequate capacity for SUD treatment and recovery support services statewide, the Contractor shall actively monitor its capacity, staffing levels, and resources to consistently and evenly deliver these services.
- 9.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.6. The Contractor shall participate in quarterly meetings with the Department to ensure compliance with the contractual requirements.

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- 9.7. The Contractor may be required to provide other key data and metrics to the Department, including individual-level demographic, performance, and service data.

10. Audit Requirements

- 10.1. The Contractor is required to submit an annual financial audit to the Department if **any** of the following conditions exist:
- 10.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 10.1.3. Condition C - The Contractor is a public company and required by the U.S. Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 10.2. If Condition A exists, the Contractor must submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department 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.
- 10.3. If Condition B or Condition C exists, the Contractor must submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 10.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor must be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 10.6. In the event that the Contractor undergoes an audit by the Department, the Contractor agrees to provide a corrective action plan to the Department within thirty (30) days from the date of the final findings that addresses any and all findings.
- 10.7. The Contractor must ensure the corrective action plan uses SMART (specific, measurable, achievable, relevant, and time-bound) goals and objectives, and includes:
- 10.7.1. The action(s) that shall be taken to correct each deficiency;
 - 10.7.2. The action(s) that shall be taken to prevent the reoccurrence of each deficiency;

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- 10.7.3. The specific steps and timeline for implementing the actions above;
- 10.7.4. The plan for monitoring to ensure that the actions above are effective; and
- 10.7.5. How and when the Contractor shall report to the Department on progress on implementation and effectiveness.

11. Background Checks

- 11.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
 - 11.1.1. 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;
 - 11.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 11.1.3. 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.

12. Confidential Data

- 12.1. 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.
- 12.2. 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.

13. Privacy Impact Assessment

- 13.1. 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:
 - 13.1.1. How PII is gathered and stored;
 - 13.1.2. Who will have access to PII;
 - 13.1.3. How PII will be used in the system;
 - 13.1.4. How individual consent will be achieved and revoked; and

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13.1.5. Privacy practices.

- 13.2. 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.

14. Department Owned Devices, Systems and Network Usage

- 14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
- 14.1.1. 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;
 - 14.1.2. 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;
 - 14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 14.1.4. 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;
 - 14.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;
 - 14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
 - 14.1.7. 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."
 - 14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
 - 14.1.9. Agree when utilizing the Department's email system:
 - 14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".

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- 14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and
- 14.1.9.3. 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."
- 14.1.10. 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:
 - 14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
 - 14.1.10.2. 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.
 - 14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.
- 14.1.11. 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.
- 14.1.12. 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.

15. Contract End-of-Life Transition Services

15.1. General Requirements

- 15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end of the

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contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

- 15.1.2. 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.
- 15.1.3. 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.
- 15.1.4. 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.
- 15.1.5. 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.
- 15.1.6. 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.

15.2. Completion of Transition Services

- 15.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of 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 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 15.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

15.3. Disagreement over Transition Services Results

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- 15.3.1. 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 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.

16. Exhibits Incorporated

- 16.1. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.
- 16.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 16.3. 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 I, Business Associate Agreement, which has been executed by the parties.

17. Additional Terms

17.1. Impacts Resulting from Court Orders or Legislative Changes

- 17.1.1. 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.

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

17.2.1. The Contractor must submit:

- 17.2.1.1. 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.
- 17.2.1.2. A written attestation, within 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 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

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- 17.2.1.3. 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 12 months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

17.3. Credits and Copyright Ownership

- 17.3.1. 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."
- 17.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 17.3.3. 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.
- 17.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

17.4. Operation of Facilities: Compliance with Laws and Regulations

- 17.4.1. 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.

17.5. Eligibility Determinations

- 17.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

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- 17.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

18. Records

- 18.1. The Contractor must keep records that include, but are not limited to:
- 18.1.1. 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.
 - 18.1.2. 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.
 - 18.1.3. 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.
 - 18.1.4. Medical records on each patient/recipient of services.
- 18.2. 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.
- 18.3. 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.

19. Maintenance of Fiscal Integrity (Contracts/Amendments)

- 19.1. The Contractor must submit the following financial statements to the Department within 30 calendar days after the end of each month:
- 19.1.1. Balance Sheet for the Contractor's entire organization including all related parties;
 - 19.1.2. Year-to-date Profit and Loss Statement for the Contractor's entire organization that includes, for all related parties:
 - 19.1.2.1. All revenue sources and expenditures; and
 - 19.1.2.2. A budget column allowing for budget to actual analysis;

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- 19.1.3. Year-to-date Profit and Loss Statement for the Program funded under this Agreement that includes:
 - 19.1.3.1. All revenue sources and all related expenditures for the Program; and
 - 19.1.3.2. A budget column allowing for budget to actual analysis; and
- 19.1.4. Year-to-date Cash Flow Statement for the Contractor's entire organization including all related parties.
- 19.2. The Contractor must ensure all financial statements are prepared based on the accrual method of accounting and include all the Contractor's total revenues and expenditures, whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 19.3. The Contractor's fiscal integrity will be evaluated by the Department using the following Formulas and Performance Standards:
 - 19.3.1. Days of Cash on Hand:
 - 19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.
 - 19.3.1.2. Formula: Cash, cash equivalents and short-term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.
 - 19.3.1.3. Performance Standard: The Contractor must have enough cash and cash equivalents to cover expenditures for a minimum of 30 calendar days with no variance allowed.
 - 19.3.2. Current Ratio:
 - 19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.
 - 19.3.2.2. Formula: Total current assets divided by total current liabilities.
 - 19.3.2.3. Performance Standard: The Contractor must maintain a minimum current ratio of 1.5:1 with 10% variance allowed.
 - 19.3.3. Debt Service Coverage Ratio:
 - 19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.
 - 19.3.3.2. Definition: The ratio of net income to the year-to-date debt service.
 - 19.3.3.3. Formula: Net Income plus depreciation/amortization expense plus interest expense divided by year-to-date debt

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service (principal and interest) over the next twelve (12) months.

19.3.3.4. Source of Data: The Contractor's monthly financial statements identifying current portion of long-term debt payments (principal and interest).

19.3.3.5. Performance Standard: The Contractor must maintain a minimum standard of 1.2:1 with no variance allowed.

19.3.4. Net Assets to Total Assets:

19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

19.3.4.4. Source of Data: The Contractor's monthly financial statements.

19.3.4.5. Performance Standard: The Contractor must maintain a minimum ratio of .30:1, with a 20% variance allowed.

19.3.5. Operating Surplus:

19.3.5.1. Rationale: The Contractor requires a surplus for fiscal sustainability including covering short-term and long-term liabilities.

19.3.5.2. Definition and Formula: The difference between operating revenue and operating expenses.

19.3.5.3. Source of Data: The Contractor's Year-to-Date financial statements.

19.3.5.4. Performance Standard: The Contractor must maintain an operating surplus.

19.4. If the Contractor does not meet either:

19.4.1. The Days of Cash on Hand Performance Standard and the Current Ratio Performance Standard for two (2) consecutive months; or

19.4.2. The Operating Surplus Performance Standard for three (3) consecutive months; or

19.4.3. Three (3) or more of any of the Performance Standards for one (1) month, or any one (1) Performance Standard for three (3) consecutive months, then the Contractor must:

19.4.3.1. Meet with Department staff to explain the reasons that the Contractor has not met the standards; and/or

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- 19.4.3.2. Submit a comprehensive corrective action plan within 30 calendar days of receipt of notice from the Department.
- 19.5. The Contractor must update and submit the corrective action plan to the Department, at least every 30 calendar days, until compliance is achieved. The Contractor must:
- 19.5.1. Provide additional information to ensure continued access to services as requested by the Department and ensure requested information is submitted to the Department in a timeframe agreed upon by both parties.
- 19.6. The Contractor must inform the Department by phone and by email within 24 hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement with the Department.



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Operational Requirements

1. Requirements for Organizational or Program Changes

- 1.1. The Contractor shall provide written notification to the Department no later than 30 days prior to changes in ownership, mergers, asset sales for more than half of the company's assets, sale of a controlling share of the company's voting securities, change of more than 50% of the board of directors, physical location, or name.
- 1.2. The Contractor shall submit a copy of the certificate of amendment from the New Hampshire Secretary of State with the effective date of the change to the Department, when there is a change of the ownership, physical location, or name of the organization.

2. Inspections, Enforcement, Remedies, & Plans of Correction

- 2.1. The Contractor shall comply with all provisions of this Agreement and submit any requested changes, including service provision and/or number of beds provided, in writing, to the Department for review and approval. All Department approved changes, with the exception of adjusting budget line items as described in Exhibit C, must be approved by the Governor and Executive Council through a contract amendment, as required by paragraph 18, Amendment, of the General Provisions, Form P-37.
- 2.2. The Contractor shall allow any Department representative to be admitted on the premises, at any time, to inspect the facility; all programs and services provided through this Agreement; and any records required by this Agreement.
- 2.3. Notwithstanding paragraph 8, Event of Default, and paragraph 9, Termination, of the General Provisions, Form P-37, the Contractor shall be issued a notice of deficiencies when the Department determines that the Contractor is not in compliance with contract requirements. The notice of deficiencies will identify each deficiency and the specific proposed remedy(ies), which may include, but are not limited to:
 - 2.3.1. The requirement of the Contractor to develop and submit a Plan of Correction (POC) to the Department within 21 days of receipt of a notice of deficiencies, for review and acceptance. The Contractor shall ensure the POC:
 - 2.3.1.1. Achieves compliance with contract requirements;
 - 2.3.1.2. Addresses all deficiencies and deficient practices as cited in the notice of deficiencies;
 - 2.3.1.3. Mitigates the likelihood of a new violation of contract requirements as a result of implementation of the POC; and
 - 2.3.1.4. Provides specific and discrete project goals for POC completion, including, but not limited to:
 - 2.3.1.4.1. Steps to be taken to correct each deficiency.
 - 2.3.1.4.2. Measures that will be put in place.
 - 2.3.1.4.3. System changes to be made to ensure that the deficiency does not recur.
 - 2.3.1.4.4. The date by which each deficiency will be corrected.

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- 2.3.2. A Department-directed POC, specifying the corrective action steps to be taken by the Contractor. The Contractor will receive a department-directed POC with the notice of deficiencies when:
 - 2.3.2.1. Deficiencies were identified during an inspection that require immediate corrective action to protect the health and safety of the individuals receiving services or staff providing services.
 - 2.3.2.2. The original POC is not submitted within 21 days of the date of the written notification of deficiencies;
 - 2.3.2.3. The revised POC from Section 2.4.1 is rejected by the Department; or
 - 2.3.2.4. The POC is not implemented by the completion date identified in the Department-accepted POC.
 - 2.4. The Department shall notify the Contractor of the reasons for rejection of the POC, if the POC is not accepted. The Contractor shall:
 - 2.4.1. Develop and submit a revised POC within 21 days of the date of the written notification of POC rejections.
 - 2.4.2. Ensure the revised POC complies with POC standards identified above.
 - 2.5. The Contractor shall, upon request, admit and allow the Department access to the premises and records related to the Department-accepted and/or Department-directed POC, after the completion date identified in the POC, in order to verify the implementation of the POC, which may include, but are not limited to:
 - 2.5.1. Review of materials submitted by the Contractor;
 - 2.5.2. Follow-up inspection; or
 - 2.5.3. Review of compliance during the next scheduled inspection.
3. **Duties and Responsibilities**
 - 3.1. The Contractor shall monitor, assess, and improve, as necessary, the quality of care and service provided to individuals on an ongoing basis.
 - 3.2. The Contractor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Contractor.
 - 3.3. The Contractor shall employ an administrator responsible for the day-to-day operations of services provided in this Agreement. The Contractor shall:
 - 3.3.1. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
 - 3.3.2. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Contractor, the staff position(s) to be delegated, and the authority and responsibility to act in the administrator's behalf when the administrator is absent.
 - 3.4. The Contractor shall ensure the following documents are posted in a public area:
 - 3.4.1. A copy of the Contractor's policies and procedures relative to the implementation of rights and responsibilities for individuals receiving services,

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- including confidentiality per NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2; and
- 3.4.2. The Contractor's plan for fire safety, evacuation, and emergencies, identifying the location of, and access to all fire exits.
 - 3.5. The Contractor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
 - 3.6. The Contractor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
 - 3.7. The Contractor shall follow the required procedures for the care of the individuals, as specified by the United States Centers for Disease Control and Prevention "Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings", November 2023, for residential programs, if the Contractor accepts an individual who is known to have a disease reportable under NH Administrative Rule He-P 301, or an infectious disease.
 - 3.8. The Contractor shall comply with state and federal regulations on confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12.
 - 3.9. The Contractor shall develop policies and procedures regarding the release of information contained in individual service records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:12
 - 3.10. The Contractor shall ensure all records relating to services provided through this Agreement are legible, current, accurate, and available to the Department during an inspection or investigation.
 - 3.11. The Contractor shall ensure service site(s) are accessible to individuals with a disability, using Americans with Disabilities Act accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq. The Contractor shall ensure service sites include:
 - 3.11.1. A reception area separate from living and treatment areas;
 - 3.11.2. A private space for personal consultation, charting, treatment and social activities, as applicable;
 - 3.11.3. Secure storage of active and closed confidential individual records; and
 - 3.11.4. Separate and secure storage of toxic substances.
 - 3.12. The Contractor shall establish a code of ethics for staff that includes a mechanism for reporting unethical conduct.
 - 3.13. The Contractor shall develop, implement, and maintain specific policies, including:
 - 3.13.1. Rights, grievance, and appeals policies and procedures for individuals receiving services;
 - 3.13.2. Progressive discipline, leading to administrative discharge;
 - 3.13.3. Reporting and appealing staff grievances;
 - 3.13.4. Alcohol and other drug use while in treatment;
 - 3.13.5. Individual and employee smoking that are in compliance with Exhibit B, Scope of Services;

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- 3.13.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
- 3.13.7. Holding an individual's possessions;
- 3.13.8. Secure storage of staff medications;
- 3.13.9. Medication belonging to individuals receiving services;
- 3.13.10. Urine specimen collection, as applicable, that:
 - 3.13.10.1. Ensures collection is conducted in a manner that preserves individual privacy as much as possible; and
 - 3.13.10.2. Minimizes falsification;
- 3.13.11. Safety and emergency procedures on:
 - 3.13.11.1. Medical emergencies;
 - 3.13.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 3.13.11.3. Reporting injuries;
 - 3.13.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures; and
 - 3.13.11.5. Emergency closings.
- 3.13.12. The Contractor shall develop, implement and maintain procedures for:
 - 3.13.12.1. Protection of individual records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 3.13.12.2. Quality assurance and improvement.

4. Collection of Fees

- 4.1. The Contractor shall maintain procedures regarding collections from individuals for fees, co-insurance payments, cost-shares, private or public insurance, and other payers responsible for the individual's finances; and
- 4.2. The Contractor shall provide the individual, and the individual's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge at the time of screening and admission.

5. Screening and Denial of Services

- 5.1. The Contractor shall maintain a record of all individual screenings, including:
 - 5.1.1. The individual's name and/or unique identifier;
 - 5.1.2. The individual's referral source;
 - 5.1.3. The date of initial contact from the individual or referring agency;
 - 5.1.4. The date of screening; and

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- 5.1.5. The result of the screening, including the reason for denial of services if applicable.
 - 5.2. The Contractor shall record all referrals to and coordination with New Hampshire's The Doorways program and other interim services, or the reason that the referral was not made, for any individual who is placed on a waitlist. The Contractor shall:
 - 5.2.1. Record all contact with the individual between screening and removal from the waitlist; and
 - 5.2.2. Record the date the individual was removed from the waitlist and the reason for removal.
 - 5.3. In the instance an individual requesting services is denied service(s), the Contractor shall:
 - 5.3.1. Inform the individual of the reason for the denial of service(s); and
 - 5.3.2. Assist the individual in identifying and accessing appropriate available treatment.
 - 5.4. The Contractor shall not deny services to an individual solely because the individual:
 - 5.4.1. Previously left treatment against the advice of staff;
 - 5.4.2. Relapsed from an earlier treatment;
 - 5.4.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 5.4.4. Has been diagnosed with a mental health disorder.
 - 5.5. The Contractor shall report on denial of services to individuals at the request of the Department.
6. **Staffing Requirements**
 - 6.1. The Contractor shall develop current job descriptions for all staff, including contracted staff, volunteers, and student interns, which includes:
 - 6.1.1. Job title;
 - 6.1.2. Physical requirements of the position;
 - 6.1.3. Education and experience requirements of the position;
 - 6.1.4. Duties of the position;
 - 6.1.5. Positions supervised; and
 - 6.1.6. Title of immediate supervisor.
 - 6.2. The Contractor shall develop and implement policies regarding criminal background checks of prospective employees, which includes, but is not limited to:
 - 6.2.1. Requiring a prospective employee to sign a release to allow the Contractor to conduct a criminal record check.
 - 6.2.2. Requiring the administrator or designee to obtain and review criminal record checks from the New Hampshire Department of Safety for each prospective employee.

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- 6.2.3. Ensuring criminal record check standards are reviewed to ensure the health, safety, or well-being of individuals; violation of shall be reason for non-selection for employment, including the following:
 - 6.2.3.1. Felony convictions in this or any other state;
 - 6.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 6.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
- 6.2.4. Waiver of the criminal background check, granted by the Department, for good cause shown.
- 6.3. The Contractor shall ensure all staff, which includes contracted staff, meet the educational, experiential, and physical qualifications of the position as listed in their job description. The Contractor shall ensure staff:
 - 6.3.1. Do not violate the criminal background standards established by 7.2.3 above, unless waived by the Department for good cause shown;
 - 6.3.2. Are licensed, registered or certified as required by state statute and as applicable;
 - 6.3.3. Receive an orientation within the first three (3) days of work or prior to direct contact with individuals, which includes:
 - 6.3.3.1. The Contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 6.3.3.2. The Contractor's policies on the rights, responsibilities, and complaint procedures for individuals receiving services;
 - 6.3.3.3. Federal and state confidentiality requirements;
 - 6.3.3.4. Grievance procedures;
 - 6.3.3.5. Job duties, responsibilities, policies, procedures, and guidelines;
 - 6.3.3.6. Topics covered by both the administrative and personnel manuals;
 - 6.3.3.7. The Contractor's infection prevention program;
 - 6.3.3.8. The Contractor's fire, evacuation, and other emergency plans which outline the responsibilities of staff in an emergency; and
 - 6.3.3.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F:46 and RSA 169-C:29; and
 - 6.3.4. Sign and date documentation that they have taken part in an orientation as described above;
 - 6.3.5. Complete a mandatory annual in-service education, which includes a review of all elements described above.
- 6.4. The Contractor shall ensure, prior to having contact with individuals receiving services, that employees and contracted employees:

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- 6.4.1. Submit proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 6.4.1.1. The name of the examinee;
 - 6.4.1.2. The date of the examination;
 - 6.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 6.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 6.4.1.5. The dated signature of the licensed health practitioner;
- 6.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
- 6.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to *Mycobacterium TB* through shared air space with persons with infectious TB.
- 6.5. The Contractor shall ensure employees, contracted employees, volunteers and independent Contractors who have direct contact with individuals who have a history of TB, or a positive skin test, have a TB symptomatology screening test.
- 6.6. The Contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student intern, volunteer, and contracted staff, which includes, but is not limited to:
 - 6.6.1. A completed application for employment or a resume;
 - 6.6.2. Identification data;
 - 6.6.3. The education and work experience of the employee;
 - 6.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 6.6.4.1. Position title;
 - 6.6.4.2. Qualifications and experience; and
 - 6.6.4.3. Duties required by the position;
 - 6.6.5. Written verification that the person meets the Contractor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;
 - 6.6.6. A signed and dated record of orientation as required above;
 - 6.6.7. A copy of each current New Hampshire license, registration or certification in a relevant health care field and CPR certification, if applicable;
 - 6.6.8. Records and results of screening for communicable diseases as required above;

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- 6.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 6.6.10. Documentation of annual in-service education, as required above, that includes dates of completion and signatures of staff;
- 6.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 6.6.12. A signed statement acknowledging the receipt of the Contractor's policy setting forth the individual's rights and responsibilities, confidentiality requirements, training, and implementation of the policy;
- 6.6.13. A statement, which shall be signed at the time the initial offer of employment, and is then executed annually thereafter, stating that the individual:
 - 6.6.13.1. Does not have a felony conviction in this or any other state;
 - 6.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation, or poses a threat to the health, safety or well-being of any individual; and
 - 6.6.13.3. Has not had a finding by the Department, or any other administrative agency in NH, or any other state, for assault, fraud, abuse, neglect or exploitation of any person; and
- 6.6.14. Documentation of the criminal records check and any waivers, as applicable.
- 6.7. An individual need not re-disclose any of the matters in the criminal background check if the documentation is available and the Contractor has previously reviewed the material and has been granted a waiver by the Department, so that the individual can continue employment.

7. Clinical Supervision of Unlicensed Counselors

- 7.1. The Contractor shall ensure all unlicensed counselors providing treatment, education and/or recovery support services; and all uncertified CRSWs, are under the direct supervision of a licensed supervisor.
- 7.2. The Contractor shall ensure no licensed supervisor supervises more than 12 unlicensed staff, unless the Department has approved an alternative supervision plan.
- 7.3. The Contractor shall ensure unlicensed counselors receive a minimum of one (1) hour of supervision for every 40 hours of direct contact with individuals receiving services;
- 7.4. The Contractor shall ensure supervision is provided on an individual or group basis, or both, depending upon the employees' needs, experience and skill levels;
- 7.5. The Contractor shall ensure supervision includes:
 - 7.5.1. Review of case records;
 - 7.5.2. Observation of interactions with individuals receiving services;
 - 7.5.3. Skill development; and
 - 7.5.4. Review of case management activities;

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- 7.6. The Contractor shall ensure supervisors maintain a log of the supervision date, duration, content and who was supervised by whom; and
- 7.7. The Contractor shall ensure staff who are licensed or certified shall receive supervision in accordance with the requirements of their licensure.

8. Orientation for Individuals Receiving Services

- 8.1. The Contractor shall conduct an orientation for individuals receiving services upon admission to program, either individually or by group, that includes:
 - 8.1.1. Rules, policies, and procedures of the program and facility;
 - 8.1.2. Requirements for successfully completing the program;
 - 8.1.3. The administrative discharge policy and the grounds for administrative discharge;
 - 8.1.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and
 - 8.1.5. Requiring the individual to sign and date a receipt that the orientation was conducted.

9. Progress notes

- 9.1. The Contractor shall ensure progress notes are completed for each individual, group, family treatment, or education session.
- 9.2. The Contractor shall ensure progress notes include, but are not limited to:
 - 9.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as applicable, as they relate to the current treatment plan;
 - 9.2.2. Assessments, including progress, evaluation of any interventions, and any obstacles or barriers; and
 - 9.2.3. Plans, including tasks to be completed between sessions and objectives for the next session.

10. Discharge

- 10.1. The Contractor shall discharge an individual from a program for the following reasons:
 - 10.1.1. Program completion or transfer based on changes in the individual's functioning relative to the American Society of Addiction Medicine Criteria published in October 2013, (ASAM):
 - 10.1.2. Program termination, including:
 - 10.1.2.1. Administrative discharge;
 - 10.1.2.2. Non-compliance with the program; and
 - 10.1.2.3. The individual leaving the program before completion against advice of treatment staff;
 - 10.1.3. The individual is inaccessible, due to reasons that may include incarceration or hospitalization.

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- 10.2. The Contractor shall forward copies of all the relevant patient and treatment information to a receiving provider when discharging an individual to another treatment provider, upon receiving a signed release of confidential information from the individual seeking treatment.
- 10.3. The Contractor shall ensure the counselor and case manager meet with the individual prior to discharge or transfer to establish a continuing care plan. The Contractor shall ensure the continuing care plan:
 - 10.3.1. Includes recommendations for continuing care in all ASAM domains;
 - 10.3.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 10.3.3. Assists the individual in making contact with other agencies or services.
- 10.4. The Contractor shall ensure the counselor documents, in the individual's service record, if and why the meeting described above could not take place.
- 10.5. The Contractor shall ensure individuals receiving services through this Agreement are only administratively discharged for the following reasons:
 - 10.5.1. The individual's behavior on program premises is abusive, violent, or illegal;
 - 10.5.2. The individual is non-compliant with prescription medications;
 - 10.5.3. Clinical staff documents therapeutic reasons for discharge, which may include the individual's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 10.5.4. The individual violates program rules in a manner that is consistent with the Contractor's progressive discipline policy.
- 10.6. The Contractor shall ensure individuals are offered the opportunity to create a continuing care plan to receive services at another substance use treatment agency, prior to being administratively discharged.

11. Individual Service Record System

- 11.1. The Contractor shall implement a comprehensive system in paper and/or electronic format to maintain service records for each individual receiving services. The Contractor shall ensure service records are:
 - 11.1.1. Organized into related sections with entries in chronological order;
 - 11.1.2. Easy to read and understand;
 - 11.1.3. Complete, containing all the relevant client information;
 - 11.1.4. In compliance with all applicable confidentiality laws, including 42 CFR Part 2 and Exhibit K, DHHS Information Security Requirements;
 - 11.1.5. Up-to-date, including notes on the most recent contact interactions; and
 - 11.1.6. Accessible to the Department upon request.

12. Medication Services

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- 12.1. The Contractor shall ensure no administration of medications, including physician samples, occur except by a licensed medical practitioner working within their scope of practice.
- 12.2. The Contractor shall ensure all prescription medications brought by an individual to the program are in their original containers and legibly display the following information:
 - 12.2.1. The individual's name;
 - 12.2.2. The medication name and strength;
 - 12.2.3. The prescribed dose;
 - 12.2.4. The route of administration;
 - 12.2.5. The frequency of administration; and
 - 12.2.6. The date ordered.
- 12.3. The Contractor shall ensure any change or discontinuation of prescription medications includes a written order from a licensed practitioner.
- 12.4. The Contractor shall ensure all prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the individual's person or stored in the individual's room, are stored as follows:
 - 12.4.1. All medications are kept in a storage area that is:
 - 12.4.1.1. Locked and accessible only to authorized personnel;
 - 12.4.1.2. Organized to allow correct identification of each individual's medication(s);
 - 12.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 12.4.1.4. Equipped to maintain medication at the proper temperature;
 - 12.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, are kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel.
- 12.5. The Contractor shall ensure medication belonging to staff members are only accessible to staff members and are stored separately from medications belonging to individuals receiving services.
- 12.6. The Contractor shall ensure over-the-counter medications brought into the program by individuals receiving services are:
 - 12.6.1. In original, unopened containers;
 - 12.6.2. Are stored in accordance with this Exhibit B-1section 13.4.1;
 - 12.6.3. Are marked with the name of the individual using the medication; and
 - 12.6.4. Are taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.
- 12.7. The Contractor shall ensure all medications self-administered by an individual, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the

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individual without supervision, are supervised by the program staff. The Contractor shall ensure staff:

- 12.7.1. Remind the individual to take the correct dose of their medication at the correct time;
- 12.7.2. May open the medication container but do not physically handle the medication itself in any manner;
- 12.7.3. Remain with the individual to observe them taking the prescribed dose and type of medication; and
- 12.7.4. Document each medication taken in an individual's medication log, which includes:
 - 12.7.4.1. The medication name, strength, dose, frequency and route of administration;
 - 12.7.4.2. The date and the time the medication was taken;
 - 12.7.4.3. The signature or identifiable initials of the staff supervising the consumption of the medication by the individual receiving services; and
 - 12.7.4.4. The reason for any medication refused or omitted, as applicable.

12.8. The Contractor shall ensure the individual's medication log is included in the individual's record and any remaining medication is taken with the individual upon their discharge.

13. Notice of Rights for Individuals Receiving Services

- 13.1. The Contractor shall ensure programs inform individuals of their rights in clear, understandable language and format, both verbally and in writing. The Contractor shall ensure:
 - 13.1.1. Applicants for services are informed of their rights to evaluations and access to treatment;
 - 13.1.2. Individuals are advised of their rights upon entry into any program and annually thereafter; and
 - 13.1.3. Initial and annual notifications of individual rights are documented in the individual's record.
- 13.2. The Contractor shall ensure every program within the service delivery system posts a notice of the individual rights, per Section 14.2.3 below, as follows:
 - 13.2.1. The notice is continually posted in an area accessible by all;
 - 13.2.2. The notice is presented in clear, understandable language and forms; and
 - 13.2.3. Each program and residence has, on the premises, complete copies of the rules pertaining to individual rights that are available for individual review.

14. Fundamental Rights of Individuals Receiving Services

- 14.1. The Contractor shall ensure no individual receiving treatment for a substance use disorder is deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.

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15. Personal Rights

- 15.1. The Contractor shall ensure individuals, who are applicants for services or are receiving services, are treated by program staff with dignity and respect at all times.
- 15.2. The Contractor shall ensure individuals are free from abuse, neglect and exploitation which may include, but is not limited to:
 - 15.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;
 - 15.2.2. Freedom from the intentional use of physical force except the minimum force necessary to prevent harm to the individual or others; and
 - 15.2.3. Freedom from personal or financial exploitation.
- 15.3. The Contractor shall ensure individuals receiving services retain the right to privacy.

16. Client Confidentiality

- 16.1. The Contractor shall comply with the confidentiality requirements in 42 CFR part 2.
- 16.2. The Contractor shall ensure copies of individual service records for the individual, attorney or other authorized person are available at no charge for the first 25 pages and not more than \$0.25 per page thereafter, after review of the record.
- 16.3. The Contractor shall ensure, if a minor age 12 or older is treated for substance use disorders without parental consent as authorized by RSA 318:B12-a:
 - 16.3.1. The minor's signature alone authorizes a disclosure; and
 - 16.3.2. Any disclosure to the minor's parents or guardians requires a signed authorization to release.

17. Grievances of Individuals Receiving Services

- 17.1. The Contractor shall ensure individuals receiving services have the right to complain about any matter, including any alleged violation of a right afforded by this Exhibit B-1 or by any state or federal law or rule.
- 17.2. The Contractor shall ensure any person has the right to complain or bring a grievance on behalf of an individual or a group of individuals.

18. Treatment Rights

- 18.1. The Contractor shall ensure individuals receiving services have the right to adequate and humane treatment, including:
 - 18.1.1. The right of access to treatment including:
 - 18.1.1.1. The right to evaluation to determine an individual's need for services and to determine which programs are most suited to provide the services needed; and
 - 18.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and
 - 18.1.2. The right to quality treatment including:

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- 18.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the individuals and programs providing the treatment and to the conditions for which the individual is being treated;
- 18.1.3. The right to receive services in such a manner as to promote the individual's full participation in the community;
- 18.1.4. The right to receive all services or treatment to which an individual is entitled in accordance with the time frame set forth in the individual's treatment plan;
- 18.1.5. The right to an individual treatment plan developed, reviewed and revised to address the individual's own goals;
- 18.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the individual to participate in meaningful activities in the communities in which the individual lives and works;
- 18.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment, including programs which least restrict:
 - 18.1.7.1. Freedom of movement; and
 - 18.1.7.2. Participation in the community, while providing the level of support needed by the individual;
- 18.1.8. The right to be informed of all significant risks, benefits, side effects, and alternative treatment and services, and to give consent to any treatment, placement, or referral following an informed decision such that:
 - 18.1.8.1. Whenever possible, the consent shall be given in writing; and
 - 18.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;
- 18.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 18.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 18.1.11. The right to voluntary placement, including the right to:
 - 18.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 18.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 18.1.12. The right to services which promote independence, including services directed toward:
 - 18.1.12.1. Eliminating, or reducing as much as possible, the individual's needs for continued services and treatment; and
 - 18.1.12.2. Promoting the ability of the individuals to function at their highest capacity and as independently as possible;
- 18.1.13. The right to refuse medication and treatment;

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- 18.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 18.1.15. The right to consultation and second opinion including:
 - 18.1.15.1. At the individual's own expense, the consultative services of private physicians, psychologists, LADCs, and other health practitioners; and
 - 18.1.15.2. Granting to such health practitioners reasonable access to the individual, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to programs regarding the services and treatment provided by the programs;
- 18.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring an individual's participation and informed decision-making, including guardian, representative, attorney, family member, advocate, or consultant; and
- 18.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical, or pharmacological restraint, unless the individual is at risk of self-harm or harm to others.
- 18.2. The Contractor shall ensure no treatment professional is required to administer treatment contrary to such professional's clinical judgment.
- 18.3. The Contractor shall ensure programs maximize the decision-making authority of the individual.
- 18.4. The Contractor shall ensure the following provisions apply to individuals for whom a guardian has been appointed by a court:
 - 18.4.1. The guardian and all individuals involved in the provision of services are made aware of the individual's views, preferences and aspirations;
 - 18.4.2. A guardian only makes decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 18.4.3. The program requests a copy of the guardianship order from the guardian;
 - 18.4.4. The order is kept in the individual's record at the program;
 - 18.4.5. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the individual's choice and preference relative to those issues prevail unless the guardian's authority is expanded by the court to include those issues;
 - 18.4.6. A program takes steps that are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 18.4.6.1. Reviewing with the guardian the limits on their decision-making authority; and
 - 18.4.6.2. Bringing the matter to the attention of the court that appointed the guardian, if necessary;

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- 18.4.7. The guardian acts in a manner that furthers the best interests of the individual;
- 18.4.8. In acting in the best interests of the individual, the guardian takes the views, preferences, and aspirations of the individual into consideration;
- 18.4.9. The program takes steps that are necessary to prevent a guardian from acting in a manner that does not further the best interests of the individual and, if necessary, brings the matter to the attention of the court that appointed the guardian; and
- 18.4.10. In the event that there is a dispute between the program and the guardian, the program informs the guardian of their right to bring the dispute to the attention of the court that appointed the guardian.

19. Termination of Services

- 19.1. The Contractor shall terminate an individual from services if the individual:
 - 19.1.1. Endangers or threatens to endanger other individuals or staff, or engages in illegal activity on the property of the program;
 - 19.1.2. Is no longer benefiting from the service(s) provided;
 - 19.1.3. Cannot agree with the Contractor on a mutually acceptable course of treatment;
 - 19.1.4. Refuses to pay for the services received despite having the financial resources to do so; or
 - 19.1.5. Refuses to apply for benefits that could cover the cost of the services received despite the fact that the individual is or may be eligible for benefits.
- 19.2. The Contractor shall ensure termination does not occur unless the program has given both written and verbal notice to the individual and individual's guardian, if any, that:
 - 19.2.1. Identifies the effective date of termination;
 - 19.2.2. Lists the clinical or managerial reasons for termination; and
 - 19.2.3. Explains the individual's right to appeal and the appeals process.
- 19.3. The Contractor shall document in the service record of an individual who has been terminated that:
 - 19.3.1. The individual has been notified of the termination; and
 - 19.3.2. The termination has been approved by the program administrator.
- 19.4. The Contractor shall ensure policies governing individual behavior within a residential treatment program are developed, implemented, and available to the Department as requested. The Contractor shall ensure:
 - 19.4.1. Individuals are informed of any house policies upon admission to the residence.
 - 19.4.2. House policies are posted and such policies shall conform with this section.
 - 19.4.3. House policies are periodically reviewed for compliance with this section in connection with quality assurance site visits.
 - 19.4.4. Development of policies and procedures allowing searches for alcohol and illicit drugs to be conducted:



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- 19.4.4.1. Upon the individual's admission to the program; and
- 19.4.4.2. If probable cause exists, including such proof as:
 - 19.4.4.2.1. A positive test showing presence of alcohol or illegal drugs; or
 - 19.4.4.2.2. Showing physical signs of intoxication or withdrawal.

20. State and Federal Requirements

- 20.1. If there is any error, omission, or conflict in the requirements listed below, the applicable federal, state, and local regulations, rules and requirements shall take precedence. The requirements specified below are provided herein to improve the Contractor's compliance.
- 20.2. The Contractor shall assist the individual in finding and engaging in a service, which may include, but is not limited to, helping the individual locate an appropriate provider, referring individuals to the needed service provider, setting up appointments for individuals with those providers, and assisting the individual with attending appointments with the service provider(s).
- 20.3. The Contractor agrees to the following state and federal requirements for all programs in this Contract as follows:
 - 20.3.1. Within seven (7) days of reaching 90% capacity, the program shall notify the Department that 90% capacity has been reached.
 - 20.3.2. The program admits each individual who requests and is in need of treatment for intravenous drug use not later than:
 - 20.3.2.1. 14 days after making the request; or
 - 20.3.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program.
 - 20.3.3. The program has established a waitlist that includes a unique patient identifier for each injection drug user seeking treatment, including individuals receiving interim services while awaiting admission.
 - 20.3.4. The program has a mechanism that enables it to:
 - 20.3.4.1. Maintain contact with individuals awaiting admission;
 - 20.3.4.2. Admit or transfer waiting list individuals at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the individual; and
 - 20.3.4.3. The program takes individuals awaiting treatment off the waiting list only when one of the following conditions exist:
 - 20.3.4.3.1. Individuals cannot be located for admission into treatment; or
 - 20.3.4.3.2. Individuals refuse treatment

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- 20.3.5. The program includes activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
- 20.3.6. The program has procedures for:
 - 20.3.6.1. Selecting, training, and supervising outreach workers.
 - 20.3.6.2. Contacting, communicating, and following up with individuals at high-risk of substance misuse, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - 20.3.6.3. Promoting awareness among people who inject drugs about the relationship between injection drug use and communicable diseases.
 - 20.3.6.4. Recommending steps to prevent communicable diseases.
- 20.3.7. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide inpatient hospital substance use disorder services, except in cases when each of the following conditions is met:
 - 20.3.7.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
 - 20.3.7.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
 - 20.3.7.3. A physician makes a determination that the following conditions have been met:
 - 20.3.7.3.1. The primary diagnosis of the individual is substance use disorder and the physician certifies that fact;
 - 20.3.7.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program;
 - 20.3.7.3.3. The service can be reasonably expected to improve the person's condition or level of functioning;
 - 20.3.7.3.4. The hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and
 - 20.3.7.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 20.3.8. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.

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- 20.3.9. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 20.3.10. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- 20.3.11. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- 20.3.12. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 20.3.13. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 20.3.14. The program uses the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 20.3.14.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
 - 20.3.14.2. Secure payments from individuals for services in accordance with their ability to pay.
- 20.3.15. The Contractor shall comply with all relevant state and federal laws such as, but not limited to:
 - 20.3.15.1. The Contractor shall, upon the direction of the Department, provide court-ordered evaluations and charge a sliding rate fee based on the scale in Exhibit C, Payment Terms. The Contractor shall then submit the court-ordered evaluation to the authorized requestor and shall, upon the direction of the Department, offer treatment to those individuals.
 - 20.3.15.2. The Contractor shall comply with the legal requirements governing human subjects research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Contractors must inform and receive the Department's approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.

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Exhibit C-13, SUD Treatment Services Budget, Amendment #4

New Hampshire Department of Health and Human Services									
Provider Name: Families in Transition									
SUD Treatment & Budget Request for: Recovery Support Svs									
Service: SUD Treatment Services Budget									
Budget Period: 7/1/25-6/30/26									
Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 287,044.00	\$ 43,057.00	\$ 330,101.00	\$ 180,912.00	\$ 27,137.00	\$ 208,049.00	\$ 106,132.00	\$ 15,920.00	\$ 122,052.00
2. Employee Benefits	\$ 78,421.00	\$ 11,783.00	\$ 90,184.00	\$ 49,425.00	\$ 7,414.00	\$ 56,839.00	\$ 28,998.00	\$ 4,349.00	\$ 33,345.00
3. Consultants	\$ 16,000.00	\$ 2,400.00	\$ 18,400.00	\$ 10,084.00	\$ 1,513.00	\$ 11,597.00	\$ 5,916.00	\$ 887.00	\$ 6,803.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 1,891.00	\$ 284.00	\$ 2,175.00	\$ 1,109.00	\$ 166.00	\$ 1,275.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 80,000.00	\$ 13,500.00	\$ 103,500.00	\$ 56,723.00	\$ 8,508.00	\$ 65,231.00	\$ 33,277.00	\$ 4,992.00	\$ 38,269.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ 500.00	\$ 95.00	\$ 595.00	\$ 500.00	\$ 55.00	\$ 555.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ 500.00	\$ 75.00	\$ 575.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 75.00	\$ 575.00
Audit and Legal	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 1,891.00	\$ 284.00	\$ 2,175.00	\$ 1,109.00	\$ 166.00	\$ 1,275.00
Insurance	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 1,891.00	\$ 284.00	\$ 2,175.00	\$ 1,109.00	\$ 166.00	\$ 1,275.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 9,235.00	\$ 1,385.00	\$ 10,620.00	\$ 6,820.00	\$ 873.00	\$ 6,693.00	\$ 3,415.00	\$ 512.00	\$ 3,927.00
10. Marketing/Communications	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ 500.00	\$ 95.00	\$ 595.00	\$ 500.00	\$ 55.00	\$ 555.00
11. Staff Education and Training	\$ 5,000.00	\$ 750.00	\$ 5,750.00	\$ 3,151.00	\$ 473.00	\$ 3,624.00	\$ 1,849.00	\$ 277.00	\$ 2,120.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous	\$ 3,689.00	\$ 553.00	\$ 4,242.00	\$ 2,325.00	\$ 349.00	\$ 2,674.00	\$ 1,364.00	\$ 204.00	\$ 1,568.00
IT Services and Support	\$ 4,081.00	\$ 612.00	\$ 4,693.00	\$ 2,572.00	\$ 386.00	\$ 2,958.00	\$ 1,509.00	\$ 228.00	\$ 1,735.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reimbursements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 504,970.00	\$ 75,745.00	\$ 580,715.00	\$ 317,685.00	\$ 47,695.00	\$ 365,380.00	\$ 187,285.00	\$ 28,050.00	\$ 215,335.00
Indirect As A Percent of Direct									
		15%			15%			15%	

Initial


Contractor Initials
5/14/2025

Date Signed

Exhibit C-14, Transitional Living Program Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Families in Transition

Budget Request for: TLP

Service: TLP

Budget Period: 7/1/25-6/30/26

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 517,107.00	\$ 77,566.00	\$ 594,673.00	\$ 15,696.00	\$ 2,355.00	\$ 18,051.00	\$ 501,411.00	\$ 75,210.00	\$ 576,621.00
2. Employee Benefits	\$ 69,478.00	\$ 10,422.00	\$ 79,900.00	\$ 2,220.00	\$ 333.00	\$ 2,553.00	\$ 67,258.00	\$ 10,088.00	\$ 77,346.00
3. Consultants	\$ 16,000.00	\$ 2,400.00	\$ 18,400.00	\$ 511.00	\$ 77.00	\$ 588.00	\$ 15,489.00	\$ 2,323.00	\$ 17,812.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 20,000.00	\$ 3,000.00	\$ 23,000.00	\$ 639.00	\$ 96.00	\$ 735.00	\$ 19,361.00	\$ 2,904.00	\$ 22,265.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 650.00	\$ 98.00	\$ 748.00	\$ 21.00	\$ 3.00	\$ 24.00	\$ 629.00	\$ 95.00	\$ 724.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 162,000.00	\$ 24,300.00	\$ 186,300.00	\$ 5,177.00	\$ 777.00	\$ 5,954.00	\$ 156,823.00	\$ 23,523.00	\$ 180,346.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 96.00	\$ 14.00	\$ 110.00	\$ 2,904.00	\$ 436.00	\$ 3,340.00
Insurance	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ 153.00	\$ 23.00	\$ 176.00	\$ 4,647.00	\$ 697.00	\$ 5,344.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 9,235.00	\$ 1,385.00	\$ 10,620.00	\$ 295.00	\$ 44.00	\$ 339.00	\$ 8,940.00	\$ 1,341.00	\$ 10,281.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 5,000.00	\$ 750.00	\$ 5,750.00	\$ 160.00	\$ 24.00	\$ 184.00	\$ 4,840.00	\$ 726.00	\$ 5,566.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ 153.00	\$ 23.00	\$ 176.00	\$ 4,647.00	\$ 697.00	\$ 5,344.00
IT Services and Support	\$ 4,200.00	\$ 630.00	\$ 4,830.00	\$ 134.00	\$ 20.00	\$ 154.00	\$ 4,066.00	\$ 610.00	\$ 4,676.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reimbursements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 816,270.00	\$ 122,441.00	\$ 938,711.00	\$ 25,255.00	\$ 3,789.00	\$ 29,044.00	\$ 791,015.00	\$ 118,650.00	\$ 909,665.00
Indirect As A Percent of Direct		15%			15%			15%	

Exhibig C-15, SUD Treatment Services Budget, Amendment #4

New Hampshire Department of Health and Human Services										
Provider Name: Families in Transition										
SUD Treatment & Recovery Support Svcs										
Service: SUD Svcs										
Budget Period: 7/1/26-6/30/27										
Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share			Total
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	
1. Total Salary/Wages	\$ 287,044.00	\$ 43,057.00	\$ 330,101.00	\$ 180,912.00	\$ 27,137.00	\$ 208,049.00	\$ 108,132.00	\$ 15,920.00	\$ 122,052.00	\$ 122,052.00
2. Employee Benefits	\$ 78,421.00	\$ 11,763.00	\$ 90,184.00	\$ 49,425.00	\$ 7,414.00	\$ 56,839.00	\$ 28,996.00	\$ 4,349.00	\$ 33,345.00	\$ 33,345.00
3. Consultants	\$ 16,000.00	\$ 2,400.00	\$ 18,400.00	\$ 10,084.00	\$ 1,513.00	\$ 11,597.00	\$ 5,916.00	\$ 887.00	\$ 6,803.00	\$ 6,803.00
4. Equipment:										
Rental										
Repair and Maintenance										
Purchase/Depreciation										
5. Supplies:										
Educational										
Lab										
Pharmacy										
Medical										
Office	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 1,891.00	\$ 284.00	\$ 2,175.00	\$ 1,109.00	\$ 168.00	\$ 1,275.00	\$ 1,275.00
6. Travel										
7. Occupancy	\$ 90,000.00	\$ 13,500.00	\$ 103,500.00	\$ 56,723.00	\$ 8,508.00	\$ 65,231.00	\$ 33,277.00	\$ 4,892.00	\$ 38,269.00	\$ 38,269.00
8. Current Expenses										
Telephone	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ 500.00	\$ 95.00	\$ 595.00	\$ 500.00	\$ 65.00	\$ 555.00	\$ 555.00
Postage										
Subscriptions	\$ 500.00	\$ 75.00	\$ 575.00				\$ 500.00	\$ 75.00	\$ 575.00	\$ 575.00
Audit and Legal	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 1,891.00	\$ 284.00	\$ 2,175.00	\$ 1,109.00	\$ 168.00	\$ 1,275.00	\$ 1,275.00
Insurance	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 1,891.00	\$ 284.00	\$ 2,175.00	\$ 1,109.00	\$ 168.00	\$ 1,275.00	\$ 1,275.00
Board Expenses										
9. Software	\$ 9,235.00	\$ 1,385.00	\$ 10,620.00	\$ 5,820.00	\$ 873.00	\$ 6,693.00	\$ 3,415.00	\$ 512.00	\$ 3,927.00	\$ 3,927.00
10. Marketing/Communications	\$ 1,000.00	\$ 150.00	\$ 1,150.00	\$ 500.00	\$ 95.00	\$ 595.00	\$ 500.00	\$ 55.00	\$ 555.00	\$ 555.00
11. Staff Education and Training	\$ 5,000.00	\$ 750.00	\$ 5,750.00	\$ 3,151.00	\$ 473.00	\$ 3,624.00	\$ 1,849.00	\$ 277.00	\$ 2,126.00	\$ 2,126.00
12. Subcontracts/Agreements										
13. Other (specific details mandatory):										
Miscellaneous	\$ 3,689.00	\$ 553.00	\$ 4,242.00	\$ 2,325.00	\$ 349.00	\$ 2,674.00	\$ 1,364.00	\$ 204.00	\$ 1,568.00	\$ 1,568.00
IT Services and Support	\$ 4,081.00	\$ 612.00	\$ 4,693.00	\$ 2,572.00	\$ 386.00	\$ 2,958.00	\$ 1,509.00	\$ 226.00	\$ 1,735.00	\$ 1,735.00
Reimbursements										
TOTAL	\$ 504,970.00	\$ 75,745.00	\$ 580,715.00	\$ 317,685.00	\$ 47,695.00	\$ 365,380.00	\$ 187,285.00	\$ 28,050.00	\$ 215,335.00	\$ 215,335.00
Indirect As A Percent of Direct 15%										

Initial
MD

Contractor Initials
5/14/2025
Date Signed

Exhibit C-16, Transitional Living Program Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Families in Transition

Budget Request for: TLP

Service: TLP

Budget Period: 7/1/25-6/30/27

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 517,107.00	\$ 77,566.00	\$ 594,673.00	\$ 15,896.00	\$ 2,355.00	\$ 18,051.00	\$ 501,411.00	\$ 75,210.00	\$ 576,621.00
2. Employee Benefits	\$ 89,478.00	\$ 10,422.00	\$ 99,900.00	\$ 2,220.00	\$ 333.00	\$ 2,553.00	\$ 87,258.00	\$ 10,089.00	\$ 97,347.00
3. Consultants	\$ 18,000.00	\$ 2,400.00	\$ 20,400.00	\$ 511.00	\$ 77.00	\$ 588.00	\$ 15,489.00	\$ 2,323.00	\$ 17,812.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 20,000.00	\$ 3,000.00	\$ 23,000.00	\$ 639.00	\$ 96.00	\$ 735.00	\$ 19,361.00	\$ 2,904.00	\$ 22,265.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 650.00	\$ 98.00	\$ 748.00	\$ 21.00	\$ 3.00	\$ 24.00	\$ 629.00	\$ 95.00	\$ 724.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 182,000.00	\$ 24,300.00	\$ 206,300.00	\$ 5,177.00	\$ 777.00	\$ 5,954.00	\$ 156,823.00	\$ 23,523.00	\$ 180,346.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 3,000.00	\$ 450.00	\$ 3,450.00	\$ 86.00	\$ 14.00	\$ 100.00	\$ 2,904.00	\$ 436.00	\$ 3,340.00
Insurance	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ 153.00	\$ 23.00	\$ 176.00	\$ 4,647.00	\$ 697.00	\$ 5,344.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 9,235.00	\$ 1,385.00	\$ 10,620.00	\$ 295.00	\$ 44.00	\$ 339.00	\$ 8,940.00	\$ 1,341.00	\$ 10,281.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 5,000.00	\$ 750.00	\$ 5,750.00	\$ 160.00	\$ 24.00	\$ 184.00	\$ 4,840.00	\$ 726.00	\$ 5,566.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ 153.00	\$ 23.00	\$ 176.00	\$ 4,647.00	\$ 697.00	\$ 5,344.00
IT Services and Support	\$ 4,200.00	\$ 630.00	\$ 4,830.00	\$ 134.00	\$ 20.00	\$ 154.00	\$ 4,066.00	\$ 610.00	\$ 4,676.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Reimbursements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 816,270.00	\$ 122,441.00	\$ 938,711.00	\$ 25,255.00	\$ 3,789.00	\$ 29,044.00	\$ 791,015.00	\$ 118,650.00	\$ 909,665.00
Indirect As A Percent of Direct		16%			16%			16%	

Initial
MD

Contractor Initials
Date Signed 5/14/2025

State of New Hampshire

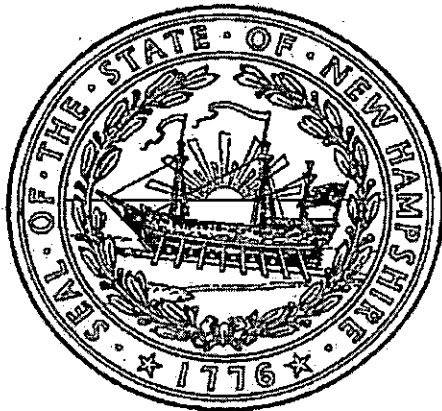
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FAMILIES IN TRANSITION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 13, 1994. 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: 207982

Certificate Number: 0007002142



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of January A.D. 2025.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Steve Norton, 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 Families in Transition.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on February 18, 2025, at which a quorum of the Directors/shareholders were present and voting.

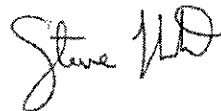
VOTED: That Maria Devlin, President & CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Families in Transition 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: 5/14/2025



Signature of Elected Officer
Name: Steve Norton
Title: Board Chair



FIT&NHN-01

NMAGNARELLI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2025

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: Nancy Magnarelli, ACSR, CRIS PHONE (A/C, No, Ext): (603) 716-2368 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: nancy.magnarelli@marshmma.com												
INSURER(S) AFFORDING COVERAGE													
INSURED FIT/NH Inc Families in Transition Inc 122 Market St Manchester, NH 03101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A : Philadelphia Indemnity Ins Co</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER B : Granite State Ins Co</td> <td>23809</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Philadelphia Indemnity Ins Co	NAIC #	INSURER B : Granite State Ins Co	23809	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Philadelphia Indemnity Ins Co	NAIC #												
INSURER B : Granite State Ins Co	23809												
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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☒ LOC OTHER:			FIT98498 (BINDER)	1/10/2025	1/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
MED EXP (Any one person)	\$ 5,000																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 3,000,000																				
PRODUCTS - COMP/OP AGG	\$ 3,000,000																				
	\$																				
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			TBD	1/10/2025	1/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			FIT987789 (BINDER)	1/10/2025	1/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	R01716HCHS2025-01	1/1/2025	1/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>☒ PER STATUTE</td> <td>☐ OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td><td></td></tr> </table>	☒ 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			
☒ 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	Professional			FIT98498 (BINDER)	1/10/2025	1/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each indident limit</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	Each indident limit	\$ 1,000,000												
Each indident limit	\$ 1,000,000																				

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

CERTIFICATE HOLDER**CANCELLATION**

State of New Hampshire
 Department of Health and Human Services
 129 Pleasant St
 Concord, NH 03301-3857

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



**Granite State Healthcare
and Human Service Trust**

PO Box 4197
Concord, NH 03302-4197

Issue Date: 12/30/2024

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.

Certificate Holder

Families in Transition
122 Market Street
Manchester, NH 03101

Certificate of Insurance

Companies Affording Coverage

Company Healthcare and Human Services Self-Insured
Letter A Group Trust
Company Crum & Forster
Letter B

This policy is effective at 12:00am on 01/01/2025, and will expire at 12:01am on 01/01/2026.
This policy will automatically be renewed unless notified by either party by October 1st of any fund year.

Coverages

This is to certify that the Workers' Compensation and Employer's Liability Insurance has 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.

Type of Insurance/Carrier	Policy Number	Effective Date	Expiration Date	LIMITS	
A: Workers' Compensation & Employer's Liability					
Healthcare and Human Services Self-Insured Group Trust	P01716HCHS2025	01/01/2025	01/01/2026	E.L. Each Accident	\$1,000,000
				E.L. Disease-Pol Limit	\$1,000,000
				E.L. Disease-Each Emp	\$1,000,000
B: Excess Insurance					
Crum & Forster	412-100497-8	01/01/2025	01/01/2026	Workers' Compensation	Statutory
				Employer's Liability	\$1,000,000

Description of Operations

☐ Officers Excluded

Member

Families in Transition
122 Market Street
Manchester, NH 03101

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



The
**LAWSON
GROUP**
Thinking. Without the Box.

Alisha Robbins 12/30/2024
Authorized Representative Date



OUR MISSION

The mission of Families in Transition is to prevent and break the cycle of homelessness.



**Families
in Transition**

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

December 31, 2023

(With Comparative Totals for 2022)

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Families in Transition, Inc. and Subsidiaries

Opinion

We have audited the accompanying consolidated financial statements of Families in Transition, Inc. and Subsidiaries (the Organization), which comprise the consolidated statement of financial position as of December 31, 2023 and the related consolidated statements of activities, 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 December 31, 2023, and the changes in their consolidated net assets and their consolidated 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). 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.

Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, the Organization adopted Financial Accounting Standards Board Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance, during the year ended December 31, 2023. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Consolidated Financial Statements

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

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

Board of Directors
Families in Transition, Inc. and Subsidiaries
Page 2

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 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, we:

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

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

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information, which consists of the consolidating statement of financial position as of December 31, 2023, and the related consolidating statements of activities and functional expenses for the year then ended, is presented for purposes of additional analysis of the consolidated financial statements, rather than to present the financial position and changes in net assets of the individual entities, 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.

Board of Directors
Families in Transition, Inc. and Subsidiaries
Page 3

The supplementary 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 the supplementary 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 supplementary information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the Organization's 2022 consolidated financial statements and, in our report dated April 18, 2023, expressed an unmodified opinion on those audited consolidated financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2022 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
April 16, 2024

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Consolidated Statement of Financial Position****December 31, 2023****(With Comparative Totals for December 31, 2022)**

	<u>2023</u>	<u>2022</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 2,534,189	\$ 3,032,429
Accounts receivable	130,165	38,023
Grants and contributions receivable	517,258	377,189
Prepaid expenses	114,077	155,054
Other current assets	<u>59,889</u>	<u>60,395</u>
Total current assets	3,355,578	3,663,090
Replacement reserves	619,059	581,065
Reserve cash designated for properties	947,616	535,434
Investments	2,399,065	2,004,113
Investment in related entity	1,000	1,000
Property and equipment, net	32,219,547	34,057,824
Development in process	<u>400,162</u>	<u>46,458</u>
Total assets	<u>\$ 39,942,027</u>	<u>\$ 40,888,984</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	\$ 830,893	\$ 597,670
Accounts payable	216,159	184,700
Accrued expenses	312,928	251,625
Line of credit	-	175,000
Other current liabilities	<u>83,564</u>	<u>95,593</u>
Total current liabilities	1,443,544	1,304,588
Long-term debt, net	<u>15,115,758</u>	<u>15,929,654</u>
Total liabilities	<u>16,559,302</u>	<u>17,234,242</u>
Net assets		
Without donor restrictions	22,445,815	22,375,585
With donor restrictions	<u>936,910</u>	<u>1,279,157</u>
Total net assets	<u>23,382,725</u>	<u>23,654,742</u>
Total liabilities and net assets	<u>\$ 39,942,027</u>	<u>\$ 40,888,984</u>

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

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Consolidated Statement of Activities****Year Ended December 31, 2023****(With Comparative Totals for the Year Ended December 31, 2022)**

	Without Donor Restrictions	With Donor Restrictions	2023 Total	2022 Total
Revenue and support				
Federal, state and other grant support	\$ 4,522,699	\$ -	\$ 4,522,699	\$ 4,075,728
Employee retention tax credit (ERTC) revenue	870,880	-	870,880	-
Rental income, net of vacancies	3,067,844	-	3,067,844	2,655,665
Thrift store sales	679,347	-	679,347	647,498
Public support	1,904,740	778,718	2,683,458	2,808,811
Special events	428,660	-	428,660	413,610
Developer fees	-	-	-	95,661
Unrealized gain (loss) on investments	304,177	-	304,177	(400,444)
(Loss) gain on disposal of property and equipment	(4,257)	-	(4,257)	13,506
Interest income	53,438	-	53,438	5,845
In-kind donations	36,163	-	36,163	49,947
Forgiveness of debt	131,267	-	131,267	131,267
Medicaid reimbursements	367,428	-	367,428	445,262
Other income	158,466	-	158,466	296,912
Net assets released from restrictions	<u>1,120,965</u>	<u>(1,120,965)</u>	<u>-</u>	<u>-</u>
Total revenue and support	<u>13,641,817</u>	<u>(342,247)</u>	<u>13,299,570</u>	<u>11,239,268</u>
Expenses				
Program activities				
Housing	10,474,146	-	10,474,146	10,149,416
Thrift store	<u>464,407</u>	<u>-</u>	<u>464,407</u>	<u>539,327</u>
Total program activities	10,938,553	-	10,938,553	10,688,743
Fundraising	926,670	-	926,670	886,465
Management and general	<u>1,406,447</u>	<u>-</u>	<u>1,406,447</u>	<u>1,348,001</u>
Total expenses	<u>13,271,670</u>	<u>-</u>	<u>13,271,670</u>	<u>12,923,209</u>
Change in net assets from operations	370,147	(342,247)	27,900	(1,683,941)
Partnership distributions	-	-	-	(752)
Transfer of net assets to non-related entity	<u>(299,917)</u>	<u>-</u>	<u>(299,917)</u>	<u>-</u>
Change in net assets	70,230	(342,247)	(272,017)	(1,684,693)
Net assets, beginning of year	<u>22,375,585</u>	<u>1,279,157</u>	<u>23,654,742</u>	<u>25,339,435</u>
Net assets, end of year	<u>\$ 22,445,815</u>	<u>\$ 936,910</u>	<u>\$ 23,382,725</u>	<u>\$ 23,654,742</u>

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

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Consolidated Statement of Functional Expenses**

Year Ended December 31, 2023
(With Comparative Totals for the Year Ended December 31, 2022)

	<u>Program Activities</u>			<u>Management and General</u>	<u>2023 Total</u>	<u>2022 Total</u>
	<u>Housing</u>	<u>Thrift Store</u>	<u>Fundraising</u>			
Salaries and benefits						
Salaries and wages	\$ 4,552,732	\$ 313,778	\$ 455,273	\$ 682,910	\$ 6,004,693	\$ 6,088,999
Employee benefits	435,674	17,481	43,568	65,351	562,074	544,482
Payroll taxes	<u>346,358</u>	<u>23,933</u>	<u>34,636</u>	<u>51,954</u>	<u>456,881</u>	<u>484,208</u>
Total salaries and benefits	5,334,764	355,192	533,477	800,215	7,023,648	7,117,689
Other expenses						
Advertising	10,129	15,623	998	1,497	28,247	26,161
Bad debts	57,816	-	-	-	57,816	28,184
Bank charges	13,851	11,292	1,338	2,007	28,488	23,978
Condominium association fees	18,859	-	-	-	18,859	16,200
Consultants	281,391	5,176	20,273	30,410	337,250	169,754
COVID expenses	-	-	-	-	-	7,949
Depreciation	1,209,177	3,015	120,681	181,022	1,513,895	1,492,706
Events	78,766	-	-	-	78,766	90,936
Food	151,089	-	-	-	151,089	145,684
Insurance	196,115	2,393	17,395	26,092	241,995	235,088
Interest expense	161,818	-	25,771	38,656	226,245	215,560
Management fees	-	-	-	-	-	(360)
Meals and entertainment	4,196	45	417	625	5,283	3,919
Membership dues	87,034	1,076	8,628	12,943	109,681	120,692
Office supplies	107,368	10,022	10,659	15,988	144,037	126,729
Participant expenses	147,451	87	-	-	147,538	80,441
Postage	5,377	-	538	807	6,722	6,423
Printing	39,473	88	3,947	5,921	49,429	32,372
Professional fees	161,928	-	15,822	23,734	201,484	232,685
Rental subsidies	163,605	-	-	-	163,605	176,911
Repairs and maintenance	792,978	20,546	75,080	112,619	1,001,223	866,946
Staff development	20,199	-	1,916	2,874	24,989	12,937
Taxes	388,859	1,500	-	-	390,359	340,212
Technology support	93,104	-	9,245	13,867	116,216	128,180
Telephone	125,784	1,377	12,360	18,541	158,062	147,719
Travel	20,178	-	2,017	3,026	25,221	31,025
Utilities	682,273	15,479	66,108	99,163	863,023	882,143
Workers' compensation	<u>120,564</u>	<u>21,496</u>	<u>-</u>	<u>16,440</u>	<u>158,500</u>	<u>164,346</u>
Total expenses	<u>\$10,474,146</u>	<u>\$ 464,407</u>	<u>\$ 926,670</u>	<u>\$ 1,406,447</u>	<u>\$13,271,670</u>	<u>\$12,923,209</u>

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

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Consolidated Statement of Cash Flows****Year Ended December 31, 2023****(With Comparative Totals for the Year Ended December 31, 2022)**

	<u>2023</u>	<u>2022</u>
Cash flows from operating activities		
Change in net assets	\$ (272,017)	\$ (1,684,693)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	1,527,239	1,506,050
Forgiveness of debt	(131,267)	(131,267)
Unrealized (gain) loss on investments	(304,177)	400,444
Transfer of net assets to non-related entity, net of cash and restricted cash of \$86,168	213,749	-
Loss (gain) on disposal of property and equipment	4,257	(13,506)
Change in operating assets and liabilities:		
Accounts receivable	(92,361)	16,439
Grants and contributions receivable	(140,069)	402,282
Prepaid expenses	40,977	(6,749)
Other current assets	(314)	(8,341)
Accounts payable	1,741	(16,796)
Accrued expenses	61,303	(15,734)
Other current liabilities	(11,209)	15,067
Net cash provided by operating activities	<u>897,852</u>	<u>463,196</u>
Cash flows from investing activities		
(Purchases of) withdrawal from investments	(90,775)	300,019
Investment in development in process	(353,704)	(1,528,079)
Proceeds from disposal of assets	-	39,578
Acquisition of property and equipment	(79,835)	(449,887)
Net cash used by investing activities	<u>(524,314)</u>	<u>(1,638,369)</u>
Cash flows from financing activities		
Proceeds from long-term debt	-	1,791,621
Payments on long-term debt	(421,602)	(331,970)
Net cash (used) provided by financing activities	<u>(421,602)</u>	<u>1,459,651</u>
Net (decrease) increase in cash and restricted cash	<u>(48,064)</u>	<u>284,478</u>
Cash and restricted cash, beginning of year	<u>4,148,928</u>	<u>3,864,450</u>
Cash and restricted cash, end of year	<u>\$ 4,100,864</u>	<u>\$ 4,148,928</u>
Composition of cash, cash equivalents and restricted cash, end of year:		
Cash and cash equivalents	\$ 2,534,189	\$ 3,032,429
Replacement reserves	619,059	581,065
Reserve cash designated for properties	947,616	535,434
	<u>\$ 4,100,864</u>	<u>\$ 4,148,928</u>
Supplemental disclosures:		
Acquisition of property and equipment and development in process through accounts payable	\$ 63,046	\$ -
Property and equipment transferred from development in process	\$ -	\$ 1,800,080
Interest paid	\$ 212,901	\$ 202,216

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

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2023

(With Comparative Totals for December 31, 2022)

Organization

Families in Transition, Inc. (FIT), an incorporated New Hampshire nonprofit, provides hunger relief, emergency shelter, safe affordable housing and support services to individuals and families who are homeless or in need in the State of New Hampshire. The programs and services offered provide positive outcomes through the incorporation of evidence based models and practices to meet identified needs and goals of those they serve and provide an integrated system of care to prevent homelessness when possible and rapidly rehouse those who become homeless, including both the chronically homeless and families with children.

FIT directly owns and operates housing programs in facilities located on Amherst Street, Spruce Street, Lake Avenue, and Douglas Street in Manchester, New Hampshire. FIT also owns and operates emergency shelters for homeless individuals in facilities located on Manchester Street and Lake Avenue in Manchester, New Hampshire. FIT also operates a food pantry located on Lake Avenue in Manchester, New Hampshire.

During 2022, Family Willows Limited Partnership (Family Willows), reached the end of its initial 15-year low-income housing tax credit compliance period. As a result, effective October 31, 2022, BCCC, Inc. and BF Garden Midway Tax Credit Fund I withdrew from Family Willows and transferred their ownership interest to Housing Benefits, Inc. (Housing Benefits), a non-profit Community Development Housing Organization, located in Manchester, New Hampshire. During 2023, Big Shady Tree, Inc., the general partner of Family Willows transferred its ownership interest in Family Willows to Housing Benefits. As a result, all assets and liabilities of Family Willows has been assumed by Housing Benefits, dissolving Family Willows as a limited partnership.

During 2021, Family Bridge Limited Partnership (Family Bridge), reached the end of its initial 15-year low-income housing tax credit compliance period. As a result, effective August 31, 2021, BCCC, Inc. and Boston Financial Corporate Tax Credit Fund XXII withdrew from Family Bridge and transferred their ownership interest to Housing Benefits. In January 2022, Second Street Family Mill, Inc., the general partner, transferred its ownership interest in Family Bridge to Housing Benefits. As a result, all assets and liabilities of Family Bridge had been assumed by Housing Benefits, dissolving Family Bridge as a limited partnership.

Housing Benefits was created to identify and develop new housing units and refurbish existing units to meet the persistent need of combating homelessness. Completed housing units are located on Concord Street, School & Third Street, Lowell Street, Belmont Street, Market Street, Spruce Street, South Beech Street, Second Street and Hayward Street, in Manchester, New Hampshire as well as additional housing facilities located on Central Avenue in Dover, New Hampshire (Dover), Bicentennial Square in Concord, New Hampshire and an emergency shelter located in Wolfeboro, New Hampshire. During 2022, Housing Benefits finished the redevelopment of an 11-unit property providing permanent, supportive housing for those experiencing homelessness located on Union Street in Manchester, New Hampshire. Effective December 14, 2023, Housing Benefits transferred all of the assets, liabilities and operations of its Dover Housing Program to Community Action Partnership of Strafford County, a non-related entity.

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HB-AH, LLC (HB-AH) was legally formed as a limited liability company organized under the laws of the State of New Hampshire, which is treated as a disregarded entity for income tax purposes. HB-AH's purpose is to acquire, own, rent, operate and manage 23 residential apartments located in Manchester, New Hampshire. HB-AH is to operate exclusively to further the charitable purpose of Housing Benefits, HB-AH's sole member.

FIT also owns 100% of Family Outfitters, LLC (Outfitters), a limited liability corporation. Outfitters operates an independent thrift store in Manchester, New Hampshire with the sole purpose of generating an alternate funding stream for FIT.

FIT was the sole member of The New Hampshire Coalition to End Homelessness (NHCEH), a statewide entity, whose mission is to "eliminate the causes for homelessness through research, education and advocacy." During 2023, NHCEH operations legally separated from FIT. As a result, the operations of NHCEH are no longer included in the consolidated financial statements.

Wilson Street Condominium Association (WSCA) was established for the purpose of maintaining and preserving a five-unit property located on Wilson Street in Manchester, New Hampshire. FIT is the majority owner of the Association.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The 2023 consolidated financial statements include the net assets of FIT, Housing Benefits, HB-AH, Outfitters, and WSCA (collectively referred to as the Organization). All significant inter-entity balances and transactions are eliminated in the accompanying 2023 consolidated financial statements.

The 2022 consolidated financial statements include the net assets of FIT, Family Willows, Family Bridge, Housing Benefits, HB-AH, Outfitters, NHCEH and WSCA (collectively referred to as the Organization). All significant inter-entity balances and transactions are eliminated in the accompanying 2022 consolidated financial statements.

Recently Adopted Accounting Principle

The Financial Accounting Standards Board issued Accounting Standards Update No. 2016-16, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to financial assets measured at amortized cost, including loan receivables and held-to-maturity debt securities. It also applies to off-balance sheet credit exposures not accounted for as insurance (loan commitments, standby letters of credit, financial guarantees, and other similar instruments) and net investments in leases recognized by a lessor in accordance with Topic 842 on leases. In addition, Topic 326 made change to the accounting for available-for-sale debt securities.

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One such change is to require credit losses to be presented as an allowance rather than as a write-down on available-for-sale debt securities management does not intend to sell or believes that it is more likely than not they will be required to sell. The adoption of Topic 326 during the year ended December 31, 2023 did not have a material impact on the consolidated financial statements of the Organization since there are no financial assets that are measured at amortized cost.

Comparative Information

The consolidated financial statements include certain prior year summarized comparative information in total, but not by net asset classifications. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles (U.S. GAAP). Accordingly, such information should be read in conjunction with the Organization's December 31, 2022 consolidated financial statements, from which the summarized information was derived.

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 consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

The consolidated financial statements of the Organization have been prepared in accordance with U.S. GAAP, which require the Organization to report information regarding to their consolidated financial position and activities 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.

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All contributions are considered to be available for general use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as support with donor restrictions that increases net assets with donor restrictions. 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 to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. The Organization records donor-restricted contributions whose restrictions are met in the same reporting period as support without donor restrictions in the year of the gift.

The Organization reports contributions of property or equipment as support without donor restrictions, unless a donor places explicit restriction on its use. Contributions of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions and reclassified to net assets without donor restrictions when the assets are acquired and placed in service.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents. The Organization maintains its cash in bank deposit accounts which, at times, may exceed the federally insured limits. Management regularly monitors the financial institutions, together with their respective cash balances, and attempts to maintain the potential risk at a minimum. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk on these accounts.

Reserves are those deposits of cash and cash equivalents not generally available for operating costs, but restricted to particular uses including operating and replacement reserves for rental properties as well as certain other social services and programs.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at estimated fair market value at the date of donation, less accumulated depreciation. The Organization's capitalization policy requires the capitalization of capital expenditures greater than \$1,000, while ordinary maintenance and repairs are charged to expense. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets. Assets not in service are not depreciated. Following is a summary of estimated useful lives by asset category:

Land improvements	20 years
Buildings and improvements	3 - 40 years
Furniture and fixtures	3 - 10 years
Equipment	3 - 10 years
Vehicles	5 years

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Rental Income

Rental revenue is recognized pro rata over each tenant's period of occupancy. A contract is entered into with a tenant and covers a period of 12 months. All rents are collected at the beginning of each month. A tenant has an option to cancel a lease at any time with a minimum of 30 days' notice, at which time the Organization will prorate the final rent payment through a tenant's expected move-out date.

When a contract is entered into with a tenant, the Organization collects a security deposit. The security deposits are maintained in separate cash accounts and a corresponding liability is recognized. Upon termination of a tenant's contract, the Organization assesses the condition of the unit being vacated. If it is determined a unit is vacated in a condition equivalent to when the tenant occupied the unit, the security deposit is refunded to the tenant. If a unit is determined to be vacated in a condition less than equivalent to when the tenant occupied the unit, the security deposit is retained and recognized as revenue.

Volunteer Services

A number of volunteers have donated their time to the Organization's various programs and administrative services. The value of these services has not been included in the accompanying consolidated financial statements since the volunteers' time does not meet criteria for recognition. The estimated value of donated time for the years ended December 31, 2023 and 2022 was approximately \$380,000 and \$450,000, respectively.

Functional Expense Allocation

The consolidated 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 allocated include salaries and benefits, depreciation and amortization, office and other expenses, which are allocated based on direct payroll hours by functional cost centers.

Change in Net Assets from Operations

The consolidated statements of activities include a measure of change in net assets from operations. Changes in net assets, which are excluded from change in net assets from operations, include partnership distributions and transfer of net assets to a non-related entity.

Income Taxes

FIT and Housing Benefits are tax-exempt Section 170(b)(1)(A)(vi) public charities as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from income taxes on related income pursuant to Section 501(a) of the Code. Accordingly, no provision for income taxes has been reflected in these consolidated financial statements.

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Notes to Consolidated Financial Statements****December 31, 2023****(With Comparative Totals for December 31, 2022)**

The standards for accounting for uncertainty in income taxes require the Organization to report any uncertain tax positions and to adjust its consolidated financial statements for the impact thereof. As of December 31, 2023 and 2022, the Organization determined that it had no tax positions that did not meet the more-likely-than-not threshold of being sustained by the applicable tax authority. The Organization files an informational return in the United States. This return is generally subject to examination by the federal government for up to three years.

HB-AH and Outfitters are limited liability companies and any taxable income or losses are passed through to the individual members of HB-AH and Outfitters. Any income tax expenses is immaterial to the consolidated financial statements of the Organization.

WSCA is not exempt from income taxes; however, the Code categorizes any profits realized by the Association from its member activities as reductions of members' contributions towards the operation of the condominium property and not as taxable income of WSCA or its members. Accordingly, no provision for income taxes has been made in these consolidated financial statements.

Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. GAAP, the Organization has considered transactions or events occurring through April 16, 2024, which was the date the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Availability and Liquidity of Financial Assets

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on long-term debt, and capital acquisitions not funded through replacement reserves or financed with debt, were as follows:

	<u>2023</u>	<u>2022</u>
Financial assets:		
Cash and cash equivalents	\$ 2,534,189	\$ 3,032,429
Accounts receivable	130,165	38,023
Grants and contributions receivable	517,258	377,189
Investments	<u>2,399,065</u>	<u>2,004,113</u>
Total financial assets	5,580,677	5,451,754
Donor-imposed restrictions:		
Restricted funds	<u>(936,910)</u>	<u>(1,279,157)</u>
Financial assets available at year-end for current use	<u>\$ 4,643,767</u>	<u>\$ 4,172,597</u>

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

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The Organization also has a line of credit available to meet short-term needs, as described in Note 6.

The Organization has replacement reserves and cash reserves designated for properties as part of its debt financing with New Hampshire Housing Finance Authority (NHHFA) which are only available when approved by NHHFA. As a result, these replacement reserves and cash reserves designated for properties are not considered available for general expenditure within the next year and are not reflected in the amount above. The goal for the Organization is to maintain a balanced budget while meeting the requirements of the various financing authorities.

3. Investments and Fair Value Measurement

The Organization reports investments in the consolidated statement of financial position at fair value with any realized or unrealized gains and losses reported in the consolidated statement of activities. Investments are exposed to various risks, including interest rate, market volatility and credit risks.

U.S. GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Fair value hierarchy requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The three levels of inputs used to measure fair value are:

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. At December 31, 2023 and 2022, the Organization did not have any Level 2 investments.

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. At December 31, 2023 and 2022, the Organization did not have any Level 3 investments.

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Investments measured at fair value on a recurring basis are summarized below:

	<u>Level 1</u>	
	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 150,562	\$ 21,007
Mutual funds	967,371	903,628
Equity securities	<u>1,281,132</u>	<u>1,079,478</u>
	<u>\$ 2,399,065</u>	<u>\$ 2,004,113</u>

4. Property and Equipment

Property and equipment consisted of the following:

	<u>2023</u>	<u>2022</u>
Land	\$ 3,664,378	\$ 3,764,378
Land improvements	818,866	817,701
Buildings and improvements	43,035,515	43,500,424
Furniture and fixtures	1,201,211	1,199,743
Equipment	810,022	776,553
Vehicles	<u>188,073</u>	<u>201,515</u>
	49,718,065	50,260,314
Less: accumulated depreciation	<u>17,498,518</u>	<u>16,202,490</u>
Property and equipment, net	<u>\$32,219,547</u>	<u>\$34,057,824</u>

At December 31, 2023 and 2022, the Organization held \$38,582,647 and \$39,182,292, respectively, of land, land improvements, and buildings and improvements for the purpose of leasing to individuals. Accumulated depreciation on the land improvements, buildings and improvements at December 31, 2023 and 2022 was \$13,023,436 and \$12,138,461, respectively.

5. Development in Process

At December 31, 2023 and 2022, development in process consisted of various projects in process related to several properties owned by the Organization.

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

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6. Line of Credit

The Organization has an unsecured line of credit agreement, renewed annually, with a financial institution in the amount of \$550,000. During the term of the agreement, the interest rate on any outstanding principal balance shall be equal to the base rate, as defined by the financial institution, with a floor of 4%. At December 31, 2023, the interest rate is 8.5%. During 2022, the Organization utilized the line of credit to fund operations. At December 31, 2022, the Organization owed \$175,000 on the line of credit. This balance was paid off during 2023. There was no outstanding balance as of December 31, 2023.

7. Long-Term Debt

Long-term debt consisted of the following:

	<u>2023</u>	<u>2022</u>
A mortgage loan payable to NHHFA in monthly payments of \$680, including interest at 1% and an escrow of \$289. The loan is collateralized by real estate located on Amherst Street, Manchester, New Hampshire. The loan is due and payable in full in January 2033.	\$ 35,048	\$ 39,774
A note payable to NHHFA. The note is noninterest bearing and is collateralized by real estate located on Amherst Street, Manchester, New Hampshire. The note is due and payable upon sale or refinancing of the property or in June 2042.	163,283	163,283
A mortgage loan payable to St. Mary's Bank in monthly payments of \$883, including interest at 5% for five years. After five years, the interest rate adjusts to match the then current Federal Home Loan Bank of Boston 5-year, 20-year amortizing rate plus 2.50%. The loan is collateralized by real estate on Spruce Street, Manchester, New Hampshire and is due and payable in full in May 2034.	86,341	91,965
A mortgage loan payable to TD Bank, N.A. in monthly payments of \$1,123, including interest at 4.1%. The loan is collateralized by real estate at Beech Street, Manchester, New Hampshire. The loan paid in full in November 2023.	-	11,315
A mortgage loan payable to RBS Citizens Bank in monthly payments of \$2,126, including interest at 7.18%. The loan is collateralized by real estate on Douglas Street, Manchester, New Hampshire. The loan is due and payable in full in April 2024.	157,633	173,259

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A mortgage note payable by Housing Benefits to NHHFA, collateralized by Bicentennial property. Monthly payments of \$1,095 include interest at 4.75% per annum until the principal and interest are fully paid with the final installment due and payable on May 1, 2034.	106,034	113,337
A noninterest bearing note payable by Housing Benefits to NHHFA, collateralized by Bicentennial property and various financing instruments. Annual payments of 50% of surplus cash are due. The note is due and payable on May 28, 2034. This note is nonrecourse.	84,175	84,175
A noninterest bearing note payable by Housing Benefits to NHHFA, collateralized by Bicentennial property and various financing instruments. Annual payments of 25% of surplus cash are due. The note is due and payable on May 28, 2033. This note is nonrecourse and is subordinate to the \$84,456 note payable.	336,955	336,955
A noninterest bearing note payable by Housing Benefits to Merrimack County, collateralized by Bicentennial property and various financing instruments. The note is due and payable in full in May 2033.	260,000	260,000
A noninterest bearing note payable by Housing Benefits to NHHFA, collateralized by Millyard II property and various financing instruments. Annual payments of 25% of surplus cash are due. The note is due and payable upon sale or refinancing of the property or in May 2031. This note is nonrecourse.	436,858	436,958
A mortgage note payable by Housing Benefits to NHHFA, collateralized by Millyard II property. Monthly payments of \$1,729 include principal and interest at 3.5% per annum. The final installment is due and payable on September 1, 2032.	150,217	164,403
A note payable by Housing Benefits to the City of Manchester, New Hampshire, collateralized by Millyard II property and various financing instruments. A payment of interest shall be made annually no later than August 1 each year based on 42.5% of the net cash flow, as defined. In any year where the Debt Coverage Ratio, as defined, exceeds 1.15 to 1, principal payments shall be made no later than August 1 in an amount that will result in a 1.15 to 1 Debt Coverage Ratio. All unpaid amounts are due and payable in full on August 1, 2031. This note is nonrecourse.	226,725	226,725

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Notes to Consolidated Financial Statements****December 31, 2023****(With Comparative Totals for December 31, 2022)**

A noninterest bearing note payable by Housing Benefits to the New Hampshire Community Loan Fund, Inc. (NHCLF), collateralized by Millyard II property. Payment of principal is due and payable on December 31, 2031. This note is nonrecourse.	250,000	250,000
A mortgage note payable by Housing Benefits to the City of Manchester Community Improvement Program, collateralized by Millyard Families I real estate. The note is noninterest bearing and is due and payable in January 2027.	230,000	230,000
A mortgage note payable by Housing Benefits to NHHFA, collateralized by Family Bridge real estate. The note bears no interest and is to be repaid from 50% of available surplus cash annually with all remaining principal due on August 30, 2034.	850,000	850,000
A promissory note payable by Housing Benefits to TD Bank, N.A., collateralized by Family Bridge real estate. Monthly payments of \$3,019 include principal and interest at 4.33%. The note is payable in full in November 27, 2023 and is guaranteed by FIT.	338,109	358,439
A promissory note payable by Housing Benefits to the City of Manchester, New Hampshire. The note is noninterest bearing with annual payments of 50% of net cash flow payable by October 1. The outstanding principal is due by October 1, 2034. The note is collateralized by Family Bridge real estate and is nonrecourse.	600,000	600,000
A mortgage note payable by Family Willows to NHHFA, collateralized by real estate and personal property. The note bears no interest and is to be repaid from 50% of available surplus cash annually with all remaining principal due on July 9, 2037.	471,970	470,664
A note payable by Housing Benefits to the City of Manchester, New Hampshire. The note is noninterest bearing and has an annual payment of \$9,091 payable on October 1. All outstanding principal is due by October 2029. The note is collateralized by Family Willows real estate and is nonrecourse.	54,544	54,544
A note payable by Housing Benefits to RBS Citizens Bank, collateralized by Family Willows real estate. Monthly payments of \$1,922 include principal and interest at 6%, based on the prime rate capped at 6%. The note is payable in full on June 27, 2033 and is guaranteed by FIT.	192,309	206,739

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES**Notes to Consolidated Financial Statements****December 31, 2023****(With Comparative Totals for December 31, 2022)**

A second mortgage note payable by Housing Benefits to NHCLF, collateralized by School & Third Street real estate and personal property. The note bears no interest and monthly payments of \$2,775 commenced on April 15, 2021 and continue until maturity in October 2039.	526,083	559,366
A mortgage note payable by Housing Benefits to NHHFA, collateralized by Belmont Street real estate and personal property. The noninterest bearing note requires annual payments in amounts equal to 50% of surplus cash. The note is payable in full by December 2040.	395,940	395,940
A mortgage note payable from Housing Benefits to NHHFA, collateralized by Lowell Street real estate and personal property. The noninterest bearing note requires annual payments in amounts equal to 50% of surplus cash. The note is payable in full in August 2040.	34,628	34,628
A second, noninterest bearing, mortgage note payable from Housing Benefits to the City of Manchester, New Hampshire, collateralized by Lowell Street real estate. Annual payments equal to the greater of 25% of net cash flow, as defined, or \$4,000 commenced in October 2012 and continue until the maturity date in June 2041.	148,022	148,022
A noninterest bearing promissory note payable from Housing Benefits to NHHFA collateralized by a mortgage and security agreement on Lowell Street real estate. The note is to be forgiven 1/15th annually over the low-income housing tax credit compliance period which ends in 2026, subject to compliance with certain requirements. During 2023 and 2022, \$131,267 was recognized as revenue and support in the consolidated statements of activities.	328,261	459,528
A mortgage note payable from Housing Benefits to NHHFA, collateralized by Dover real estate and personal property. The mortgage note payable was transferred to Community Action Partnerships of Strafford County during 2023.	-	216,148

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

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A noninterest bearing mortgage note payable to the City of Manchester Community Improvement Program, collateralized by real estate located at 393-395 Spruce Street. Annual payments of the greater of 25% of net cash flow, as defined, or \$5,000 are due annually by October 1. The note is due in full by October 1, 2045.	557,808	557,808
A mortgage note payable to TD Bank, N.A., collateralized by real estate located at 167 Lake Avenue and personal property located at 161 South Beech Street, Unit 2. Monthly payments of \$2,137 include principal and interest at 4.35%. The note is due in full by April 2024.	343,677	353,917
A vehicle loan payable in monthly payments of \$472, including interest at 4.25%. The loan is due in March 2025 and is collateralized by the related vehicle.	6,875	13,549
A mortgage note payable to NHHFA, collateralized by the real estate at Lake Avenue, Manchester, New Hampshire. The noninterest bearing note requires annual payments in amounts equal to 50% of surplus cash. The note is payable in full by June 2045.	750,000	750,000
A mortgage note payable to TD Bank, N.A., collateralized by real estate located at 641 Hayward Street, Manchester, New Hampshire. Monthly payments of \$991 include principal and interest at 3.015%. The note is due in full by October 2025.	153,623	160,755
A mortgage note payable to Peoples United Bank, collateralized by Hope House. Monthly payments of \$2,283 include principal and interest at 4.94%. The note is due in full by January 2027.	336,976	345,769
A construction loan payable to Franklin Savings Bank, collateralized by real estate located at 267 Wilson Street, Manchester, New Hampshire. Housing Benefits has the ability to draw up to \$825,000 on the promissory note. Monthly payments including principal, interest and escrow of \$6,854 are due over a 30 year period starting September 2018 at 4.90% interest.	646,999	662,941

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A noninterest bearing construction loan payable to NHHFA, collateralized by real estate located at 267 Wilson Street, Manchester, New Hampshire. The note has a borrowing limit of \$720,000. Annual payments are due in amounts equal to 25% of surplus cash. The loan is due in full by November 1, 2047.	711,845	711,845
A noninterest bearing mortgage note payable to the City of Manchester Community Improvement Program, collateralized by real estate located at 267 Wilson Street, 2nd Floor. The note has a borrowing limit of \$1,655,323. As costs are incurred, Housing Benefits is to be reimbursed by the City of Manchester. Annual payments of the greater of 25% of net cash flow, as defined, or \$5,000 are due by October 1 commencing October 1, 2019. The note is due in full by October 1, 2047.	1,443,182	1,443,182
A noninterest bearing mortgage note payable to the City of Manchester, collateralized by real estate located at 267 Wilson Street, 3rd Floor. The note is funded by the City of Manchester's Community Improvement Program and the City of Manchester's Affordable Housing Trust Funds. The note has a borrowing limit of \$531,252. As costs are incurred, Housing Benefits is to be reimbursed by the City of Manchester. Annual payments in the amount of 25% of net cash flow, as defined, are due by October 1 commencing October 1, 2019. The note is due in full by December 1, 2047.	518,097	518,097
A noninterest bearing construction loan payable to NHHFA, collateralized by real estate located in Wolfeboro, New Hampshire. The note has a borrowing limit of \$780,000. Annual payments in amounts equal to 25% of surplus cash. The loan is due in full by December 1, 2047.	750,000	780,000
A mortgage note payable to NHHFA and is collateralized by the real estate and personal property of HB-AH on Concord Street in Manchester, New Hampshire. The mortgage is insured by the U.S Department of Housing and Urban Development through the Housing Finance Agency Risk Sharing Program authorized by Section 542(c) of the Housing and Community Development Act of 1992. Monthly payments of \$6,745 are due for principal and interest at 4.2%. All remaining principal is due on May 1, 2059.	1,487,658	1,508,769

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A mortgage note is payable to the City of Manchester, and is collateralized by 434 Union Street real estate. The non-interest bearing mortgage note is payable in full in October 2052. Annual payments are required in an amount equal to 25% of initial surplus cash.		
	577,908	577,908
A mortgage note is payable to the NHHFA, funded through the Affordable Housing Fund (AHF), and is collateralized by 434 Union Street real estate. The non-interest bearing mortgage note is payable in full in August 2051. Annual payments are required in an amount equal to 50% of initial surplus cash.		
	120,907	140,000
A second mortgage note is payable to the NHHFA, funded through the Housing Trust Fund, and is collateralized by 434 Union Street real estate. The non-interest bearing mortgage note is payable in full in August 2061. Annual payments are required in an amount equal to 50% of remaining surplus cash after expected payments are determined to the City of Manchester and NHHFA AHF mortgage note payable.		
	<u>1,134,188</u>	<u>1,134,188</u>
	16,002,878	16,594,895
Less current portion	830,893	597,670
Less unamortized deferred costs	<u>56,227</u>	<u>67,571</u>
	<u>\$15,115,758</u>	<u>\$15,929,654</u>

Surplus cash for the purposes of these disclosures is as defined in the respective loan agreements.

Principal maturities of long-term debt over the next five years and thereafter are as follows:

2024	\$ 830,893
2025	324,144
2026	183,150
2027	708,755
2028	410,522
Thereafter	<u>13,545,414</u>
	<u>\$ 16,002,878</u>

Interest expense charged to operations, including amortization of deferred costs of \$13,344, was \$226,245 and \$215,560 in 2023 and 2022, respectively.

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2023

(With Comparative Totals for December 31, 2022)

8. Net Assets

At December 31, 2023 and 2022, net assets without donor restrictions are fully available to support operations of the Organization.

Net assets with donor restrictions were as follows:

	<u>2023</u>	<u>2022</u>
Investments to be maintained in perpetuity, income is to support general operations	\$ <u>25,000</u>	\$ <u>25,000</u>
Funds maintained with donor restrictions temporary in nature:		
The Family Place	31,424	49,353
Scholarships	19,164	24,164
Housing programs	216,316	283,000
Direct care for clients	256,431	328,864
Hope House	<u>388,575</u>	<u>568,776</u>
Total funds maintained with donor restrictions temporary in nature	<u>911,910</u>	<u>1,254,157</u>
Total net assets with donor restrictions	\$ <u>936,910</u>	\$ <u>1,279,157</u>

Net assets released from net assets with donor restrictions were as follows:

	<u>2023</u>	<u>2022</u>
Satisfaction of purpose restrictions:		
Operating releases		
The Family Place	\$ 92,280	\$ 3,905
Scholarships	5,000	2,500
Housing programs	287,046	92,805
Direct care for clients	282,269	349,115
Hope House	<u>454,370</u>	<u>439,965</u>
	\$ <u>1,120,965</u>	\$ <u>888,290</u>

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

December 31, 2023

(With Comparative Totals for December 31, 2022)

9. Retirement Plan

The Organization has a tax deferred retirement plan which is available to all employees working greater than 25 hours a week. All employees are eligible to participate and are fully vested with the first contribution. The Organization matches contributions at 100% up to 3% of compensation. The Organization paused matching contributions during the year ended December 31, 2023. The Organization contributed \$70,786 during the year ended December 31, 2022.

10. Pandemic Relief Funding

On March 11, 2020, the World Health Organization declared the coronavirus disease (COVID-19) a global pandemic. Local, U.S., and world governments encouraged self-isolation to curtail the spread of the global pandemic, COVID-19, by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group meetings.

The ERTC is a refundable tax credit against certain employment taxes up to \$10,000 per employee for eligible employees. For 2020, the tax credit is equal to 50% of qualified wages paid to employees during the calendar year, capped at \$10,000 of qualified wages per employee. Additional relief provisions were passed by the U.S. government, which extended and expanded the qualified wage caps on these credits through September 30, 2021. Based on these additional provisions, the tax credit was increased to 70% of qualified wages paid to employees during each quarter, and the limit on qualified wages per employee increased to \$10,000 of qualified wages per calendar quarter.

In February 2023, the Organization applied for the ERTC for employment taxes paid during the third quarter of 2021. During 2023, the Organization received the full ERTC applied for in the amount of \$870,880 which is included in ERTC revenue in the consolidated statement of activities for the year ended December 31, 2023. The ERTC received could be subject to audit for up to five years from the date of the amended filing.

SUPPLEMENTARY INFORMATION

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES
Consolidating Statement of Financial Position
December 31, 2023
ASSETS

	<u>FIT - Operating</u>	<u>Housing Benefits</u>	<u>Outfitters</u>	<u>WSCA</u>	<u>With Donor Restrictions</u>	<u>Eliminations</u>	<u>Total</u>
Current assets							
Cash and cash equivalents	\$ 987,774	\$ 464,709	\$ 168,832	\$ 964	\$ 911,910	\$ -	\$ 2,534,189
Accounts receivable	94,762	92,620	125	8,555	-	(65,897)	130,165
Grants and contributions receivable	517,258	-	-	-	-	-	517,258
Prepaid expenses	86,068	28,009	-	-	-	-	114,077
Due from related parties	2,026,311	24,326	16,893	11,534	-	(2,079,064)	-
Other current assets	<u>6,129</u>	<u>53,760</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>59,889</u>
Total current assets	3,718,302	663,424	185,850	21,053	911,910	(2,144,961)	3,355,578
Replacement reserves	101,016	483,894	-	34,149	-	-	619,059
Reserve cash designated for properties	99,185	848,431	-	-	-	-	947,616
Related party notes receivable	1,725,799	-	-	-	-	(1,725,799)	-
Accrued interest receivable on related party notes	1,536,535	-	-	-	-	(1,536,535)	-
Investments	2,374,065	-	-	-	25,000	-	2,399,065
Investment in related entities	1,247,739	25,051	-	-	-	(1,271,790)	1,000
Property and equipment, net	6,970,606	25,221,136	14,045	13,760	-	-	32,219,547
Development in process	<u>224,080</u>	<u>176,082</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>400,162</u>
Total assets	<u>\$ 17,997,327</u>	<u>\$ 27,418,018</u>	<u>\$ 199,895</u>	<u>\$ 68,962</u>	<u>\$ 936,910</u>	<u>\$ (6,679,085)</u>	<u>\$ 39,942,027</u>

LIABILITIES AND NET ASSETS

Current liabilities							
Current portion of long-term debt	\$ 515,980	\$ 314,913	\$ -	\$ -	\$ -	\$ -	\$ 830,893
Accounts payable	104,398	174,608	1,700	1,350	-	(65,897)	216,159
Accrued expenses	229,056	1,606,346	14,061	-	-	(1,536,535)	312,928
Due to related parties	118,422	1,949,148	133	11,361	-	(2,079,064)	-
Other current liabilities	<u>8,621</u>	<u>74,943</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>83,564</u>
Total current liabilities	976,477	4,119,958	15,894	12,711	-	(3,681,496)	1,443,544
Long-term debt, net	<u>1,023,150</u>	<u>15,818,407</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(1,725,799)</u>	<u>15,115,758</u>
Total liabilities	<u>1,999,627</u>	<u>19,938,365</u>	<u>15,894</u>	<u>12,711</u>	<u>-</u>	<u>(5,407,295)</u>	<u>16,559,302</u>
Net assets							
Without donor restriction	15,997,700	7,479,653	184,001	56,251	-	(1,271,790)	22,445,815
With donor restrictions	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>936,910</u>	<u>-</u>	<u>936,910</u>
Total net assets	<u>15,997,700</u>	<u>7,479,653</u>	<u>184,001</u>	<u>56,251</u>	<u>936,910</u>	<u>(1,271,790)</u>	<u>23,382,725</u>
Total liabilities and net assets	<u>\$ 17,997,327</u>	<u>\$ 27,418,018</u>	<u>\$ 199,895</u>	<u>\$ 68,962</u>	<u>\$ 936,910</u>	<u>\$ (6,679,085)</u>	<u>\$ 39,942,027</u>

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES
Consolidating Statement of Activities
Year Ended December 31, 2023

	<u>FIT - Operating</u>	<u>Family Willows</u>	<u>Housing Benefits</u>	<u>Outfitters</u>	<u>NHCEH</u>	<u>WSCA</u>	<u>Eliminations</u>	<u>Without Donor Restrictions Total</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Revenue and support										
Federal, state and other grant support	\$ 4,446,179	\$ -	\$ 76,520	\$ -	\$ -	\$ -	\$ -	\$ 4,522,699	\$ -	\$ 4,522,699
ERTC revenue	608,918	-	210,697	51,265	-	-	-	870,880	-	870,880
Rental income, net of vacancies	355,838	-	2,701,666	-	-	124,695	(114,355)	3,067,844	-	3,067,844
Thrift store sales	-	-	-	679,347	-	-	-	679,347	-	679,347
Public support	1,698,736	-	94,282	-	111,722	-	-	1,904,740	778,718	2,683,458
Special events	428,660	-	-	-	-	-	-	428,660	-	428,660
Property management fees	1,279,130	-	-	-	-	-	(1,279,130)	-	-	-
Unrealized gain on investments	304,177	-	-	-	-	-	-	304,177	-	304,177
Loss on disposal of property and equipment	(4,257)	-	-	-	-	-	-	(4,257)	-	(4,257)
Interest income	119,200	-	27,854	2,220	-	56	(95,892)	53,438	-	53,438
In-kind donations	36,163	-	-	-	-	-	-	36,163	-	36,163
Forgiveness of debt	-	-	131,267	-	-	-	-	131,267	-	131,267
Medicaid reimbursements	367,428	-	-	-	-	-	-	367,428	-	367,428
Other income	293,411	-	217,764	14,858	4,692	-	(372,259)	158,466	-	158,466
Net assets released from restrictions	<u>1,120,965</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,120,965</u>	<u>(1,120,965)</u>	<u>-</u>
Total revenue and support	<u>11,054,548</u>	<u>-</u>	<u>3,460,050</u>	<u>747,690</u>	<u>116,414</u>	<u>124,751</u>	<u>(1,861,636)</u>	<u>13,641,817</u>	<u>(342,247)</u>	<u>13,299,570</u>
Expenses										
Program activities	8,794,561	-	2,885,401	861,466	133,112	125,649	(1,861,636)	10,938,553	-	10,938,553
Fundraising	626,469	-	300,201	-	-	-	-	926,670	-	926,670
Management and general	<u>953,503</u>	<u>-</u>	<u>452,944</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,406,447</u>	<u>-</u>	<u>1,406,447</u>
Total expenses	<u>10,374,533</u>	<u>-</u>	<u>3,638,546</u>	<u>861,466</u>	<u>133,112</u>	<u>125,649</u>	<u>(1,861,636)</u>	<u>13,271,670</u>	<u>-</u>	<u>13,271,670</u>
Change in net assets from operations	680,015	-	(178,496)	(113,776)	(16,698)	(898)	-	370,147	(342,247)	27,900
Transfer of net assets to non-related entity	-	-	(117,937)	-	(181,980)	-	-	(299,917)	-	(299,917)
Equity transferred resulting from dissolution of Limited Partnership	<u>-</u>	<u>(1,498,562)</u>	<u>1,498,562</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Change in net assets	<u>\$ 680,015</u>	<u>\$ (1,498,562)</u>	<u>\$ 1,202,129</u>	<u>\$ (113,776)</u>	<u>\$ (198,678)</u>	<u>\$ (898)</u>	<u>\$ -</u>	<u>\$ 70,230</u>	<u>\$ (342,247)</u>	<u>\$ (272,017)</u>

FAMILIES IN TRANSITION, INC. AND SUBSIDIARIES

Consolidating Statement of Functional Expenses

Year Ended December 31, 2023

	Program Activities									
	<u>FIT - Operating</u>	<u>Housing Benefits</u>	<u>Outfitters</u>	<u>NHCEH</u>	<u>WSCA</u>	<u>Program Activities Total</u>	<u>Fundraising</u>	<u>Management and General</u>	<u>Eliminations</u>	<u>Total</u>
Salaries and benefits										
Salaries and wages	\$ 3,903,401	\$ 649,331	\$ 313,778	\$ -	\$ -	\$ 4,866,510	\$ 455,273	\$ 682,910	\$ -	\$ 6,004,693
Employee benefits	454,605	(18,931)	17,481	-	-	453,155	43,568	65,351	-	562,074
Payroll taxes	299,780	46,578	23,933	-	-	370,291	34,636	51,954	-	456,881
Total salaries and benefits	4,657,786	676,978	355,192	-	-	5,689,956	533,477	800,215	-	7,023,648
Other expenses										
Advertising	9,979	-	15,623	150	-	25,752	998	1,497	-	28,247
Bad debts	2,492	55,324	-	-	-	57,816	-	-	-	57,816
Bank charges	7,912	5,469	11,292	296	174	25,143	1,338	2,007	-	28,488
Condominium association fees	-	90,967	-	-	-	90,967	-	-	(72,108)	18,859
Consultants	198,399	4,334	5,176	78,658	-	286,567	20,273	30,410	-	337,250
Depreciation	318,718	888,090	3,015	-	2,369	1,212,192	120,681	181,022	-	1,513,895
Events	57,319	10,550	-	10,897	-	78,766	-	-	-	78,766
Food	129,635	21,454	-	-	-	151,089	-	-	-	151,089
Insurance	70,930	103,016	2,393	2,540	19,629	198,508	17,395	26,092	-	241,995
Interest expense	25,261	232,449	-	-	-	257,710	25,771	38,656	(95,892)	226,245
Management fees	99,750	1,116,818	372,259	28,410	34,152	1,651,389	-	-	(1,651,389)	-
Meals and entertainment	4,063	107	45	26	-	4,241	417	625	-	5,283
Membership dues	85,514	773	1,076	747	-	88,110	8,628	12,943	-	109,681
Office supplies	92,915	13,675	10,022	708	70	117,390	10,659	15,988	-	144,037
Participant expenses	134,453	4,032	87	8,966	-	147,538	-	-	-	147,538
Postage	5,297	80	-	-	-	5,377	538	807	-	6,722
Printing	38,742	731	88	-	-	39,561	3,947	5,921	-	49,429
Professional fees	79,044	79,184	-	-	3,700	161,928	15,822	23,734	-	201,484
Related entity expenses	1,782,881	(1,782,881)	-	-	-	-	-	-	-	-
Rent	17,447	-	24,800	-	-	42,247	-	-	(42,247)	-
Rental subsidies	163,605	-	-	-	-	163,605	-	-	-	163,605
Repairs and maintenance	302,605	448,186	20,546	4	42,183	813,524	75,080	112,619	-	1,001,223
Staff development	19,160	-	-	1,039	-	20,199	1,916	2,874	-	24,989
Taxes	41,100	347,759	1,500	-	-	390,359	-	-	-	390,359
Technology support	87,627	4,817	-	660	-	93,104	9,246	13,867	-	116,216
Telephone	85,551	38,053	1,377	-	2,180	127,161	12,360	18,541	-	158,062
Travel	14,470	5,697	-	11	-	20,178	2,017	3,026	-	25,221
Utilities	160,725	500,356	15,479	-	21,192	697,752	66,108	99,163	-	863,023
Workers' compensation	101,181	19,383	21,496	-	-	142,060	-	16,440	-	158,500
Total expenses	\$ 8,794,561	\$ 2,885,401	\$ 861,466	\$ 133,112	\$ 125,649	\$ 12,800,189	\$ 926,670	\$ 1,406,447	\$ (1,861,636)	\$ 13,271,670



FIT Board of Directors 2025

CHAIR		VICE CHAIR	
Stephen Norton Community Advocate		Robert Bonfiglio Co-Founder, Rise Private Wealth Management	
TREASURER		SECRETARY	
Gary Potavin Global Business Controller, Amphenol		Cheryl Moreau Benefits/HRIS Manager, CMC	
Members at Large		Members at Large	
Rev. Gayle Murphy Minister		Michael Simoneau SVP, Community Outreach, Members First	
Laura King Branch Manager, Eastern Bank		Michael Visocchi VP, Internal Communications, Comcast	
David Crespo Regional Leader, Primerica		Christopher Kennedy VP, External Relations, NH Healthy Families	
Steve Palmer SVP, Client Relationship Officer, NH Trust		Karen Moynihan VP of Philanthropy, Catholic Charities	
Heather Francoeur VP, Senior Branch Relationship Manager, Enterprise Bank		May Hatem Chief People Officer, Service Credit Union	
Sean Parnell VP Commercial Insurance, Clark Insurance		Chloe Golden Attorney, Sheehan Phinney	
Michael Guarini Wealth Manager, Brophy Wealth Management		Jack Dunleavy Detective, Manchester Police Department	
Carol Willoughby VP Regional Underwriting Director, First American Title		Hilary Holmes Rheaume Attorney, Bernstein Shur	



THE NAGLER GROUP

Human Resources, Legal & Administrative Staffing

REBECCA A. MUSUMECI

Work Experience

3/19/18 to 7/11/18 Safe Harbor Compliance & Clinical Services (SHCACS), Round Rock TX Medical Billing Coordinator

- Create policies and procedures for accurate medical billing
- Audit all patient accounts prior to sending their claims to billing
- Recommend candidates for the self-pay option to our RSVP Specialty Pharmacy staff and affiliate pharmacies
- Obtain necessary documentation and corrected documentation and ICD-10 diagnosis codes for RSVP
- Review weekly KPI report with the billing company for RSVP
- Review weekly KPI reports with the billing company and affiliate pharmacies
- Coordinate information and documentation needs between affiliate pharmacies and the billing company
- Communicate with and train RSVP Central Routing and our affiliate pharmacies regarding insurance verification and authorization requests.
- Create training documentation for insurance verification and authorization requests
- Create an insurance verification form
- Assist in the creation of an allergy packet, including which allergy diagnosis codes (ICD-10 codes) are considered strongest for medical billing
- Assist in the creation of a "Billing Tips" document for referring providers and investigators
- Work with Financial Department on analytics including current census, outstanding balances, and cost/income projections
- Verify insurance coverage
- Obtain authorizations when necessary

1/31/18 to 3/18/18 Accountability Resources Austin TX

- Assigned to Safe Harbor Compliance and Clinical services as a "Temp to Hire" Medical Billing Coordinator.
- See above for experience

** Self Reliant **

9/5/17 to 12/20/17 Eagle Pest Control Bastrop TX

Office Assistant

- Answer phones and assist customers
- Update and new Customer information in Quick Books
- Update "To Do" lists for monthly, bi-monthly, quarterly, and bi-yearly
- Pest Control Treatment as well as annual Termite Inspections
- Call customers to schedule Pest Control services

- Enter Service Invoice information in QuickBooks
- Enter customer payments in QuickBooks
- Enter company expenses and payment in QuickBooks
- Create various reports in QuickBooks

6/6/17 to 9/1/17 Kidworks Therapy Services Austin TX
Office Assistant/Medical Billing & Payment Posting

- Answer phones and assist patients and their parents
- Obtain authorization for therapy services
- Research and appeal denied authorization requests
- Assist with scheduling patient therapy
- Enter patient demographics in Raintree
- Verify insurance coverage and benefits
- Research and appeal denied claims
- Process and post patient payments collected at time of service
- Post insurance payments
- Contact parents to collect overdue balances

4/13/15 to 11/1/17 Medastin Managed Billing Austin TX
Medical Billing and Cash Posting Specialist

- Post all insurance and patient payments in Brightree for the Providacare and Freedom accounts
- Verify insurance coverage
- Assess patient eligibility for indigent waiver of financial responsibility
- Prepare and bill secondary insurance claims
- Calculate rental equipment caps
- Process patient payments via ZirMed
- Research insurance payments and patient balances when requested
- Audit patient accounts when requested
- Answer patient billing questions

1/27/2010 to 4/10/15 Providacare Medical Supplies Austin TX
Cash Specialist

- Create the Daily Deposit spreadsheet
- Obtain Bank Transaction Report and the ZirMed Transaction Report daily and compare them to ensure that only items that are in the bank are reported on the Daily Deposit
- Track the pending ZirMed transactions to make sure that they process in the bank and report the transactions on the appropriate Daily Deposit
- Review patient payment plans through ZirMed and adjust them as necessary
- Charge insurance credit cards, patient credit cards and patient ACH payments via ZirMed

- Post all insurance and patient payments in Brightree
- Enter insurance payments in QuickBooks
- Audit patient accounts when requested
- Contact patient regarding overdue balances
- Obtain any EOBs online as necessary
- Create and update monthly and quarterly reports, including pivot reports, for management

**8/1/05 to 9/30/09 Milestones Therapeutic Associates, Inc McAllen, TX
Medicaid Accounts Specialist**

- Promoted to department Co-Captain (similar to a supervisor)
- Bill all Medicaid and CSHCN claims
- Post all Medicaid and CSHCN payments
- Research all denied Medicaid and CSHCN claims
- Appeal denied claims either online, by phone, or by paper
- Assist with insurance claim appeals
- Coordinate with CORF Consultants to verify coverage for Medicare patients
- Audit patient charts to ensure that all required information is present
- ICD-9 Diagnosis coding
- Billing Insurance claims
- Posting Insurance payments
- Training
- Documentation tracking
- Obtain authorizations for services
- Verify insurance coverage and benefits
- Assist in answering phones
- Assist in checking in patients
- Assist with scheduling patient appointments

Education

BA in Psychology from the University of New Hampshire, Durham, NH

Skills

Experience using AdvancedMD, SalesForce, ShareFile, SharePoint, most Insurance Company Provider Portals, Brightree, Raintree, QuickBooks, Medisoft, FOS, Carenet, Star Patient Care, Care Manager, Microsoft Works and Office Programs including creating Pivot Tables. Also attention to detail and organizational skills, mail sorting, triaging phone calls, IV medication compounding, inventory, training, scheduling, equipment tracking and maintenance.

Britiny LeBeau



Work Experience

Head Cook

Friendly's - Laconia, NH

January 2015 to November 2020

My job as the Head cook was to oversee all of the other cooks, complete a prep list everyday, cook meals for customers, and complete daily rotation of food. I have taken numerous food safety courses, as well as understand the importance of following these procedures.

Education

GED

Laconia High School - Laconia, NH

January 2009 to June 2012

Skills

- Food Safety
- Food Preparation
- Kitchen Experience
- Supervising Experience
- Cooking
- Cleaning Experience

CAROL STEEVES, LICENSED ALCOHOL AND DRUG COUNSELOR, NEW HAMPSHIRE

**PROFESSIONAL
EXPERIENCE**

INTAKE COORDINATOR, FAMILIES IN TRANSITION WILLOWS SUBSTANCE USE PROGRAM
January 2018 - Current

- Phone screens for potential clients
- Admission assessments & orientation of clients across multiple programs
- Facilitate Intensive Outpatient group sessions
- Uploading and updating client information into the Electronic Health Record
- Ownership of the waiting list for the transitional living program
- Work with community partners to ensure appropriate level of care

REAP PROGRAM COORDINATOR/UNLICENSED CLINICIAN, SERENITY PLACE
August 2017 - January 2018

- Manage daily workflow of office to ensure timely & efficient client service
- Develop and maintain contacts at State of NH Bureau of Drug and Alcohol Services
- Manage training, supervision, coaching, evaluation, and support of all REAP staff
- Develop & maintain qualitative measures for REAP functions; reporting to management and State
- Oversee REAP client intake and assessment (use of RIASI, DRI II, ATR, and WITS systems)
- Oversee all documentation & recordkeeping, including document storage & lawful destruction
- Manage client exit, aftercare, and referral to appropriate entities, as needed

UNIT SUPERVISOR, THE FARNUM CENTER
March 2014- August 2016

- Facilitate daily didactic groups
- Complete client intake and orientation
- Assist all unit staff with management of clients
- Coordinate staff scheduling, payroll, training, and supervision
- Assist the counselor with documentation (face-to-face interviews, discharge summaries)
- Complete daily progress notes on each detox unit client
- Monitor and support clients' activities of daily living
- Interview and hire Resident Instructor applicants

HOUSE SUPERVISOR, SERENITY PLACE
March 2006- March 2014

- Hiring, scheduling, coaching, support, and administrative supervision of all support staff
- Phone screens with potential clients for detox; management of wait list
- Complete weekly reporting for US Probation & Parole drug screening
- Facilitate daily Transitional Living Program group sessions
- Evaluate applicants for admission to the Transitional Living Program
- Guide staff working to obtain their CRSW
- On-call support for staff across multiple programs
- Audit resident files monthly
- Coordinate aftercare planning with case management

EDUCATION

BACHELOR OF SCIENCE IN PSYCHOLOGY WITH A CONCENTRATION IN ADDICTION STUDIES, 2021
GRANITE STATE COLLEGE, CONCORD, NEW HAMPSHIRE

Professional and personal references available upon request

Christopher Rule



Work Experience

Recovery Support Worker

Families in Transition-Manchester, NH

January 2018 to Present

Oversee clients on 3rd shifts.
Various filing and paperwork/note taking.
Complete a shift report for every shift worked.
Disperse morning medications.
General cleaning and upkeep of offices and work space.

Recovery Support Specialist

Serenity Place-Manchester, NH

March 2013 to January 2018

Oversee clients on 1st, 2nd and 3rd shifts. Primarily 3rd shift but did work some days and evenings.
Various filing and paperwork/note taking.
Complete a shift report for every shift worked.
Disperse morning medications.
General cleaning and upkeep of offices and work space.

Line Cook/Pizza Maker

Portland Pie Company-Manchester, NH

August 2009 to March 2013

Prepare dough for pizzas.
Food prep (chopping and portioning onions, peppers, slicing meats, etc. etc.).
Add ingredients as part of a line, sometimes solo.
Occasionally, frequently wash dishes at end of shift.
Clean up station(s) at end of shift (mop, sweep, scrub, wrap left over toppings and place in walk in refrigerator).

Education

General Educational Development Certificate

Manchester School of Technology - Manchester, NH

Skills

- Behavioral Health

- Cleaning (10+ years)
- Crisis Intervention
- Food safety (10+ years)
- Crisis Management
- Intake Experience
- Social Work
- Medication Administration
- Custodial experience

Certifications and Licenses

Food Handler Certification

Dominique Geiger



Work Experience

Assembly Technician

Warwick Mills - New Ipswich, NH

December 2018 to April 2022

Skills

- Assembly
- Mechanical Knowledge
- Quality Control
- Manufacturing
- Quality Inspection
- Power tools
- Cash register
- Working as a team with multiple people
- Stocking
- Can follow direction well
- Sewing machine
- Cash handling
- Retail sales
- Phone etiquette
- Computer skills
- Customer service
- Communication skills
- Basic math
- POS
- Driving
- Sales
- English
- Laundry
- Packaging
- Hand tools
- Cleaning

Certifications and Licenses

Driver's License

Janine Driscoll

Work Experience

Pharmacy Technician

PillPack

December 2020 to May 2021

Customer Service Representative

UHC United Healthcare - Hooksett, NH

September 2019 to September 2020

Pharmacy Technician

Walmart - Bedford, NH

September 2002 to July 2019

Education

High school diploma

Skills

- Pharmacy Technician Experience
- Medical Billing
- Cash Handling
- Typing
- Insurance Verification
- Medical Terminology
- HIPAA
- Transcription
- Computer Operation
- Inventory control
- English
- Customer service

Certifications and Licenses

Pharmacy Technician

August 2007 to March 2023

Assessments

Verbal communication — Proficient

May 2019

Speaking clearly, correctly, and concisely

Full results: Proficient

Call center customer service — Proficient

September 2020

Applying customer service skills in a call center setting.

Full results: Proficient

Problem solving — Proficient

May 2019

Analyzing relevant information when solving problems.

Full results: Proficient

Customer focus & orientation — Expert

June 2019

Responding to customer situations with sensitivity.

Full results: Expert

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

KRISTIN LYLE

EDUCATION

University of New Hampshire - Durham, NH

June 2021 - June 2023

Master of Social Work

3.86 GPA

- Substance abuse Treatment Certification
- 2023 Behavior Health Scholarship recipient

Johnson & Wales University - Miami, FL

January 2000 - December 2004

Bachelor of Science - Management

3.93 GPA

- Summa Cum Laude
- Business Leaders of America Scholarship recipient

EXPERIENCE

Families In Transition, Willows Treatment Center - Manchester, NH

October 2022 - Present

Clinical Intern

- Implement individual substance use and mental health counseling to three clients, including treatment plans, CBT, DBT, and strength based skills
- Facilitate IOP and OP groups for up to 12 clients using evidence based curriculums
- Prepare comprehensive assessment, evaluation, diagnosis of substance use disorder and level of care of substance use disorders
- Build effective treatment plans and assisting patients in achieving goals by reviewing often and collaboratively together
- Maintain accurate, timely documentation in patient's medical records of over 40 patient contacts and patient's plan of care, using correct codes, and communicate with collaterals

You Have A Village - Online

January 2022 - September 2022

Clinical Intern

- Facilitated 4 existing online parent support groups targeting parents of children with eating disorders and single parents
- Created and lead a weekly coping skills group for parents to manage everyday parental stress
- Implemented and lead client follow-up and crisis management system, providing professional and timely client support and intervention
- Curated and produced content for multiple blog posts focusing on parent trends and topics as well as contributed to research evaluation project, currently awaiting publishing

Nordstrom - NE Region, Paramus, NJ

May 2004 - September 2018

Customer Service and Personal Stylist Director

- Led, trained, hired, and developed support team for 13 stores and regional management team
- Analyzed sales opportunities weekly and communicated needs to buying team and corporate leaders
- Assessed overall region's customer experience, identified opportunities, and executed changes in technology, staff, and service 13 stores
- Led, articulated, delivered, and executed company initiatives to NE regional's 13 stores

OBJECTIVE

To join an addiction treatment support team in a clinical based setting while receiving supervision for LICSW and MLADC licensure requirements

SKILLS

- Evidence based, substance focused group and individual therapy experience
- ASEM and DSM-V knowledge
- Spiritual ministry trained
- Strength approach, solution based, and person-centered skills
- Grief and bereavement counseling
- Telehealth experience in individual and group settings

KURTIS SINGLETON

OPERATIONS SUPERVISOR

OBJECTIVE

To help those in recovery receive what was so freely given to me, the start of a new life. To fully utilize my training and skills, while making a significant contribution to the success of the company, all while gaining continuous growth and knowledge.

EDUCATION

Central High School,
Manchester, NH
Graduated 2008.

EXPERIENCE

August 2022- Present
Operations Manager • HOME Sober Living for Men

June 2021- Present
Operations Supervisor • New Freedom Academy

February 2021-June 2021
Lead Recovery Support Specialist • New Freedom Academy

October 2020-February 2021
Recovery Support Specialist • New Freedom Academy

KEY SKILLS

Leadership
Teamwork
Critical Thinking
Adaptability
Interpersonal Skills
Operations Management
Scheduling
Time Management
Communication

COMMUNICATION

As an operator of HOME Sober Living for Men, I oversee a house with 21 men, with 3 direct reports who manage the house, that are seeking long term sobriety. They are held rigorously accountable, and maintain a secure home together. At New Freedom Academy, I am Operations Supervisor to a team of 10 individuals, and 6 houses with 2 house managers per house, all while working simultaneously with other departments such as clinical and case management, toward the goal of helping the clients. I utilize skills such as teamwork, leadership, interpersonal skills, and evidence-based practices to run a team who is confident in their skills, and continuously adapting to their environment.

REFERENCES

[Available upon request.]

LINNITA HOWE

Professional summary

Committed healthcare professional offering 10 years of demonstrated success in home healthcare. Having been committed to delivering consistent and focused attention to client safety, comfort and dignity. Personal Interests in multiple crafts, volunteering with youth and currently learning basic home repair with a passion for helping others. Looking to use these skills and gain more knowledge to help those caught in this increased drug crisis.

Skills

Works well under pressure Communication skills
Advanced interpersonal skills Commitment to quality and service

Work history

Elderly Caregiver Sep 2006 - Apr 2017 All Generations Home Care Nashua, NH

Worked to improve and enhance patient lives through effective and compassionate care. Assisted disabled clients in any way necessary to facilitate independence and well-being. Administered medication as directed by the physician. Transported individuals to medical appointments and other errands. Monitored progress and documented any status changes accordingly. Maintained a clean, safe and well-organized client home environment. Developed rapport with clients to create a safe and trusting environment in their home. Supervised daily activities and provided assistance when needed.

Purchasing Assistant Jun 2002 - Aug 2009 Atrium Medical Merrimack, NH

Analyzed departmental documents for appropriate distribution and filing. Reviewed files, records and other documents to obtain information and respond to requests. Called vendors to verify receipt of purchase orders and determine acceptable delivery dates. Utilized Excel and Oracle to create reports and maintain material records. Worked with vendors to receive contracted prices on office supplies, and maintained the office supply stock.

Certifications:

Certified recovery Support Worker 2022

Education

Certified Recovery Support 2020
Choices Recovery Trainings NH

Licensed Nursing Assistant 2009
LNA Health Careers LLC Manchester NH

GED: Homeschool

hobbies

Knowledgeable in:
Sewing
Crochet
Knitting

Currently dabbling with:
Small home repairs
Minor car repairs
Gardening

Lisa M. Spurrell

Objective

To obtain the position of Director of Substance Use Services with Families in Transition.

Employment History

- **Elliot Health System:**
 - Maternal Opioid Misuse (MOM) Grant Program Manager overseeing the daily operations of care coordination and peer recovery support services to pregnant and postpartum individuals with Opioid Use Disorder and subsequent data collection processes, as well as regularly engaging key state and local community stakeholders and maintaining programmatic budget documentation. (05/2022-Present)
 - Partial Hospitalization Program Therapist completing ASAM level of care assessments and individual and group counseling to adults with co-occurring substance use and mental health diagnoses. (06/2021-05/2022)
 - Medication-Assisted Treatment Therapist providing individual and group counseling, crisis intervention, assessment, and treatment planning services to adults with Opioid Use Disorder and/or Alcohol Use Disorder. (09/2020-06/2021)
 - **New Season Treatment Center:** Substance Use Counselor providing individual and group counseling, crisis intervention, relapse prevention, treatment planning and medication-assisted treatment services to those adults with Opioid Use Disorder. (09/2016-09/2020)
 - **Orion Group:** Home Based Clinician providing prevention services, intervention services, and treatment planning to children, adolescents, and families involved with Juvenile Probation and Parole and/or the Division for Children, Youth, and Families. (12/2015-12/2016)
 - **Second Growth:** Substance Use Counselor, Student Assistance Provider for the Hartford School District, VT providing brief intervention, counseling, referral, and prevention education services to middle and high school students. (08/2014-11/2015)
 - **Washington County Mental Health Services Home Intervention Program:** Crisis Intervention Counselor providing brief intervention to short-term residential clients. (08/2013-08/2014)
 - **Norwich University:** Substance Use Counseling Intern providing brief intervention and education to college students in violation of the university alcohol policy. (01/2013-05/2014)
-

Education and Certifications

08/2020-Present

Master Licensed Alcohol &
Drug Counselor (MLADC)

State of New Hampshire
License Number: 1057

[Phone number]•[E-mail address]

[Your Name]

06/2018

Master of Science in Christian
Counseling for Substance Use
and Addictive Disorders

Grand Canyon University, Phoenix, AZ

05/2013

Bachelor of Arts in Psychology

Norwich University, Northfield, VT

References

References are available upon request.

Meghan Shea, LICSW, MLADC

Operations focused leader with more than 17 years of experience in nonprofit social service field. Success in building a strong infrastructure to support fast growth and operations across Emergency Sheltering, Supportive Housing Programming, Substance Use Treatment and Food Insecurity Services.

EDUCATION / LICENSURE

Master – Licensed Alcohol and Drug Counselor (MLADC)	September 2010- Present
Licensed Independent Clinical Social Worker	October 22, 2012-Present
Master of Social Work, University of New Hampshire	May 2010
Bachelor of Art, Social Work, University of New Hampshire	May 2006

EMPLOYMENT

Chief Program Officer Families in Transition

September 1, 2020

- **Program Direction:** Advise employee based talent in effective leadership of programs based on the agency's mission and priorities as defined in the strategic plan.
- **Program Assessment and Improvement:** In conjunction with Executive Leadership, assess community needs and program effectiveness. Look for opportunities to increase program impact and pursue those opportunities with the leadership management of the supportive services and clinical departments. Provide oversight of program outcomes and best efficiency to garner the data for sustaining dashboard outcomes.
- **Program Sustainability:** Complete Program Viability Review annually and as needed based on funding opportunities or transitions.
- **Funding:** Work with program managers and directors to maintain positive working relationship with funders. Work with other internal and external stakeholders to assess and pursue funding opportunities. Provide oversight of compliance with funding source requirements and adherence to reporting requirements.
- **Project Management and Administrative Coordination:** Work with leadership and relevant stakeholders to provide structure and support for project management related to new program initiatives or developments.
- **Budget Supervision:** Responsible for the oversight and monitoring of the annual program budgets. Assist with development of budgets each year with Executive Team and program management. Provide oversight to program management related to monitoring the appropriate allocation and expenditures of time-sensitive funded expenses.
- **Compliance –** Ensure compliance with all regulatory and licensing requirements. This includes having continuing dialogue and effective reporting with external agencies.
- **Leadership:** provide mentoring, guidance, supervision, and professional development to all leadership staff; and enhance the structure of the organization by staying abreast of developments in clinical & supportive services workforce and education.
- **Systems Improvements:** Focusing on systems/process improvement. Promote regular and ongoing opportunities for all staff to give feedback on program operations. Coordinate with program management regular system reviews and implementation of identified opportunities for improved efficiency, quality and enhanced program outcomes.
- **Program Quality:** Provide, prioritizes, and implements evidence-based, state of the art,

innovative solutions to the myriad of issues facing individuals experiencing homelessness, food insecurity, substance use and mental health disorders.

Vice President, Clinical & Supportive Services

Families in Transition-New Horizons

December, 2017-Sept 2020

- Oversees all clinical and supportive services at Families in Transition-New Horizons including emergency shelter, transitional and permanent supportive housing, Substance Use Treatment and Recovery Services, Recovery Housing and programming.
- Quality of control of healthcare facilities licensure.
- Oversight of fidelity of evidence based practices and models.
- Oversight of staff competencies and required trainings for best practices across the agency.
- Supervision of agency six program managers and two directors
- Provide clinical supervisor for licensure and certifications.
- Quality control of all billing policies and procedures.

Receivership- Interim Executive Director

December, 2017- April 2018

Serenity Place

- Provided program and staff management during the receivership
- Facilitated with program distribution to other entities in the community
- Provided oversight to clinical programming to ensure continued services during agency closure.
- Participated in community collaboration with key stakeholders to rebuild the Safe Station model.

Therapist

January 2014- November 2019

Bedford Family Therapy

- Treat a caseload of 15 clients in a private outpatient group practice
- Utilize various evidence based practices CBT,DBT, and Seeking Safety skills to help clients meet their own individual goals
- Conduct Drug and Alcohol assessments
- Active participant in DWI Offender Program providing mandated outpatient session for individuals coming from the Impaired Drivers Program
- Participate in weekly supervision with other licensed clinicians part of the private group practice.

Clinical Director

Families in Transition

Sept 1st, 2016- December, 2017

- Oversee and manage Sr. Housing Program Manager who supervises the supportive services department with up to 25 staff providing housing (emergency, transitional and permanent) and supportive services with capacity to serve 200 homeless individual and families. Supportive services encompass individual case management, therapy, psycho-educational workshops, pro-social family activities and crisis intervention.
- Oversee the Family Willows Program Manager who supervises 11 clinical staff who conduct co-occurring treatment to women only
- Develop and staff Recovery Housing program and implementation of newest housing and supportive service programming
- Develop and oversight Open Doors outpatient programming for all transitional housing programs of FTT
- Ensure quality programming across Families in Transitions clinical department
- Provide training within the organization and community on substance misuse in NH.
- Administer all program policies and procedure for Families In Transition's various Supportive Service
- Oversight of billing components of all levels of Co-occurring treatment.

Program Manager, Willow Substance Use Treatment Program

September 2014-2016

Families In Transition

- Manage the day to day operations for the Willows Substance Use Program including six staff members
- Transitioned the program from grant funded to billing all commercial insurances
- Increased accessibility of treatment from 86 clients in 2013 to 250 in 2016.
- Provided clinical and administrative oversight
- Carried a caseload of 12-15 individual clients providing co-occurring evidence base therapeutic interventions.
- Facilitated Intensive Outpatient treatment in a group setting on a weekly basis to group of 12 women.
- Provided training and education to staff on clinical intervention and best practices in the group setting.

Therapist

May 2010- September 2014

Families In Transition

- Facilitated Intensive Outpatient Programing in a group setting daily for up to 12 clients
- Carried a caseload of up to 15 people for individual therapy.
- Provided crisis services for the hotline of Families In Transition
- Conducted Substance Use Disorder Assessments for incoming clients
- Produced treatment plans, progress notes and supporting documentation in a timely manner
- Helped implement new curriculum changes in the treatment programming

MSW Intern

May 2009 to May 2010

Bedford Counseling – Mental Health Center of Greater Manchester

- Conducted intake interviews for new, adult clients and develop comprehensive psycho-social assessments to include diagnosis and substance use assessments
- Provided psychotherapeutic intervention services to twenty-two individuals using brief treatment and cognitive behavioral interventions
- Attended therapeutic workshops pertaining to dual-diagnosis, behavioral health and client driven treatment planning

Case Manager

June 2006- May 2010

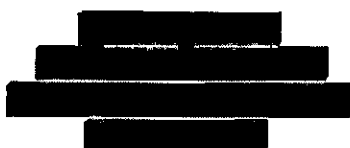
Families In Transition

- Provided in home case management services to 30 individuals and families to enhance housing stability among the homeless population.
- Provided crisis hotline coverage for all clinical programming of Families In Transition
- Conducted program interviews for the community support program
- Maintained all files with updated documentation, clear and concise progress notes and treatment plans
- Facilitated workshops to help enhance overall wellness to participants of the program
- Collaborated with community partners to increase referral resources

PROFESSIONAL MEMBERSHIPS

Providers Association Board of Directors-Vice President of Treatment	July 2014 to June 2020
NH Correctional Facility for Women's Citizen's Advisory Board	December 2019- Present
NH Alcohol & Drug Abuse Counselors Association	January 2012 to Present
Member of the Manchester Substance Use Collaborative	March 2012 to Present

MICHAEL BABINEAU



Education

Bachelor of Science: Human Services- Concentration: Addiction Studies

Springfield College, Manchester, NH. 2013

Mass. College of Pharmacy, Boston, MA 1984-1987

Professional Experience

IDCMP/Outpatient Clinician

June 2016 to January 2018

- Practice in accordance with the 12 Core Functions of Addiction Counseling
- Perform Substance Use Disorder Evaluations
- Engage clients in effective case management practices
- Maintain clinical charts and databases
- Currently working toward LADC licensure

Recover Care Specialist

November 2014 to June 2016

- Engaged in all aspects of clinical treatment in a long term transitional living program for men.
- Tirrell House-Serenity Place. Manchester, NH.

Aftercare Coordinator

April 2013 to November 2014

- Developed detailed aftercare plans with clients as recommended by clinicians.
 - Counseled clients on community services available.
 - Assist clinicians with facilitating treatment groups, admitting new clients, and medication distribution.
- Easter Seals NH, Farnum Center. Manchester, NH.

Mechanical/Custodial Technician

January 2010 to April 2013- Promoted to Aftercare Coordinator.

- Duties included carpet and floor care.
 - Equipment operation, maintenance, and repair.
- Easter Seals NH, Zachary Road and Farnum Center. Manchester, NH.

Quality Control/ R & D Technician

3/95 to 10/99 and 11/01 to 6/09

- Analyzed incoming raw materials and outgoing finished product to ensure company specifications.
 - Attained proficiency in all aspects of "wet chemistry" testing and gas chromatography.
 - Skilled in waste water treatment, pump repair, and plumbing. Forklift certified.
- Pilgrim Foods Inc. Greenville, NH.

References available upon request

Natalie Plotner

Authorized to work in the US for any employer

Work Experience

Crew Member

dunkin donuts-Manchester, NH
March 2024 to Present

I'm back working at the same dunkin I worked at before. Part time

Special Needs Bus Monitor

Gentle Care Ride-Manchester, NH
January 2024 to Present

I am a bus monitor for autistic children. I love my job. I get picked up and brought to the school by my driver. I get out when we are ready to pick the child up. I open the door and let them get in. I make sure the child is buckled securely before shutting the door and sitting in the back with the child until we get to the destination then, I get out walk them to the door.

Recovery Support Worker

Families in Transition-Manchester, NH
November 2023 to Present

I am a recovery support worker on second shift through families in transition. I work at the transitional living program. We house up to 25 women.

Crew Member

Dunkin'-Manchester, NH
August 2023 to November 2023

I am a closer, order taker, coffee maker, cashier, stocker, and count the drawers down at the end of the night. I clean the store and make sure it's up to standards for the next day.

Kitchen Staff

Buffalo Wild Wings-Manchester, NH
June 2023 to August 2023

I am a dishwasher for them. I also work in the kitchen as a wing shaker. I know how to use a fryer and clean it as well

Crew Member

Dunkin' Donuts-Lancaster, NH
February 2022 to July 2022

I am a crew member. I also run a shift at night with another crew member & also by myself. I washed dishes and cleaned before closing

UPS Package Handler

UPS-Nashua, NH

December 2019 to February 2020

A loader for night shift for their trucks which was getting the packages as large as 70lbs off the shoot and in the order the truck driver wants them. Also did small sorts which is packages smaller than 15lbs getting scanned in the system and make sure it went to the right truck. Up til the day I had surgery for breast cancer.

Construction Worker

Optiline enterprise-Nashua, NH

April 2019 to November 2019

Laborer that cleaned up after all the drywall hangers. I moved up in the company as a fire taper for a while then I started to do level 5 paint spraying. Then I moved up to fire stop and insulation. which is where you take the insulation and put the proper amount in and put a fire rated caulking over top or a fire rated spray over top to stop the fire from spreading so fast through the building

Grill Cook

Chipotle Mexican Grill-Manchester, NH

November 2018 to March 2019

I came in every morning before opening and did food preparation for the day. I also ran the grill for the food that needed to keep being cooked. I prepared vegetables, made the beans and rice, and cooked the chicken and steak on the grill as needed for the shift. I cleaned all my dishes before I left for the day.

General Manager

Burger King-Nashua, NH

March 2018 to November 2018

I would work every morning opening the store getting my crew ready and in there stations for the day. I would do my morning computer work of checking all deposits from the night before making sure my cash is correct for the day ahead of me. I would go to the bank to get change and then help my crew in any area that they needed help with throughout the day before having to do my paper work and computer work before shift change. I also made the schedule for the week and made all the orders we needed for the food, beverages, and whatever else my store was out of for that time period. Help in the kitchen and washing dishes.

Fiberglass Roller

Akerplastics-Martinsburg, WV

February 2017 to June 2017

I was a on an assembly line rolling the fiberglass even onto the trub liners. I was very quick learner and I was out to work through a temp agency.

Printing Press Operator

Quad Graphics Distribution Services-Martinsburg, WV

January 2016 to November 2016

I did print press running for a staffing agency and packed all the printed copies onto a pallet and wrapped it up as I went to keep it from falling over.

Anything available

Staffing agency-Martinsburg, WV

January 2016 to November 2016

I worked all kinds of different warehouse jobs. They switched me around to a lot of different warehouses and cleaning jobs. Wherever they needed me I went.

Crew Member

Burger King-Winchester, VA

March 2015 to December 2015

I was a cashier and order taker in the drive thru.

Education

High school diploma

Musselman High School

August 2009 to May 2011

Skills

- Cooking (10+ years)
- Food Preparation
- Heavy Lifting
- Load & Unload
- Order Picking
- Packaging
- Pallet Jack
- Warehouse Experience
- Forklift (1 year)
- Shipping & Receiving
- Kitchen Experience (10+ years)
- Order Picker (1 year)
- Materials Handling
- Merchandising
- Shift Management
- Lawn Care (2 years)
- Cash handling
- Supervising experience
- Stocking
- Management
- Warehouse distribution
- Patient observation
- Leadership
- Microsoft Office (4 years)
- Restaurant experience
- Customer service (4 years)
- Computer skills
- Construction (1 year)
- fire taping
- fire stop and insulation service
- Level five painter with sprayer (1 year)

- Painting (2 years)
- Cleaning & ground Maintenance
- Retail sales
- Microsoft Excel
- Basic math
- Microsoft Word
- Caulking
- Drywall
- Mowing
- Dishwashing (5 years)
- Landscape Maintenance

Languages

- English - Expert

Assessments

Typing — Completed

November 2021

Transcribing text

Full results: Completed

Customer focus & orientation — Proficient

November 2021

Responding to customer situations with sensitivity

Full results: Proficient

Work style: Reliability — Proficient

January 2022

Tendency to be reliable, dependable, and act with integrity at work

Full results: Proficient

Sales skills — Proficient

August 2021

Influencing and negotiating with customers

Full results: Proficient

Delivery driver — Proficient

January 2022

Interpreting instructions or signs and solving problems

Full results: Proficient

Attention to detail — Proficient

July 2022

Identifying differences in materials, following instructions, and detecting details among distracting information

Full results: Proficient

Cleaner fit — Proficient

June 2023

Measures the traits that are important for successful cleaners

Full results: Proficient

Warehouse safety — Proficient

July 2022

Using safe practices in a warehouse setting

Full results: Proficient

Customer service — Proficient

June 2023

Identifying and resolving common customer issues

Full results: Proficient

Case management & social work — Completed

December 2022

Determining client needs, providing support resources, and collaborating with clients and multidisciplinary teams

Full results: Completed

Food service: Customer situations — Proficient

June 2023

Identifying and addressing customer needs in a food service setting

Full results: Proficient

Food service fit: Crew member — Proficient

November 2021

Measures the traits that are important for successful food service crew members

Full results: Proficient

Work style: Conscientiousness — Proficient

May 2023

Tendency to be well-organized, rule-abiding, and hard-working

Full results: Proficient

Administrative assistant/receptionist — Completed

June 2023

Using basic scheduling and organizational skills in an office setting

Full results: Completed

Security guard skills — Proficient

October 2021

Assessing risks, enforcing security standards, and handling complaints

Full results: Proficient

Management & leadership skills: Impact & influence — Proficient

January 2022

Choosing the most effective strategy to inspire and influence others to meet business objectives

Full results: Proficient

Front desk agent (hotel) — Proficient

November 2021

Selecting hotel rooms based on verbal requests and identifying errors in hotel data

Full results: Proficient

Work style: Reliability — Proficient

December 2022

Tendency to be reliable, dependable, and act with integrity at work

Full results: Proficient

Retail customer service — Proficient

March 2022

Responding to customer situations in a retail setting

Full results: Proficient

Cooking skills: Basic food preparation — Proficient

December 2022

Preparing food, using cooking equipment, and converting ingredient measurements

Full results: Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

Paige Carroll



Authorized to work in the US for any employer

Work Experience

Parent Partner

Granite Pathways STS-Manchester, NH

December 2022 to Present

Serve as a knowledgeable source of community resources; Document all contacts and interactions with caregivers. Help caregiver navigate DCYF and understand the process. Encourage positive behaviors as well as celebrate successes with the caregiver.

Manager

Massage Envy-Manchester, NH

June 2021 to September 2022

Check open areas in the schedule and get clients booked, monitor offsite appointments for the day, contact any members looking to cancel or freeze their accounts and resell the membership, ensure accounts with a past due balance are below 3%, Run account suspends report and contact clients, supervise/manage all front desk associates.

BDC representative

Quirk-Manchester, NH

May 2020 to June 2021

Maintaining thorough, up-to-date knowledge of products. Greeting and assisting walk-in customers, and treating all clientele with courtesy and respect. Adhering to all company policies and procedures. Maintaining contact with customers to ensure they are happy with our service.

Recovery Coach

Granite Pathways-Manchester, NH

August 2019 to December 2019

Engages with patients in the Addiction Treatment Program and encourages them to maintain sobriety, participate in recovery oriented activities and develop a network of sober supports. Helps patients identify and access needed resources and recovery supports.

Education

Training in CRSW

January 2023 to February 2023

Training in DCYF 101

December 2022 to December 2022

Training in Nurturing Parenting

December 2022 to December 2022

High school or equivalent

Goffstown

Skills

- Microsoft Office (6 years)
- Word Processing (3 years)
- Typing (3 years)
- Insurance (1 year)
- Insurance Verification (1 year)
- Data Entry (7 years)
- Medical Office Experience (1 year)
- Epic
- Hospitality
- FCC (Less than 1 year)
- Customer service
- Sales
- Communication skills
- Retail sales
- Telemarketing
- Hospitality
- Supervising experience
- Serving
- Front desk
- Cleaning

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:

Families in Transition

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT (Total 25-26)	ANNUAL SALARY 25
Becky Musumeci	Medical Biller	\$39,712.00	\$38,555.00
Britiny LeBeau	Recovery Support Supervisor	\$39,142.00	\$38,002.00
Carol Steeves, LADC, MSW	Therapist	\$64,890.00	\$63,000.00
Christopher Rule	Recovery Support Worker	\$37,042.00	\$35,963.00
Dominique Geiger	Recovery Support Worker	\$34,278.00	\$33,280.00
Janine Driscoll	Recovery Support Worker	\$35,671.00	\$34,632.00
Kristin Lyle, MSW	Therapist	\$60,780.00	\$59,010.00
Kurtis Singleton	Recovery Housing/ TLP Operations Manager	\$62,830.00	\$61,000.00
Linnita Howe, CRSW	CRSW	\$42,034.00	\$40,810.00
Lisa Spurrell, MLADC	Director, SUD Services	\$95,790.00	\$93,000.00
Meghan Shea	Chief Programs Officer	\$20,000.00	\$146,775.00
Michael Babineau, LADC	Intake Coordinator	\$58,123.00	\$56,430.00
Natalie Plotner	Recovery Support Worker	\$34,278.00	\$33,280.00
Open	Recovery Support Worker	\$34,278.00	\$33,280.00
Open	Therapist	\$64,890.00	\$0.00
Paige Carroll, CRSW	CRSW	\$47,133.00	\$45,760.00
16		\$770,871.00	\$812,777.00

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Lori A. Weaver
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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August 28, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed in **Bold** below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by extending the completion dates from September 29, 2023 to June 30, 2025 and increasing the total price limitation by \$15,331,072 from \$15,703,407 to \$31,034,479 and, effective September 29, 2023, upon Governor and Council approval. 62.33% Federal Funds. 11.68% General Funds. 25.99% Other Funds (Governor's Commission).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, amended on March 23, 2022, item #35, and most recently amended on December 21, 2022, item #29.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$1,052,232	\$360,596	\$1,412,828
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$180,000	\$593,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$490,666	\$320,000	\$810,666

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,303,516	\$1,118,145	\$2,421,661
Families in Transition (Formerly known as: FIT/NH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,960,216	\$1,750,000	\$4,710,216
Grafton County New Hampshire (North Haverhill, NH)	177397-B003	Statewide	\$464,325	\$850,000	\$1,314,325
Headrest (Lebanon, NH)	175226-B001	Statewide	\$805,107	\$710,000	\$1,515,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119-B001	Statewide	\$1,589,409	\$1,372,175	\$2,961,584
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204-B001	Statewide	\$4,715,348	\$7,325,156	\$12,040,504
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292-B001	Statewide	\$1,346,066	\$1,345,000	\$2,691,066
		Total:	\$15,703,407	\$15,331,072	\$31,034,479

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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EXPLANATION

The purpose of this request is to extend the expiration date and increase funding for the Contractors to continue providing substance use treatment services.

While insurance payments, including Medicaid, cover some of the cost of treating individuals, it does not cover the overall cost of providing treatment services. Through a cost-reimbursement model, these providers will be reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administrative costs. These funds also fill in the gaps for when individuals are uninsured or underinsured.

Approximately 3,574 individuals will be served during State Fiscal Years 2024 and 2025.

The Contractors will continue to provide a comprehensive range of treatment services accessible statewide. These services encompass individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, and high and low intensity residential treatment services. Additionally, specialized residential services and integrated medications for substance use disorders are also provided. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services funded providers looks at all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subsection 1.1. of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) year and nine (9) months of the four (4) years available.

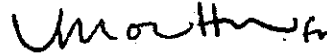
Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual, but also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s TI083464, TI084659, TI083955, TI085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s TI083326 and TI085759, and TBD.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Weaver
Commissioner

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical
Group

334662-B001

PO 1084542

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	92058501	\$280,618	\$0	\$280,618
2024-Q1	074-500589	Welfare Assistance	92058501	\$66,320	\$0	\$66,320
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
Sub-total				\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO 1084957

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance		\$470,179	\$0	\$470,179
2024-Q1	074-500589	Welfare Assistance		\$40,498	\$0	\$40,498
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$7,390	\$7,390
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$9,853	\$9,853
Sub-total				\$814,632	\$17,243	\$831,875

Cheshire Medical
Center/Dartmouth

155405-B001

PO 1083175

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance		\$59,496	\$0	\$59,496
2024-Q1	074-500589	Welfare Assistance		\$13,122	\$0	\$13,122
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$24,613	\$24,613
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$32,818	\$32,818
Sub-total				\$132,633	\$57,431	\$190,064

CC of
Nashua/Greater

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance		\$99,174	\$0	\$99,174
2024-Q1	074-500589	Welfare Assistance		\$29,806	\$0	\$29,806
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$43,758	\$43,758
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$58,343	\$58,343

Sub-total				\$157,124	\$102,101	\$259,225
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Dismas Home 290061-B001		PO 1083177				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance		\$344,159	\$0	\$344,159
2024-Q1	074-500589	Welfare Assistance		\$13,981	\$0	\$13,981
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$42,857	\$42,857
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$57,143	\$57,143
Sub-total				\$494,934	\$100,000	\$594,934

Familias in Transition 157730-B001		PO 1083185				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance		\$362,283	\$0	\$362,283
2024-Q1	074-500589	Welfare Assistance		\$13,047	\$0	\$13,047
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$67,629	\$67,629
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$90,173	\$90,173
Sub-total				\$518,444	\$157,802	\$676,246

Grafton Cty 177397-B003		PO 1088987				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance		\$69,395	\$0	\$69,395
2024-Q1	074-500589	Welfare Assistance		\$14,827	\$0	\$14,827
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$116,231	\$116,231
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$154,974	\$154,974
Sub-total				\$148,854	\$271,205	\$420,059

Headrest, Inc. 175226-B001		PO 1083186				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance		\$43,917	\$0	\$43,917
2024-Q1	074-500589	Welfare Assistance		\$10,390	\$0	\$10,390
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$74,376	\$74,376
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$99,168	\$99,168
Sub-total				\$80,370	\$173,544	\$253,914

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance		\$332,570	\$0	\$332,570
2024-Q1	074-500589	Welfare Assistance		\$10,965	\$0	\$10,965
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$182,368	\$182,368
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$243,158	\$243,158
Sub-total				\$486,437	\$425,526	\$911,963

Manchester Alcohol
Rehab Center, 177204-B001

PO 1083184

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance		\$234,976	\$0	\$234,976
2024-Q1	074-500589	Welfare Assistance		\$50,208	\$0	\$50,208
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,006,113	\$1,006,113
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,341,484	\$1,341,484
Sub-total				\$452,125	\$2,347,597	\$2,799,722

Southeastern NH
Alcohol & Drug 155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance		\$36,020	\$0	\$36,020
2024-Q1	074-500589	Welfare Assistance		\$7,696	\$0	\$7,696
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$142,522	\$142,522
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$190,029	\$190,029
Sub-total				\$77,858	\$332,551	\$410,409
SUB TOTAL GOV COMM				\$3,926,205	\$3,985,000	\$7,911,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0

2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Cheshire Medical Center/Dartmouth

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance		\$126,091	\$0	\$126,091
2024-Q1	074-500589	Welfare Assistance		\$27,811	\$0	\$27,811
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$52,530	\$52,530
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$70,039	\$70,039
Sub-total				\$281,095	\$122,569	\$403,664

CC of Nashua/Greater

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance		\$210,590	\$0	\$210,590
2024-Q1	074-500589	Welfare Assistance		\$63,305	\$0	\$63,305
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$93,385	\$93,385
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$124,514	\$124,514
Sub-total				\$333,542	\$217,899	\$551,441

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance		\$133,325	\$0	\$133,325
2024-Q1	074-500589	Welfare Assistance		\$29,631	\$0	\$29,631
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance		\$766,463	\$0	\$766,463
2024-Q1	074-500589	Welfare Assistance		\$168,206	\$0	\$168,206
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$62,013	\$62,013
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$82,684	\$82,684
Sub-total				\$1,496,783	\$144,697	\$1,641,460

Grafton City

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance		\$147,071	\$0	\$147,071
2024-Q1	074-500589	Welfare Assistance		\$31,424	\$0	\$31,424
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$248,055	\$248,055
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$330,740	\$330,740
Sub-total				\$315,471	\$578,795	\$894,266

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance		\$93,078	\$0	\$93,078
2024-Q1	074-500589	Welfare Assistance		\$22,021	\$0	\$22,021
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$103,851	\$103,851
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$138,469	\$138,469
Sub-total				\$170,337	\$242,320	\$412,657

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance		\$108,764	\$0	\$108,764
2024-Q1	074-500589	Welfare Assistance		\$23,239	\$0	\$23,239
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$73,651	\$73,651
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$98,202	\$98,202
Sub-total				\$236,172	\$171,853	\$408,025

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title		Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance		\$497,996	\$0	\$497,996
2024-Q1	074-500589	Welfare Assistance		\$106,407	\$0	\$106,407
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,452,076	\$1,452,076
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,936,101	\$1,936,101
Sub-total				\$958,208	\$3,388,177	\$4,346,385

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance		\$76,338	\$0	\$76,338
2024-Q1	074-500589	Welfare Assistance		\$16,311	\$0	\$16,311
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$171,541	\$171,541
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$228,721	\$228,721
Sub-total				\$165,008	\$400,262	\$565,270
SUB TOTAL CLINICAL				\$4,210,778	\$5,266,572	\$9,477,350

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance		\$118,800	\$0	\$118,800
2024-Q1	074-500589	Welfare Assistance		\$30,000	\$0	\$30,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$147,151	\$147,151
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$196,202	\$196,202
Sub-total				\$237,600	\$343,353	\$580,953

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$436,348	\$436,348

2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$581,797	\$581,797
Sub-total				\$554,400	\$1,018,145	\$1,572,545

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance		\$420,381	\$0	\$420,381
2024-Q1	074-500589	Welfare Assistance		\$91,728	\$0	\$91,728
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$620,358	\$620,358
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$827,143	\$827,143
Sub-total				\$945,009	\$1,447,501	\$2,392,510

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$126,058	\$126,058
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$168,078	\$168,078
Sub-total				\$554,400	\$294,136	\$848,536

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance		\$433,400	\$0	\$433,400
2024-Q1	074-500589	Welfare Assistance		\$107,800	\$0	\$107,800
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$332,055	\$332,055
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$442,741	\$442,741
Sub-total				\$866,800	\$774,796	\$1,641,596

Manchester Alcohol Rehab Center.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance		\$1,402,500	\$0	\$1,402,500
2024-Q1	074-500589	Welfare Assistance		\$328,300	\$0	\$328,300
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$681,164	\$681,164
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$908,218	\$908,218
Sub-total				\$2,805,000	\$1,589,382	\$4,394,382

**Southeastern NH
Alcohol & Drug**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance		\$551,600	\$0	\$551,600
2024-Q1	074-500589	Welfare Assistance		\$137,200	\$0	\$137,200
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$262,366	\$262,366
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$349,821	\$349,821
Sub-total				\$1,103,200	\$612,187	\$1,715,387
SUB TOTAL SOR				\$7,066,409	\$6,079,500	\$13,145,909

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$375,000	\$0	\$375,000
2024-Q1	074-500589	Welfare Assistance		\$125,015	\$0	\$125,015
Sub-total				\$500,015	\$0	\$500,015
Grand Total All				<u>\$15,703,407</u>	<u>\$15,331,072</u>	<u>\$31,034,479</u>

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Families in Transition ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021, (Item #30); as amended on March 23, 2022, (Item #35), and as amended on December 21, 2022, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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

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

June 30, 2025

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

\$4,710,216

3. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:

1. This Agreement is funded by:

- 1.1. 23.000%, Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded October 1, 2020, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI083464, which are only effective from the contract effective date through September 30, 2022; and as awarded October 1, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI084659, which are effective through September 30, 2023; and as awarded February 15, 2023 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.959 FAIN TI085821, which are effective through September 30, 2024; and ALN 93.959 FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.

- 1.2. 50.794%, Federal funds from the State Opioid Response Grant, as awarded September 30, 2021, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA # 93.788, FAIN TI083326, which are only effective from the contract effective date through September 29, 2022, and as awarded September 23, 2022, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing # 93.788, FAIN H79TI085759, which are only effective from September 30, 2022 through September 29, 2023; and SOR 3B, ALN 93.788, FAIN TBD, are anticipated to be available effective 9/30/2023, pending the receipt of the Notice of Award from SAMHSA; and ALN 93.788, FAIN TBD, anticipated to be available effective

DS
MD

9/30/2024, pending the receipt of the Notice of Award from SAMHSA.

- 1.3. 11.849% General funds.
- 1.4. 14.357% Other funds (Governor's Commission).
4. Modify Exhibit C, Amendment #1, Payment Terms, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-12, Women's Services Budget.
 - 3.1. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting.
 - 3.2. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-12, Women's Service Budget is received from the Department prior to submitting invoices for payment.
 - 3.3. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 4, to read:
 4. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than October 20, 2023, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 4.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2023 through June 30, 2024, as follows:
 - 4.1.1. Exhibit C-7, SUD Treatment Services Budget
 - 4.1.2. Exhibit C-8, Amendment #1, Transitional Living Program Budget
 - 4.1.3. Exhibit C-9, Women's Services Budget
6. Modify Exhibit C, Amendment #1, Payment Terms, Section 5, to read:
 5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days prior to June 30, 2024, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-10, SUD Treatment Services Budget
 - 5.1.2. Exhibit C-11, Transitional Living Program Budget
 - 5.1.3. Exhibit C-12, Women's Services Budget
7. Modify Exhibit C, Amendment #1, Payment Terms, Section 6, to read:
 6. Reserved.

DS
MD

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 29, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

8/24/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Families in Transition

DocuSigned by:

Maria Devlin

Name: Maria Devlin

Title: President & CEO

8/24/2023

Date

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

OFFICE OF THE ATTORNEY GENERAL

8/24/2023

Date

DocuSigned by:

Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shiblette
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by increasing the total price limitation by \$4,229,499 from \$11,473,908 to \$15,703,407 with no change to the contract completion dates of September 29, 2023, effective retroactive to September 30, 2022, upon Governor and Council approval. 65.88% Federal Funds. 9.12% General Funds. 25.00% Other Funds (Governor's Commission Fund).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, and most recently amended on March 23, 2022, item #35.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$933,432	\$118,800	\$1,052,232
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$0	\$413,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$190,666	\$300,000	\$490,666
Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,026,316	\$277,200	\$1,303,516
Families in Transition (Formerly known as: FIT/NHNNH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,591,432	\$368,784	\$2,960,216

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

Grafton County New Hampshire (North Haverhill, NH)	177397 -B003	Statewide	\$464,325	\$0	\$464,325
Headrest (Lebanon, NH)	175226 -B001	Statewide	\$527,907	\$277,200	\$805,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119 -B001	Statewide	\$1,156,009	\$433,400	\$1,589,409
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204 -B001	Statewide	\$2,812,833	\$1,902,515	\$4,715,348
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292 -B001	Statewide	\$794,466	\$551,600	\$1,346,066
		Total:	\$11,473,908	\$4,228,499	\$16,703,407

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

See attached fiscal details.

EXPLANATION

The Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding effective September 30, 2022. The Department needed additional time to finalize the amendments and funding details. This request is **Retroactive** to align with the federal effective date of funding. This request is **Sole Source** because the scopes of services are being amended and funds are being added.

The purpose of this request is twofold: to increase funding for the Contractors to continue providing and to expand substance use treatment services; and to modify the scopes of service to align with the services provided by each Contractor.

The funding increase is for those Contractors, currently receiving federal State Opioid Response funding, to support people in need of residential treatment services. The Contractors will continue providing substance use disorder treatment and recovery support services to New Hampshire residents with current or a history of Opioid Use Disorder or Stimulant Use Disorder. Additionally, Greater Nashua Mental Health will receive increased funding in order to expand hours, implement family treatment services and provide case management and peer recovery support to adolescents, and Manchester Alcoholism Rehabilitation Center will receive increased funding to increase capacity for individuals being served at the American Society of Addiction Medicine (ASAM) 3.7 Level of Care. The Contractors that only provide outpatient services did not receive increased funding.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

The Department modified the scopes of service to: clarify contractor responsibilities related to improving Government Performance and Results Act (GPRA) collection for those Contractors that currently receive federal State Opioid Response funding; reflect the expansion of services for Greater Nashua Mental Health and Manchester Alcoholism Rehabilitation Center; and to reflect the reduction of 39 transitional living beds to 25 beds for Families in Transition. The organization recently closed its transitional living program for men.

Approximately 1,547 individuals will be served during State Fiscal Year 2023 through Quarter 1 of State Fiscal Year 2024.

The Contractors will continue to provide an array of treatment services with statewide access, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory and medically monitored withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medications for substance use disorders. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers looks at all collected data, including demographic and outcome data, to ensure:

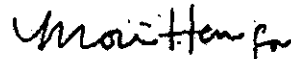
- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. Research shows that treatment wait times increase the risk of overdoses, both fatal and non-fatal. Any delay in receiving treatment or recovery supports is not high quality healthcare, and primarily impacts the individual, but has potential consequences for families and communities as well, such as increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464 and T1084659, and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

Belonging Medical
Group

334662-B001

PO TBD

PO 1084542

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-5005851#	Community Grants	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	\$280,618	\$0	\$280,618
2024	074-500589	Welfare Assistance	\$66,320	\$0	\$66,320
Sub-total			\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO TBD

PO 1084957

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance	\$470,179	\$0	\$470,179
2024	074-500589	Welfare Assistance	\$40,498	\$0	\$40,498
Sub-total			\$814,632	\$0	\$814,632

Cheshire Medical
Center/Dartmouth

155405-B001

PO TBD

PO 1083175

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance	\$59,496	\$0	\$59,496
2024	074-500589	Welfare Assistance	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of
Nashua/Greater

154112-B001

PO TBD

PO 1083753

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	\$27,174	\$72,000	\$99,174
2024	074-500589	Welfare Assistance	\$5,806	\$24,000	\$29,806
Sub-total			\$61,124	\$96,000	\$157,124

Dismas Home

290061-B001

PO TBD

PO 1083177

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	\$344,159	\$0	\$344,159

2024	074-500589	Welfare Assistance	\$13,981	\$0	\$13,981
Sub-total			\$494,934	\$0	\$494,934

Families in Transition 157730-B001 PO TBD PO 1083185

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	\$13,047	\$0	\$13,047
Sub-total			\$518,444	\$0	\$518,444

Grafton Cty 177397-B003 PO TBD PO 1083176

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc. 175226-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance	\$43,917	\$0	\$43,917
2024	074-500589	Welfare Assistance	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill 275119-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	\$332,570	\$0	\$332,570
2024	074-500589	Welfare Assistance	\$10,965	\$0	\$10,965
Sub-total			\$486,437	\$0	\$486,437

Manchester Alcohol 177204-B001 PO TBD PO 1083184
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance	\$234,976	\$0	\$234,976
2024	074-500589	Welfare Assistance	\$50,208	\$0	\$50,208

Sub-total			\$452,125	\$0	\$452,125
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Southeastern NH
Alcohol & Drug

155292-B001

PO TBD

PO 1083180

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$3,830,205	\$96,000	\$3,926,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL
FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0

2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0
2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance	\$126,091	\$0	\$126,091
2024	074-500589	Welfare Assistance	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	\$57,590	\$153,000	\$210,590
2024	074-500589	Welfare Assistance	\$12,305	\$51,000	\$63,305
Sub-total			\$129,542	\$204,000	\$333,542

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	\$168,206	\$0	\$168,206

Sub-total			\$1,496,763	\$0	\$1,496,763
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Grafton Cty

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance	\$93,078	\$0	\$93,078
2024	074-500589	Welfare Assistance	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

**Manchester Alcohol
Rehab Center,**

State Fiscal Year,	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance	\$497,996	\$0	\$497,996
2024	074-500589	Welfare Assistance	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

**Southeastern NH
Alcohol & Drug**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008

SUB TOTAL CLINICAL		\$4,006,778	\$204,000	\$4,210,778
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05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance	\$30,000	\$88,800	\$118,800
2024	074-500589	Welfare Assistance	\$0	\$30,000	\$30,000
Sub-total			\$118,800	\$118,800	\$237,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000

Sub-total			\$277,200	\$277,200	\$554,400
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Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	\$143,325	\$277,056	\$420,381
2024	074-500589	Welfare Assistance	\$0	\$91,728	\$91,728
Sub-total			\$576,225	\$368,784	\$945,009

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000
Sub-total			\$277,200	\$277,200	\$554,400

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	\$107,800	\$325,600	\$433,400
2024	074-500589	Welfare Assistance	\$0	\$107,800	\$107,800
Sub-total			\$433,400	\$433,400	\$866,800

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance	\$328,300	\$1,074,200	\$1,402,500
2024	074-500589	Welfare Assistance	\$0	\$328,300	\$328,300
Sub-total			\$1,402,500	\$1,402,500	\$2,805,000

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	\$137,200	\$414,400	\$551,600
2024	074-500589	Welfare Assistance	\$0	\$137,200	\$137,200
Sub-total			\$551,600	\$551,600	\$1,103,200

SUB TOTAL SOR		\$3,636,925	\$3,429,484	\$7,066,409
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)				

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$375,000	\$375,000
2024	074-500589	Welfare Assistance	\$0	\$125,015	\$125,015
Sub-total			\$0	\$500,015	\$500,015
Grand Total All			<u>\$11,473,908</u>	<u>\$4,229,499</u>	<u>\$15,703,407</u>



Lori A. Shilbette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

119 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

March 14, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by decreasing the total price limitation by \$192,012 from \$11,665,920 to \$11,473,908 with no change to the contract completion dates of September 29, 2023, effective upon Governor and Council approval. 54.745% Federal Funds. 11.873% General Funds. 33.382% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794	\$0	\$562,794	O: 10/13/21 #30
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744	(\$328,312)	\$933,432	O: 10/13/21 #30
The Cheshire Medical Center	155405-B001	Statewide	\$413,728	\$0	\$413,728	O: 10/13/21 #30
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666	\$0	\$190,666	O: 10/13/21 #38C
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$851,316	\$375,000	\$1,026,316	O: 10/13/21 #30
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432	\$375,000	\$2,591,432	O: 10/13/21 #30

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Grafton County New Hampshire	177397-B003	Statewide	\$464,325	\$0	\$464,325	O: 10/13/21 #30
Headrest	175226-B001	Statewide	\$527,907	\$0	\$527,907	O: 10/13/21 #30
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009	\$375,000	\$1,156,009	O: 10/13/21 #30
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533	(\$988,700)	\$2,812,833	O: 10/13/21 #30
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466	\$0	\$794,466	O: 10/13/21 #30
Total:			\$11,685,920	(\$192,012)	\$11,473,908	

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to clarify requirements related to staffing and coordination of care; to attach Exhibit L, ASAM End User Agreement; to clarify payment terms for all Contractors; to update terms specific to 42 CFR Part 2, substance use treatment confidentiality regulations within the Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement; to revise the funding allocations for Bridge Street Recovery and for the Manchester Alcoholism Rehabilitation Center; and to increase funding to Contractors with transitional living programs.

The clarified staffing requirements will allow Contractors to hire and utilize Licensed Supervisors, in accordance with the original requirements of the related Request for Proposals (RFP) for these services. The original contracts referred to the position as a Licensed Clinical Supervisor based on a specific type of license issued by the New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals, which is not required under these contracts. The Licensed Supervisor is equally qualified to the Licensed Clinical Supervisor to provide supervision services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

Additional language around coordination of care will require Contractors to use a Department-approved referral system to connect individuals to health and social services providers as needed.

Exhibit L, ASAM End User Agreement, which details policy regarding Contractors' promotion or marketing of the American Society of Addiction Medicine (ASAM) criteria or utilization of language related to ASAM levels of care, will ensure Contractor compliance with ASAM requirements relative to utilization of such language. Should the Governor and Council not authorize this request, Contractors that market or promote their utilization of ASAM criteria or levels of care will be out of compliance with the End User Agreement Policy required by ASAM.

The clarified detailed payment process for all Contractors will ensure compliance with federal funding requirements. Should Governor and Council not authorize this request, Contractors that receive State Opioid Response funding through these agreements may not be able to accurately invoice for program-related expenses, which may put the Department in violation of federal funding agreements.

Revising the funding allocation for Bridge Street Recovery is necessary because the initial funding award amount for the organization was based their provision of multiple services under this agreement. The Contractor has chosen to only provide Transitional Living (TLP) Services under this agreement, resulting in the funding decrease.

Revising the funding allocation for the Manchester Alcoholism Rehabilitation Center is necessary because the initial funding award amount for Manchester Alcoholism Rehabilitation Center was based on the number of licensed beds available at its facilities for services within this scope of work. The Contractor has chosen to reduce the number of licensed beds available for these services, resulting in a decrease in funding. The types of services available through Manchester Alcoholism Rehabilitation Center remain unchanged.

The funding made available by the decrease will be utilized for a future procurement, for substance use disorder residential and outpatient treatment and recovery services for the general public, as well as for pregnant and parenting women. The new procurement will serve approximately 450 individuals. Should the Governor and Council not authorize this request, the Department will not be able to utilize this funding for the new procurement to address known service gaps, including in the Greater Nashua Area.

Adding funding to Contractors with transitional living programs is necessary, due to the increasing lack of affordable housing and increasing acuity of substance use disorders in the state, exacerbated by the COVID-19 pandemic. Individuals with substance use disorders have a greater need for stable, affordable housing, where they can continue to receive treatment services. Transitional living programs are not covered by Medicaid, and these funds will be used to provide this service to the most vulnerable individuals; individuals who have an income below 400% of the poverty level; are residents of NH or experiencing homelessness in NH; and who are in need of ongoing substance use disorder treatment in a safe and sober environment.

Contractors will continue to provide an array of treatment and recovery support services with statewide access, ensuring individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery. Approximately 7000 individuals will continue to be served over the next two (2) years through all 11 contracts.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers will look at all collected data, including the demographic and outcome data collected from the Web Information Technology System (WITS). This will help to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on American Society of Addiction Medicine (ASAM) Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

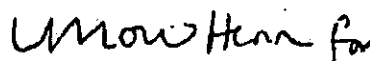
As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is not exercising its option to renew at this time.

Area served: Statewide

Source of Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA 93.959 FAIN TI083464 and State Opioid Response Grant, CFDA # 93.788, FAIN TI083326.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

SUD Tx Financial Detail - Amendment #1

05-65-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334852-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,199	\$146,037	\$215,856
2023	074-500585	Community Grants	\$89,960	\$190,658	\$280,618
2024	074-500585	Community Grants	\$21,261	\$45,059	\$66,320
Sub-total			\$180,420	\$382,374	\$562,794

Bridge Street Recovery, LLC		341983-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$138,979	\$166,976	\$305,955
2023	074-500585	Community Grants	\$168,929	\$261,250	\$470,179
2024	074-500585	Community Grants	\$40,498	\$0	\$40,498
Sub-total			\$348,406	\$428,226	\$814,632

Center/Dartmouth Hitchcock Keene		135405-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$80,015	\$0	\$80,015
2023	074-500585	Community Grants	\$59,496	\$0	\$59,496
2024	074-500585	Community Grants	\$13,122	\$0	\$13,122
Sub-total			\$152,633	\$0	\$152,633

CC of Nashua/Greater Nashua Mental Health		154112-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500585	Community Grants	\$27,174	\$0	\$27,174
2024	074-500585	Community Grants	\$5,806	\$0	\$5,806
Sub-total			\$61,124	\$0	\$61,124

Dumas Home 290061-0001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$43,044	\$83,750	\$136,794
2023	074-500585	Community Grants	\$82,909	\$281,250	\$364,159
2024	074-500585	Community Grants	\$13,981	\$0	\$13,981
Sub-total			\$139,934	\$375,000	\$494,934

Families In Transition 157730-0001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$190,021	(\$92,907)	\$143,114
2023	074-500585	Community Grants	\$271,891	\$90,592	\$362,283
2024	074-500585	Community Grants	\$58,106	(\$43,057)	\$13,047
Sub-total			\$325,818	(\$7,374)	\$518,444

Grafton City 177397-0003		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500585	Community Grants	\$69,395	\$0	\$69,395
2024	074-500585	Community Grants	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headreal, Inc. 175226-0001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500585	Community Grants	\$43,917	\$0	\$43,917
2024	074-500585	Community Grants	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill 275110-8001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$48,152	\$93,750	\$142,002
2023	074-500585	Community Grants	\$51,320	\$291,250	\$332,570
2024	074-500585	Community Grants	\$10,985	\$0	\$10,985
Sub-total			\$111,437	\$375,000	\$486,437

Manchester Alcohol Rehab Center, Easier Beds, Farnum Center 177204-8001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$165,941	\$0	\$165,941
2023	074-500585	Community Grants	\$234,975	\$0	\$234,975
2024	074-500585	Community Grants	\$50,206	\$0	\$50,206
Sub-total			\$452,123	\$0	\$452,123

Southeastern NH Alcohol & Drug Abuse Services 155292-8001		PO TBD		PO TBD	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500585	Community Grants	\$36,020	\$0	\$36,020
2024	074-500585	Community Grants	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
BUD TOTAL GOV COMM			\$2,250,979	\$1,573,226	\$3,830,205

05-03-02-020510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, KHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$148,657	(\$148,657)	\$0
2023	074-500585	Community Grants	\$190,658	(\$190,658)	\$0
2024	074-500585	Community Grants	\$43,059	(\$43,059)	\$0
Sub-total			\$382,374	(\$382,374)	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$290,305	(\$290,305)	\$0
2023	074-500585	Community Grants	\$400,404	(\$400,404)	\$0
2024	074-500585	Community Grants	\$85,829	(\$85,829)	\$0
Sub-total			\$776,538	(\$776,538)	\$0

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500585	Community Grants	\$126,091	\$0	\$126,091
2024	074-500585	Community Grants	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500585	Community Grants	\$57,590	\$0	\$57,590
2024	074-500585	Community Grants	\$12,305	\$0	\$12,305
Sub-total			\$129,542	\$0	\$129,542

Dignus Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500585	Community Grants	\$133,325	\$0	\$133,325
2024	074-500585	Community Grants	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$416,437	\$146,637	\$563,074
2023	074-500585	Community Grants	\$575,805	\$190,658	\$766,463
2024	074-500585	Community Grants	\$123,147	\$43,059	\$166,206
Sub-total			\$1,114,389	\$382,354	\$1,496,743

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500585	Community Grants	\$147,071	\$0	\$147,071
2024	074-500585	Community Grants	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500585	Community Grants	\$93,078	\$0	\$93,078
2024	074-500585	Community Grants	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500585	Community Grants	\$108,784	\$0	\$108,784
2024	074-500585	Community Grants	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol Rehab Center,
Easter Bath, Farum Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500585	Community Grants	\$497,990	\$0	\$497,990
2024	074-500585	Community Grants	\$108,407	\$0	\$108,407
Sub-total			\$959,200	\$0	\$959,200

Southeastern 12th Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500585	Community Grants	\$76,336	\$0	\$76,336
2024	074-500585	Community Grants	\$16,311	\$0	\$16,311
Sub-total			\$165,006	\$0	\$165,006
SUB TOTAL CLERICAL			\$4,783,318	(\$778,538)	\$4,006,778

05-85-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, MHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOD RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500585	Community Grants	\$30,000	\$0	\$30,000
Sub-total			\$118,800	\$0	\$118,800

Drum's Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500585	Community Grants	\$143,325	\$0	\$143,325
Sub-total			\$576,225	\$0	\$576,225

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500585	Community Grants	\$107,600	\$0	\$107,600
Sub-total			\$433,400	\$0	\$433,400

Manchester Alcohol Rehab Center,
Easter Seals, Farmington Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,793,400	(\$719,200)	\$1,074,200
2023	074-500585	Community Grants	\$597,800	(\$260,500)	\$337,300
Sub-total			\$2,391,200	(\$979,700)	\$1,411,500

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500585	Community Grants	\$137,200	\$0	\$137,200
Sub-total			\$551,600	\$0	\$551,600
SUB TOTAL BOR			\$4,825,825	(\$938,700)	\$3,887,125
Grand Total All			\$13,883,920	(\$192,912)	\$11,472,808

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Lori A. Shibleyette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 ExL 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 15, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into contracts with the Contractors listed below in an amount not to exceed \$11,475,254 for Substance Use Disorder Treatment and Recovery Support Services, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through September 29, 2023. 66.56% Federal Funds. 14.00% General Funds. 19.44% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Contract Amount
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744
The Cheshire Medical Center	155405-B001	Statewide	\$413,728
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316
FIT/NHNNH, Inc.	157730-B001	Statewide	\$2,216,432
Grafton County New Hampshire	177397-B003	Statewide	\$464,325
Headrest	175226-B001	Statewide	\$527,907
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466
		Total:	\$11,475,254

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to provide Substance Use Disorder Treatment and Recovery Supports Services statewide to New Hampshire residents who have income below 400% of the Federal Poverty Level, and are uninsured or underinsured.

The Contractors will provide statewide access to an array of treatment services, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medication assisted treatment. The Contractors will ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which will increase the ability of individuals to achieve and maintain recovery. The Contractors will also assist eligible individuals with enrolling in Medicaid while receiving treatment, and the Department will serve as the payer of last resort.

Approximately 7,000 individuals will receive services over the next two years.

The Department will monitor services through monthly, quarterly, and annual reporting to ensure the Contractors:

- Provide services that reduce the negative impacts of substance misuse.
- Make continuing care, transfer and discharge decisions based on American Society of Addiction Medicine (ASAM) criteria.
- Treat individuals using Evidence Based Practices and follow best practices.
- Achieve initiation, engagement, and retention goals as required by the Department.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 20, 2021 through August 19, 2021. The Department received twelve (12) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached. This request represents ten (10) of twelve (12) contracts for Substance Use Disorder Treatment and Recovery Supports Services. The Department anticipates presenting two (2) additional contracts at a future Governor and Executive Council meeting for approval.

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

Should the Governor and Council not authorize this request, individuals in need of Substance Use Disorder Treatment and Recovery Supports Services may not receive the treatment, tools, and education required to enhance and sustain recovery that, in some cases, prevents untimely deaths.

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA
93.959, FAIN TI083464 and State Opioid Response Grant, CFDA # 93.788, FAIN TI083326.

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

Respectfully submitted,

DocuSigned by:
Lori A. Shabinette
4C1A82D04125473

Lori A. Shabinette
Commissioner

03-85-92-920310-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group

334662-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$69,199
2023	102-500731	Contracts for Prog Svc	\$89,981
2024	102-500731	Contracts for Prog Svc	\$21,281
Sub-total			\$180,421

Bridge Street Recovery, LLC

341988-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$130,879
2023	102-500731	Contracts for Prog Svc	\$188,920
2024	102-500731	Contracts for Prog Svc	\$40,498
Sub-total			\$360,405

Center/Dartmouth Hitchcock
Keene

155405-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$80,015
2023	102-500731	Contracts for Prog Svc	\$59,498
2024	102-500731	Contracts for Prog Svc	\$13,122
Sub-total			\$152,633

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CC of Nashua/Greater Nashua
Mental Health

154112-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

290061-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$43,044
2023	102-500731	Contracts for Prog Svc	\$62,909
2024	102-500731	Contracts for Prog Svc	\$13,081
Sub-total			\$119,034

Families in Transition

157730-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$188,022
2023	102-500731	Contracts for Prog Svc	\$271,691
2024	102-500731	Contracts for Prog Svc	\$58,106
Sub-total			\$525,818

Grafton City		177397-B003	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$64,832
2023	102-500731	Contracts for Prog Svc	\$69,395
2024	102-500731	Contracts for Prog Svc	\$14,827
Sub-total			\$148,854

Harbor Care		168574-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.		175226-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$28,063
2023	102-500731	Contracts for Prog Svc	\$43,918
2024	102-500731	Contracts for Prog Svc	\$10,390
Sub-total			\$80,372

Hope on Haven Hill		275110-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$48,152
2023	102-500731	Contracts for Prog Svc	\$51,320
2024	102-500731	Contracts for Prog Svc	\$10,865
Sub-total			\$111,437

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**Manchester Alcohol Rehab Center,
Eoster Seals, Farmum Center**

177204-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$186,941
2023	102-500731	Contracts for Prog Svc	\$234,977
2024	102-500731	Contracts for Prog Svc	\$50,208
Sub-total			\$452,125

**Southeastern NH Alcohol & Drug
Abuse Services**

155292-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$34,142
2023	102-500731	Contracts for Prog Svc	\$36,020
2024	102-500731	Contracts for Prog Svc	\$7,696
Sub-total			\$77,858
SUB TOTAL GOV COMM			\$2,195,857

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL
FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$146,657
2023	102-500731	Contracts for Prog Svc	\$190,656
2024	102-500731	Contracts for Prog Svc	\$45,059
Sub-total			\$382,373

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$280,305
2023	102-500731	Contracts for Prog Svc	\$400,404
2024	102-500731	Contracts for Prog Svc	\$85,829
Sub-total			\$778,539

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$127,193
2023	102-500731	Contracts for Prog Svc	\$128,092
2024	102-500731	Contracts for Prog Svc	\$27,811
Sub-total			\$283,095

**CC of Nashua/Greater Nashua
Mental Health**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$91,226
2023	102-500731	Contracts for Prog Svc	\$133,325
2024	102-500731	Contracts for Prog Svc	\$29,631
Sub-total			\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$415,437
2023	102-500731	Contracts for Prog Svc	\$575,805
2024	102-500731	Contracts for Prog Svc	\$123,147
Sub-total			\$1,114,389

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$136,977
2023	102-500731	Contracts for Prog Svc	\$147,071
2024	102-500731	Contracts for Prog Svc	\$31,424
Sub-total			\$315,471

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Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Hoodrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$55,237
2023	102-500731	Contracts for Prog Svc	\$93,078
2024	102-500731	Contracts for Prog Svc	\$22,021
Sub-total			\$170,335

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$104,189
2023	102-500731	Contracts for Prog Svc	\$108,764
2024	102-500731	Contracts for Prog Svc	\$23,238
Sub-total			\$236,172

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**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$353,805
2023	102-500731	Contracts for Prog Svc	\$497,998
2024	102-500731	Contracts for Prog Svc	\$108,407
Sub-total			\$958,208

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$72,359
2023	102-500731	Contracts for Prog Svc	\$78,338
2024	102-500731	Contracts for Prog Svc	\$18,311
Sub-total			\$165,008
SUB TOTAL CLINICAL			\$4,653,772

05-95-92-920810-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 8/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$88,800
2023	102-500731	Contracts for Prog Svc	\$30,000
Sub-total			\$118,800

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$432,900
2023	102-500731	Contracts for Prog Svc	\$143,325
Sub-total			\$576,225

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

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Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Hope on Haven HBI

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$325,600
2023	102-500731	Contracts for Prog Svc	\$107,800
Sub-total			\$433,400

Manchester Alcohol Rehab Center,
Easter Seals, Famum Center

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$1,793,400
2023	102-500731	Contracts for Prog Svc	\$597,800
Sub-total			\$2,391,200

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$414,400
2023	102-500731	Contracts for Prog Svc	\$137,200
Sub-total			\$551,600
SUB TOTAL SOR			\$4,825,825
Grand Total All			\$11,476,254

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

Project ID # **RFP-2022-BDAS-01-SUBST**

Project Title **Substance Use Disorder Treatment and Recovery Support Services**

	Maximum Points Available	Belonging Medical Group, PLLC	Bridge Street Recovery, LLC	Cheshire Medical Center	Dismas Home of New Hampshire, Inc.	Manchester Alcoholism Rehabilitation Center	FT/NNH, Inc.	Grafton County New Hampshire	Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	Herbor Home	Headrest	Hopon Haven Hill, Inc.	South Eastern New Hampshire Alcohol & Drug Abuse Services
Technical													
Qualifications (O1)	50	40	25	47	37	50	50	43	48	50	50	50	50
Experience (O2)	50	45	25	48	35	45	50	45	50	50	50	45	48
ASAM (O3)	20	20	11	8	20	15	20	10	20	20	9	20	20
Knowledge (O4)	20	20	13	5	20	13	20	15	20	20	10	20	18
Samples (O5)	30	15	7	8	23	21	14	21	12	8	7	14	8
Collaboration & Wraparound (O6)	45	45	25	15	45	24	45	37	40	45	40	40	20
Staffing Plan (O7)	15	13	13	4	10	12	13	13	13	13	10	14	4
Subtotal - Technical	230	198	119	135	190	180	212	184	203	205	175	203	168
Cost													
4.2.1.1. Budget Sheet	70	63	30	63	63	48	60	63	60	68	58	65	62
4.2.1.2. Staff List	30	25	29	25	25	28	28	30	25	25	28	30	28
Subtotal - Cost	100	88	59	88	88	76	88	93	85	93	86	95	90
TOTAL POINTS	330	286	178	223	278	256	300	277	288	299	262	298	258

Reviewer Name

Title

1. Sara Cleveland
2. Paula Hogan
3. Laurie Heath
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Grafton County New Hampshire ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021 (Item #30), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,273,617
3. Modify Exhibit B, Scope of Services, Amendment #2, by replacing it in its entirety with Exhibit B – Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Operational Requirements – Amendment #1, by replacing it in its entirety with Exhibit B-1, Operational Requirements - Amendment #4, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 43.40%, Federal funds from the Substance Use Prevention and Treatment Block Grant, as awarded by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.959, on:
 - 1.1.1.1. October 1, 2020, FAIN TI083464.
 - 1.1.1.2. October 1, 2021, FAIN TI084659.
 - 1.1.1.3. February 15, 2023, FAIN TI085821.
 - 1.1.1.4. February 20, 2024, FAIN B08T1087053.
 - 1.1.1.5. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.2. 22.16% General Funds.
 - 1.3. 34.44% Other Funds (Governor's Commission).
 6. Modify Exhibit C, Payment Terms, Amendment #1, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-12, Services for Incarcerated Individuals Budget, Amendment #4. Payments may be withheld until the

Contractor submits accurate required monthly and quarterly reporting. The Contractor shall:

- 3.1. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-12, Services for Incarcerated Individuals Budget, Amendment #4, is received from the Department prior to submitting invoices for payment; and
- 3.2. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.

7. Modify Exhibit C, Amendment #1, Payment Terms, Section 5 to read:

5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days after Governor and Executive Council approval, which shall be retained by the Department. The Contractor shall submit budgets as follows:

- 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:

5.1.1. Exhibit C-7, SUD Treatment Services Budget, Amendment #4.

5.1.2. Exhibit C-8, Services for Incarcerated Individuals Budget, Amendment #4.

8. Modify Exhibit C, Amendment #1, Payment Terms, Section 19, to read:

19. Audits

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

19.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

19.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

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

- 19.2. 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.

19.2.1. 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.

- 19.3. 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.

- 19.4. 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.

- 19.5. 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.

- 19.6. 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.
9. Add Exhibit C-9, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 10. Add Exhibit C-10, Services for Incarcerated Individuals Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 11. Add Exhibit C-11, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 12. Add Exhibit C-12, Services for Incarcerated Individuals Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

4/9/2025

Date

DocuSigned by:

Katja S. Fox

ED9D05B04C63442

Name: Katja S. Fox

Title: Director

Grafton County New Hampshire

DocuSigned by:

Julie Libby

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4/9/2025

Date

Name: Julie Libby

Title: County Administrator

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

OFFICE OF THE ATTORNEY GENERAL

4/17/2025

Date

DocuSigned by:

Robyn Guarino

748734844941450

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
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Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide Substance Use Disorder (SUD) treatment and recovery support services that:
 - 1.1.1. Assist individuals with:
 - 1.1.1.1. Stopping or reducing substance misuse;
 - 1.1.1.2. Improving social functioning, and physical and mental health; and
 - 1.1.1.3. Reducing risk for recurrence of substance misuse;
 - 1.1.2. Focus on strengths and resilience of individuals and families;
 - 1.1.3. Are culturally sensitive and relevant to of individuals served;
 - 1.1.4. Promote person-centered and self-directed approaches to care; and
 - 1.1.5. Are trauma informed and designed to acknowledge the impact of violence and trauma on individuals' lives and the importance of addressing trauma in treatment.
- 1.2. The Contractor shall comply with all requirements in Exhibit B-1, Operational Requirements, Amendment #4, as applicable.
- 1.3. For the purposes of this Agreement, all references to:
 - 1.3.1. Business days shall mean Monday through Friday and excluding state and federal holidays.
 - 1.3.2. Calendar days or days shall mean Monday through Sunday, including state and federal holidays.
 - 1.3.3. Business hours shall mean Monday through Friday from 8:00 AM to 5:00 PM, excluding state and federal holidays.

2. Population Served

- 2.1. The Contractor shall ensure services are provided to individuals who:
 - 2.1.1. Are age 12 years or older, or under age 12 with signed consent from a parent or legal guardian;
 - 2.1.2. Have been diagnosed by:
 - 2.1.2.1. A professional licensed by the state of NH acting within the scope of their license or
 - 2.1.2.2. An unlicensed counselor who:
 - 2.1.2.2.1. Is working toward licensure and is in, at least, the second year of an accredited graduate clinical program;
 - 2.1.2.2.2. Is serving in a clinical internship with the Contractor for services provided within this Agreement;

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- 2.1.2.2.3. Is under the supervision of a professional licensed by the state of NH, who is acting within the scope of their license, to act as a supervisor of an unlicensed individual; and
 - 2.1.2.2.4. Has completed the required coursework for licensure, as required by:
 - 2.1.2.2.4.1. NH Board of Alcohol and Other Drug Use Providers;
 - 2.1.2.2.4.2. NH Board of Mental Health Practice; or
 - 2.1.2.2.4.3. NH Board of Psychology; and
- 2.1.3. Meet the American Society of Addiction Medicine Criteria published in October 2013 or later, (ASAM), for the services provided under this Agreement.
- 2.2. The Contractor shall provide services under this Agreement to individuals who are residents of, or unhoused in, NH; who meet the eligibility requirements identified above; and who are uninsured or whose insurance does not cover SUD treatment.
- 2.3. The Contractor may provide services to specialty populations, as determined by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:
 - 2.3.1. Pregnant and parenting individuals;
 - 2.3.2. Individuals with a history of injection drug use;
 - 2.3.3. Individuals with co-occurring substance use and mental health disorders;
 - 2.3.4. Individuals with, or at risk of tuberculosis;
 - 2.3.5. Individuals under the age of 18;
 - 2.3.6. Racial and ethnic minorities; and
 - 2.3.7. Individuals identifying as LGBTQI+.
- 2.4. The Contractor shall ensure consent for services is obtained from individuals receiving services aged 12 and older, or the parent or legal guardian of an individual receiving services who is under the age of 12, in accordance with NH RSA 318-B:12-a and 42 CFR Part 2, prior to providing services.
- 2.5. The Contractor shall ensure individuals under 18 years of age are not denied services due to:
 - 2.5.1. The parent's inability and/or unwillingness to pay the service fee(s); or
 - 2.5.2. The minor's decision to receive confidential services, pursuant to NH RSA 318-B:12-a.
- 2.6. The Contractor shall not deny services to individuals who:
 - 2.6.1. Receive medication for SUD (MSUD), from other service providers, including the individual's primary care provider;
 - 2.6.2. Have co-occurring mental health disorders; or

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- 2.6.3. Are taking prescribed medications, regardless of the class of medication.
 - 2.7. The Contractor shall enroll eligible individuals in the following order of priority:
 - 2.7.1. Pregnant individuals who inject drugs;
 - 2.7.2. Pregnant individuals;
 - 2.7.2.1. If the Contractor is unable to admit a pregnant individual to the needed level of care within 24 hours, the Contractor shall:
 - 2.7.2.1.1. Assist the individual with identifying alternative providers and accessing services with these providers, which includes referrals for prenatal care and actively reaching out to identify providers on the behalf of the individual; and
 - 2.7.2.1.2. Provide interim services within 48 hours of the level of care determination until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider. The Contractor shall ensure interim services include:
 - 2.7.2.1.2.1. A minimum of one (1), 60-minute, individual or group outpatient session per week;
 - 2.7.2.1.2.2. Recovery support services, as appropriate; and
 - 2.7.2.1.2.3. Daily calls to the individual to assess and respond to any emergent needs.
 - 2.7.3. Individuals with dependent children;
 - 2.7.4. Individuals with a history of injection drug use;
 - 2.7.4.1. If the Contractor is unable to admit an individual with a history of injection drug use within 14 days of the individual applying for services, the Contractor shall provide and document interim services until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider; and
 - 2.7.5. Individuals who require priority admission at the request of the Department.
 - 2.8. The Contractor shall report information related to priority populations to the Department, in a format approved by the Department, on a monthly basis.
- 3. Scope of Services**
- 3.1. Clinical Services
 - 3.1.1. The Contractor shall adhere to their organization's clinical care manual that includes policies and procedures related to all clinical services provided, including, but not limited to screening, assessment, progress notes, continuing care decisions, and discharge.

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- 3.1.2. The Contractor shall develop and implement written policies and procedures governing its operation and all services provided through this Agreement.
- 3.1.3. The Contractor shall ensure staff are trained on all policies and procedures, which are reviewed and revised annually.
- 3.1.4. The Contractor shall provide the following SUD treatment services to eligible individuals, based on the ASAM 2013 criteria. If using ASAM 2023 criteria, the Contractor must follow guidance outlined by ASAM 2023 for the equivalent levels of care:
 - 3.1.4.1. **Individual Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.2. **Group Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.3. **Intensive Outpatient Treatment** as defined as ASAM Level 2.1, which includes nine (9) to 19 clinical service hours per week.
 - 3.1.4.4. **Recovery Support Services**, provided in conjunction with a minimum of one (1) of the services identified above. The Contractor must ensure Recovery Support Services includes:
 - 3.1.4.4.1. **Intensive Case Management** in accordance with SAMHSA TIP 27: Comprehensive Case Management for Substance Abuse Treatment.
- 3.1.5. The Contractor shall ensure clinical services are provided separately for youth and adults, unless otherwise approved by the Department. The Contractor shall ensure:
 - 3.1.5.1. Youth and adults do not share the same residency space; and
 - 3.1.5.2. Communal spaces such as kitchens, group rooms, and recreation are used at separate times.

3.2. Interim Services

- 3.2.1. The Contractor shall offer interim services to all individuals waiting for clinical services and ensure interim services include, but are not limited to:
 - 3.2.1.1. Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
 - 3.2.1.2. Referral for HIV or TB treatment services, if necessary.
 - 3.2.1.3. Individual and/or group counseling on the effects of alcohol and other drug use.
 - 3.2.1.4. Relapse prevention and recovery support services.

3.3. Infectious Diseases

3.3.1. Human Immunodeficiency Virus

- 3.3.1.1. The Contractor shall conduct an HIV/AIDS screening ^{upon an}

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individual's admission to treatment. The Contractor shall ensure the screening includes:

- 3.3.1.1.1. The provision of information;
- 3.3.1.1.2. Risk assessment; and
- 3.3.1.1.3. Intervention and risk reduction education.

3.3.2. Tuberculosis

3.3.2.1. The Contractor shall directly, or through arrangements with other public or non-profit private entities, routinely make the following TB services available to each individual receiving SUD treatment services:

- 3.3.2.1.1. Counseling with respect to TB;
- 3.3.2.1.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and
- 3.3.2.1.3. Providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.

3.3.2.2. The Contractor shall refer individuals, who are denied admission to the program on the basis of lack of capacity, to other providers of TB services.

3.3.2.3. The Contractor shall implement infection control procedures consistent with procedures established by the Department to prevent the transmission of TB, which include:

- 3.3.2.3.1. Screening patients and identifying individuals who are at high risk of becoming infected;
- 3.3.2.3.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2; and
- 3.3.2.3.3. Providing case management to ensure individuals receive services.

3.3.2.4. The Contractor shall report all individuals with active TB, as required by State law and in accordance with Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2.

3.4. Intake

3.4.1. The Contractor shall complete an intake screening for all individuals requesting services. The Contractor shall:

- 3.4.1.1. Communicate directly with the individual within two (2) business days from the date the individual initially contacts the Contractor

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for services. The Contractor shall ensure communication includes contact that is:

- 3.4.1.1.1. Face-to-face, in person;
- 3.4.1.1.2. Face-to-face, virtually and/or electronically; or
- 3.4.1.1.3. By telephone; and
- 3.4.1.2. Complete an initial intake screening for the individual within two (2) business days from the date of the first direct contact, utilizing the Social Detox Screen within the Department-provided record system, or another social detox screening tool, as well as the ASAM Immediate Needs Profile, to determine the probability of the individual having a SUD and an estimate of the appropriate ASAM level of care.
- 3.4.2. The Contractor shall document the results of the screening in Department-provided record system for the individuals receiving services through this Agreement.
- 3.4.3. The Contractor shall assess income of each individual receiving services through this Agreement using the Fee Determination Form in Department-provided record system to determine the individual's cost share of service fees. The Contractor shall ensure:
 - 3.4.3.1. Individuals with an income of at least 139% of the federal poverty level are subject to a percentage of the cost share;
 - 3.4.3.2. Individuals with an income at or above 400% of the federal poverty guidelines are subject to the entire cost share;
 - 3.4.3.3. The income assessment is administered within two (2) business days from the date of initial contact for services and reassessed minimum of monthly thereafter; and
 - 3.4.3.4. Each income assessment and/or reassessment are signed by the individual and kept in the individual's record.
- 3.4.4. The Contractor shall ensure all attempts to contact the individual are documented in the individual's record or call log.

3.5. Clinical Evaluation

- 3.5.1. The Contractor shall use clinical evaluations, conducted and completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2, to make level of care determinations and to develop initial treatment plans. The Contractor shall ensure clinical evaluations include:
 - 3.5.1.1. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5 TR) diagnostic information;
 - 3.5.1.2. Complete biopsychosocial information; and
 - 3.5.1.3. A recommendation for an ASAM level of care that is completed

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by the Contractor, or by a referring agency less than 30 days prior to the individual's admission to the Contractor's SUD treatment program.

- 3.5.2. The Contractor shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation are recorded in the individual's record within three (3) sessions for any outpatient levels of care, whichever is later.
- 3.5.3. The Contractor shall complete a new clinical evaluation for the individual, prior to admission, if:
 - 3.5.3.1. More than 30 days have passed since the referring provider completed the evaluation;
 - 3.5.3.2. The evaluation was conducted and completed by someone other than a licensed counselor, or unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
 - 3.5.3.3. The evaluation did not include DSM 5 TR diagnostic information and a recommendation for a specific ASAM level of care; or
 - 3.5.3.4. An individual presents for admission to services without a completed evaluation.
- 3.5.4. If the Contractor is unable to complete the evaluation prior to admission due to geographic or other barriers, the Contractor shall assist the individual with accessing an evaluation through their local NH The Doorways program (Doorway/s), or other appropriate provider.
- 3.5.5. The Contractor shall provide SUD treatment services at the appropriate ASAM level of care, as determined by the individual's clinical evaluation, unless:
 - 3.5.5.1. The individual chooses to receive a service with a lower intensity ASAM level of care; or
 - 3.5.5.2. The service with the indicated ASAM level of care is unavailable at the time the level of care is determined; in which case the individual may choose:
 - 3.5.5.2.1. A service with a lower intensity ASAM level of care;
 - 3.5.5.2.2. To be placed on the waitlist until a service with the assessed ASAM level of care becomes available; or
 - 3.5.5.2.3. To be referred to another agency in the individual's service area that provides service with the indicated ASAM level of care.
- 3.5.6. If the level of care recommended by the clinical evaluation is available, and the individual is admitted to a different level of care, the Contractor shall document the reasoning for the admittance in the individual's record.

3.6. Waitlists

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- 3.6.1. The Contractor shall maintain a waitlist of all individuals waiting for SUD treatment services under this Agreement and shall follow the requirements in Exhibit B-1, Amendment #4, of this Agreement regarding waitlists.
- 3.6.2. The Contractor shall track the wait time for individuals to receive services from the date of initial contact to the date the individual first received SUD services, other than the evaluation described above.
- 3.6.3. The Contractor shall provide the following reports to the Department upon request:
 - 3.6.3.1. The average wait time for all individuals, by the type of service and payer source for all services; and
 - 3.6.3.2. The average wait time for priority populations, identified in Section 2.3, by the type of service and payer source for the services.
- 3.7. Assistance Enrolling in Insurance Programs
 - 3.7.1. The Contractor shall assist individuals, and/or their parents or legal guardians, who are unable to secure the financial resources necessary for initial entry into a SUD treatment program, to obtain other potential sources of payment within 14 days of admission, including enrollment in public or private insurance.
 - 3.7.2. The Contractor shall document assistance provided with securing financial resources, or the individuals' refusal of assistance, in the individual's service record.
 - 3.7.3. The Contractor shall track the length of time taken to enroll pregnant individuals in Medicaid and shall report that information to the Department upon request.
- 3.8. Use of Evidence-Based Practices
 - 3.8.1. The Contractor shall ensure all services in this Agreement are provided:
 - 3.8.1.1. Using evidence-based practices; as demonstrated by meeting one of the following criteria:
 - 3.8.1.1.1. The service is included as an evidence-based mental health and substance misuse intervention in the SAMHSA Evidence-Based Practices Resource Center;
 - 3.8.1.1.2. The service is published in a peer-reviewed journal and has been found to have positive effects; or
 - 3.8.1.1.3. The service is based on a theoretical perspective that has validated research; and
 - 3.8.1.2. In accordance with:
 - 3.8.1.2.1. ASAM Criteria;
 - 3.8.1.2.2. SAMHSA Treatment Improvement Protocols; and

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3.8.1.2.3. SAMHSA Technical Assistance Publications.

- 3.8.2. The Contractor shall assess all individuals for risk of self-harm at all phases of treatment, including, initial contact; screening, intake, initial clinical evaluation/assessment, admission; and discharge.
- 3.8.3. The Contractor shall provide on-going assessments of mental health symptoms for individuals receiving services when and where clinically appropriate. The Contractor shall ensure mental health assessments are administered at the time of clinical evaluation/assessment and upon discharge, at a minimum.
- 3.8.4. The Contractor shall assess all individuals for withdrawal risk, when clinically appropriate, and at initial contact, screening, intake, initial clinical evaluation/assessment, and admission.

3.9. Treatment Planning

- 3.9.1. The Contractor shall ensure individualized treatment plans are completed for all individuals admitted for services, including transitional living services. The Contractor shall ensure all initial treatment plans:
 - 3.9.1.1. Are completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
 - 3.9.1.2. Are based on clinical evaluation data that addresses problems in all ASAM domains, justifying the individual's admittance to the current level of care;
 - 3.9.1.3. Are completed within three (3) sessions to any outpatient level of care;
 - 3.9.1.4. Identifies and documents:
 - 3.9.1.4.1. The individual's strengths and resources for achieving goals and objectives;
 - 3.9.1.4.2. Referrals to outside agencies for the purpose of achieving a specific goal or objective when the service cannot be provided through this Agreement;
 - 3.9.1.5. Include:
 - 3.9.1.5.1. The individual's involvement in identifying, developing, and prioritizing goals, objectives, and action steps;
 - 3.9.1.5.2. Treatment plan goals, objectives, and action steps written in terms that are S.M.A.R.T., which are:
 - 3.9.1.5.2.1. Specific, clearly defining what shall be done;
 - 3.9.1.5.2.2. Measurable, including clear criteria for progress and completion;

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- 3.9.1.5.2.3. Attainable, within the individual's ability to achieve;
 - 3.9.1.5.2.4. Realistic, the resources are available to the individual; and
 - 3.9.1.5.2.5. Timely, something that needs to be completed within a stated period for completion that is reasonable;
- 3.9.1.6. Are signed by the individual and the counselor, agreeing to the treatment plan; or if applicable, documentation of the individual's refusal to sign the treatment plan; and
- 3.9.1.7. If the individual is receiving services via telehealth only, the individual's verbal agreement to the treatment plan is documented in the individual's service record.
- 3.9.2. The Contractor shall collaborate with the individual receiving services to review their treatment plan, at the following minimum intervals, as identified by ASAM:
 - 3.9.2.1. All ASAM Level 1 programs: Every six (6) clinical sessions or every six (6) weeks, whichever is less frequent;
 - 3.9.2.2. ASAM Level 2.1 programs: Every 14 days;
 - 3.9.2.3. ASAM Level 2.5, Level 3.5, and Level 3.7 programs: Every seven (7) days;
 - 3.9.2.4. ASAM Level 3.1: Every 30 days; and
 - 3.9.2.5. Transitional living services: Every 30 days.
- 3.9.3. The Contractor shall amend treatment plans for all ASAM levels of care, and transitional living services, when:
 - 3.9.3.1. Changes are made in any ASAM domain;
 - 3.9.3.2. Goals have been met and problems have been resolved; or
 - 3.9.3.3. New goals and new problems have been identified.
- 3.9.4. The Contractor shall ensure treatment plan amendments for all ASAM levels of care and transitional living services, or the progress note associated with an amendment, include a justification for:
 - 3.9.4.1. Continued treatment at the current level of care;
 - 3.9.4.2. Transfer from one level of care to another within the same agency; or
 - 3.9.4.3. Discharge from treatment at the agency.
- 3.9.5. The Contractor shall ensure the justification includes a minimum of one (1) of the following three (3) ASAM Continuing Service Criteria for continuing services:

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- 3.9.5.1. Continuing Service Criteria A: The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue working toward treatment goals;
- 3.9.5.2. Continuing Service Criteria B: The individual is not yet making progress but has the capacity to resolve their issues. The individual is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue working toward treatment goals; or
- 3.9.5.3. Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care which the individual is receiving treatment is the least intensive level at which the individual's problems can be addressed effectively.
- 3.9.6. The Contractor shall ensure any treatment plan amendments are signed by the individual and the counselor, agreeing to the updates; or if applicable, documentation of the individual's refusal to sign the treatment plan; and if the individual is receiving services via telehealth only, documentation of the individual's verbal agreement to the treatment plan.
- 3.9.7. The Contractor shall track the individual's progress relative to specific goals and objectives in progress notes.

3.10. Coordination of Care

- 3.10.1. The Contractor shall utilize the Department's designated Closed Loop Referral system to connect individuals to health and social service providers, as appropriate.
- 3.10.2. The Contractor shall ensure all coordination of care activities are compliant with state and federal laws and rules, including but not limited to NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2.
- 3.10.3. The Contractor shall refer individuals to, and coordinate the individual's care with, other providers and document the coordination, or individual's refusal of the coordination, in the individual's service record. The Contractor shall ensure referrals include:
 - 3.10.3.1. Primary care providers. If the individual does not have a primary care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.2. Behavioral health care providers when serving individuals with co-occurring substance use and mental health disorders. If the individual does not have a behavioral health care provider, the Contractor shall make an appropriate referral to one^{DS} and

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coordinate care with that provider;

3.10.3.3. MSUD as clinically appropriate, including medications for alcohol use disorder (AUD). The Contractor shall track the percentage of individuals with a diagnosis of AUD who were offered a referral to MSUD, and report the percentage to the Department on a quarterly basis; and

3.10.3.4. Peer recovery support providers. If the individual does not have a peer recovery support provider, or the Contractor does not provide peer support services, the Contractor shall make an appropriate referral to one and coordinate care with that provider.

3.10.4. The Contractor shall coordinate individual services with the Department's Doorway contractors, as appropriate, including:

3.10.4.1. Ensuring timely admission of individuals to services;

3.10.4.2. Completing initial clinical evaluations as needed; and

3.10.4.3. Referring individuals to Doorway services when the Contractor cannot admit an individual for services within 48 hours.

3.10.5. The Contractor shall coordinate with the NH Ryan White CARE Program, for individuals identified as at risk of or with HIV/AIDS.

3.10.6. The Contractor shall coordinate with other social service agencies engaged with the individual, as applicable, which may include but are not limited to the NH Division for Children, Youth, and Families and Probation and Parole.

3.10.7. The Contractor shall clearly document when the individual refuses any referrals or care coordination in the individual's service record.

3.10.8. The Contractor shall not prohibit individuals from receiving services under this Agreement when an individual does not consent to information sharing.

3.10.9. The Contractor shall notify individuals who consent to information sharing that they have the ability to rescind the consent at any time without any impact on services provided under the awarded contract.

3.11. Transfer or Discharge

3.11.1. The Contractor shall identify the reason for transfer or discharge in the Program Enrollment section of the Department-provided record system, for each individual entered into the Department-provided record system, at the time of transfer or discharge from the program.

3.11.2. The Contractor shall ensure the counselor updates the ASAM assessment and amends the treatment plan when transferring an individual from one level of care to another within the same agency or when discharging the individual to another treatment provider.

3.11.3. The Contractor shall complete a transfer or discharge summary when an individual is being transferred to another level of care within the agency or discharged from treatment at the contracted agency. The Contractor shall ensure the transfer or discharge summary addresses all ASAM domains,

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including the process of transfer planning at the time of the individual's intake to the program, including transitional living services, and includes:

- 3.11.3.1. Dates of admission, discharge, or transfer.
- 3.11.3.2. Reason for admission.
- 3.11.3.3. The individual's psychosocial substance misuse history and legal history.
- 3.11.3.4. A summary of the individual's progress toward treatment goals.
- 3.11.3.5. The individual's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment.
- 3.11.3.6. A summary of the individual's physical and mental health condition at the time of discharge.
- 3.11.3.7. A continuing care plan, including all ASAM domains, with specific information regarding referrals or further treatment.
- 3.11.3.8. The dated signature of the counselor completing the summary.
- 3.11.3.9. At least one (1) of the following four (4) ASAM Transfer/Discharge Criteria and how the individual meets the requirement, including transitional living services:
 - 3.11.3.9.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated.
 - 3.11.3.9.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated;
 - 3.11.3.9.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit their ability to resolve their problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or

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- 3.11.3.9.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care.
- 3.11.4. The Contractor shall ensure the discharge or transfer summary is completed no later than seven (7) days following an individual's discharge or transfer.
- 3.11.5. The Contractor shall discharge an individual from the Department-provided record system when they are no longer receiving services at the agency. The Contractor shall close the Episode in the Department-provided record system even if the individual is expected to return at a future date, including, after completing treatment at a different agency. The time frames for discharge from the Department-provided record system are as follows:
- 3.11.5.1. Individuals receiving outpatient services (individual outpatient, intensive outpatient, and partial hospitalization program), who have not received services in the past thirty (30) days shall be discharged by day 30. Upon the individual's return to treatment a new episode of care shall be started and all standard admission steps must be taken.
- 3.11.5.2.
- 3.11.6. The Contractor shall ensure a new episode of care is started and all standard admission steps are completed for individuals returning for services after being discharged.
- 3.12. Individual and Group Education
- 3.12.1. The Contractor shall offer all individuals receiving services under this Agreement individual or group education on prevention, treatment, and nature of:
- 3.12.1.1. SUD;
- 3.12.1.2. Relapse prevention;
- 3.12.1.3. Hepatitis C Virus (HCV);
- 3.12.1.4. HIV;
- 3.12.1.5. Sexually Transmitted Diseases (STDs);
- 3.12.1.6. Infectious diseases associated with injection drug use;
- 3.12.1.7. Individual and/or group counseling for individuals of childbearing age, regardless of gender, on the effects of alcohol and other drug use on a fetus; and
- 3.12.1.8. The relationship between nicotine use and substance use with other mental health disorders, if the individual uses nicotine_{DS}

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3.12.2. The Contractor shall ensure that all individuals are screened at intake and discharge for tobacco use, treatment needs and referral to the NH QuitLine, as part of treatment planning.

3.12.3. The Contractor shall maintain an outline of each educational session provided.

3.13. Tobacco-Free Environment

3.13.1. The Contractor shall ensure all facilities where services under this Agreement are provided are nicotine-free environments by having policies and procedures that apply to all staff, individuals receiving services, and visitors, that include but are not limited to:

3.13.1.1. Prohibiting smoking of any nicotine product, the use of oral tobacco products or "spit" tobacco, and the use of electronic devices, including vaping devices;

3.13.1.2. Prohibiting the use of nicotine products within the Contractor's facilities at any time;

3.13.1.3. Prohibiting the use of nicotine in any Contractor-owned vehicle;

3.13.1.4. Whether or not the use of nicotine products is prohibited outside of the facility on the grounds. If use of nicotine products is allowed outside of the facility on the grounds, the Contractor shall ensure:

3.13.1.4.1. Designated smoking area(s) are located a minimum of 20 feet from the main entrance;

3.13.1.4.2. All materials used for smoking in the designated area, including cigarette butts and matches, are extinguished and disposed of in appropriate containers;

3.13.1.4.3. Periodic cleanup of the designated smoking area is scheduled and completed as scheduled and/or needed; and

3.13.1.4.4. If the designated smoking area is not properly maintained, it shall be eliminated at the discretion of the Contractor; and

3.13.1.5. Prohibiting nicotine use in personal vehicles when transporting individuals on authorized business.

3.13.2. The Contractor shall ensure the nicotine -free environment policy is included in employee, individual, and visitor orientations and posted in the Contractor's facilities and vehicles.

3.13.3. The Contractor shall not use nicotine use, in and of itself, as grounds for discharging individuals from the services being provided under this Contract.

4. Electronic Record System

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- 4.1. The Contractor shall use the Department-provided electronic health record system (EHRS) to record contact with individuals within three (3) days, unless otherwise stated in the guidance document(s). The Contractor shall utilize the Department-provided EHRS to record all NH Bureau of Drug & Alcohol Services (BDAS) individual interactions, including:
- 4.1.1. Determining individual eligibility;
 - 4.1.2. Reporting all data that is used to calculate and analyze National Outcome Measures; and
 - 4.1.3. Providing other information as required by the Department.
- 4.2. The Contractor shall provide the individual with the Department-provided EHRS information acknowledgement form and obtain the individual's signature on that form at the time of admission to treatment, prior to providing services.
- 4.3. The Contractor shall ensure information for individuals refusing to sign the information acknowledgement is not entered into the EHRS and the Contractor shall contact the Department to establish alternative reporting and billing procedures.
- 4.4. The Contractor shall ensure services are provided to individuals who refuse to sign the information acknowledgement, despite not being able to enter that individual into the state provided EHRS. The Contractor shall:
- 4.4.1. Establish a policy to document individual activity elsewhere;
 - 4.4.2. Obtain Department approval of the established policy;
 - 4.4.3. Notify the Department of each individual's refusal; and
 - 4.4.4. Ensure the Department has access to records as requested.
- 4.5. The Contractor shall ensure the Department-provided EHRS is only used for individuals who are in a program that is funded by, or under the oversight of, the Department. The Contractor may use Department-provided EHRS to enter information for services not covered by this Agreement. Training may be provided by the contracted agency, with prior approval of the content by the Department, if the following conditions apply:
- 4.5.1. The Department has approved the Contractors' use of the Department-provided EHRS for this purpose;
 - 4.5.2. The Contractor utilized the state provided EHRS for this purpose; and
 - 4.5.3. The Contractor does not have an alternative EHRS available for use.
- 4.6. The Contractor shall cease using the Department-provided EHRS for services not covered by this Agreement no later than 6/30/2027 and shall thereafter use a separate EHRS.
- 4.7. The Contractor shall cease utilizing the Department-provided EHRS if an individual obtains funding from another source while in treatment, unless otherwise approved by the Department. Individuals who are in a program that is funded by or under the oversight of the Department include:
- 4.7.1. Individuals receiving Department -funded SUD treatment services,

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- 4.7.2. Individuals receiving services from Impaired Driver Care Management Programs; and
- 4.7.3. Individuals receiving services from Impaired Driver Service Providers, regardless of funding source.
- 4.8. The Contractor may use their own EHRS, in addition to the Department-provided EHRS, to record and track other data not collected in the state provided EHRS, only if the Department is allowed access to the electronic health records (EHR) upon request, for services provided under this Agreement.
- 4.9. The Contractor shall record that an individual has been discharged when the individual has completed a treatment episode in the state provided EHRS.
- 4.10. The Contractor shall follow all the instructions and requirements in the most current user guide for the EHRS, as provided by the Department.
- 4.11. The Contractor shall agree to and follow the Information Security Requirements in Exhibit K.

5. Telehealth

- 5.1. The Contractor may deliver outpatient services via telehealth through secure telecommunication technology, when clinically appropriate and within the Contractor's scopes of practice as allowed by law, and as documented in the individual's treatment plan. The Contractor acknowledges and agrees that:
 - 5.1.1. Telehealth services may be rendered from a remote site, other than the Contractor's facility, or a remote site, approved by the Contractor;
 - 5.1.2. Confidentiality and privacy protections apply to all telehealth services, under the same laws that protect the confidentiality of in-person services; and
 - 5.1.3. The use of public facing applications, such as Facebook Live, Twitch, TikTok, or other similar video communication applications, is prohibited.
- 5.2. The Contractor shall ensure telehealth complies with all security and privacy components identified in Exhibit K, DHHS Information Security Requirements. The Contractor shall ensure:
 - 5.2.1. An individual's appropriate informed consent to using the telecommunication technology is received and kept on file;
 - 5.2.2. A provider is present with the individual(s) during the use of telecommunication technology;
 - 5.2.3. Only authorized users have access to any individually identifiable personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Part 2 records as defined in 42 CFR Part 2 or electronic PHI (ePHI) that is shared or available through the telecommunication technology;
 - 5.2.4. Secure end-to-end communication of data is implemented, including all communication of ePHI remaining in the United States; and
 - 5.2.5. A system of monitoring the communications containing ePHI is implemented

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to prevent accidental or malicious breaches.

- 5.3. The Contractor shall adhere to all relevant state and federal regulations regarding telehealth not identified in the contract, including regulations regarding face-to-face services.

6. Staffing

- 6.1. The Contractor shall meet the following minimum staffing requirements, or request a waiver to the requirements, to provide the scope of work in this Agreement. Staffing levels must include:

6.1.1. A minimum of one (1) licensed supervisor, as identified in Section 2.1.2;

6.1.2. Staffing ratios for the following:

6.1.2.1. Individual Counseling: The ratio of individuals receiving services to licensed and unlicensed counselors, as identified in Section 2.1.2.1, who provide counseling to individuals on an individual basis in any ASAM level of care should be based on the following:

6.1.2.1.1. Clinician's ability to provide appropriate, effective, and evidence-based treatment to individuals within the setting;

6.1.2.1.2. Type of treatment provided;

6.1.2.1.3. Composition of the individual population; and

6.1.2.1.4. Availability of auxiliary services;

6.1.2.2. SUD Treatment Groups: No more than 12 individuals with one licensed counselor or unlicensed counselor, as identified in Section 2.1.2, present or no more than 16 individuals when that counselor is joined by a second licensed counselor, unlicensed counselor, CRSW or uncertified recovery support worker; and

6.1.2.3. Recovery Support Groups: No more than 12 individuals with one (1) NH CRSW present or no more than 16 individuals when that CRSW is joined by a second CRSW, or uncertified CRSW, licensed or unlicensed counselor, as identified in Section 2.1.2.

6.2. The Contractor shall actively seek to fill any open positions. Temporary staffing shortages are allowable, but not encouraged. Any temporary staffing shortages must be reported to Department in the quarterly contract compliance reports, as detailed in Section 9.7, and Contractor must be actively working to recruit new staff.

6.3. The Contractor shall notify Department in writing within one (1) month of hire when a new Administrator, Clinical Director, Executive Director, or any staff person essential to delivering this scope of services is hired to work in the program(s). The Contractor shall provide a copy of the resume of the employee, which clearly indicates the staff member is employed by the Contractor, with the new hire notification.

6.4. The Contractor shall notify the Department in writing within 14 calendar days, when there is not sufficient staffing to perform all required services for more than one (1) month.

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- 6.5. The Contractor shall have policies and procedures related to student interns that address minimum coursework, experience and core competencies for interns having direct contact with individuals served by this Agreement.
- 6.6. The Contractor shall ensure student interns complete training on ethics, information security and confidentiality practices for handling PHI and SUD treatment records as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2, as approved by the Department, prior to beginning their internship:
- 6.7. The Contractor shall ensure attendance of all required training for interns is documented in the interns' records and shall provide a list that includes the intern's name, dates or attendance and topics of training to the Department, as requested.
- 6.8. The Contractor shall ensure the health, safety, and well-being of all individuals in areas where individuals congregate, including common areas, group rooms and classrooms.
- 6.9. The Contractor shall ensure written policies, required under this Agreement, are available for Department review, as requested.
- 6.10. The Contractor may request a waiver from the Department, in writing, for staffing requirements, if the requirements are inappropriate for the services provided, under this Agreement. The Contractor shall provide both clinical and safety justifications to the Department for approval when requesting exemption from any of the staffing requirements in this Agreement.
- 6.11. The Contractor shall ensure no licensed supervisor, as identified in Section 2.1.2.1, shall supervise more than 12 staff unless the Department has approved an alternative supervision plan.
- 6.12. The Contractor shall provide ongoing clinical supervision that occurs at regular intervals, is documented in all staff members' records, and meets the requirements of the individuals' license(s) or certification(s).
- 6.13. The Contractor shall provide training to all staff providing SUD services under this Agreement on the following topics. The training:
- 6.13.1. Must include the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities; professional boundaries and power dynamics; and appropriate information security and confidentiality practices for handling PHI and substance use disorder treatment records, as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2;
 - 6.13.2. May be provided by the Contractor with prior content approval from the Department; and
 - 6.13.3. Must be completed within 60 days of hire and annually thereafter.
- 6.14. The Contractor shall provide in-service training to all staff providing SUD services under this Agreement within 15 days of the contract effective date or the staff person's employment start date, if the staff member started work after the contract effective date, and annually thereafter. The Contractor shall ensure in-service training topics are as follows:
- 6.14.1. Contract requirements;

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- 6.14.2. Policies and procedures provided by the Department;
 - 6.14.3. HCV;
 - 6.14.4. HIV; and
 - 6.14.5. TB.
 - 6.15. The Contractor shall ensure staff attendance of all required training is documented in the staff members' records and shall provide a list of trained staff that includes dates and topics of training, to the Department, as requested.
- 7. Provisions Applicable to Contractors Receiving State Opioid Response (SOR) Funding**
- 7.1. SOR Guidelines:
- 7.1.1. The Contractor shall establish formal information sharing and referral agreements with the Doorways in compliance with all applicable confidentiality laws, including 42 CFR Part 2 in order to receive payments for services funded with SOR resources.
 - 7.1.2. The Contractor shall ensure all referrals of individuals to the Doorways are completed and documented in the individuals file, and available to the Department, as requested and as needed, for payment of invoices for services provided through SOR-funded initiatives.
 - 7.1.3. The Contractor shall ensure individuals receiving services rendered from SOR funds have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD).
 - 7.1.4. The Contractor shall coordinate ongoing care for individuals with documented history, or current diagnoses, of OUD or StimUD, receiving services rendered from SOR funds, with the Doorways, and in accordance with 42 CFR Part 2.
 - 7.1.5. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, provide, or treat patients with marijuana. The Contractor shall ensure:
 - 7.1.5.1. Treatment in this context includes the treatment of opioid use disorder;
 - 7.1.5.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders; and
 - 7.1.5.3. This marijuana restriction applies to all subcontracts and memorandums of understanding that receive SOR funding.
 - 7.1.6. If the Contractor is providing MSUD, the Contractor shall do so only with FDA-approved MSUD, which includes:
 - 7.1.6.1. Methadone; and
 - 7.1.6.2. Buprenorphine products including:

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- 7.1.6.2.1. Single-entity buprenorphine products;
 - 7.1.6.2.2. Buprenorphine/naloxone tablets;
 - 7.1.6.2.3. Buprenorphine/naloxone films; and
 - 7.1.6.2.4. Buprenorphine/naloxone buccal preparations.
- 7.1.7. If the Contractor is providing medical withdrawal management services that are supported by SOR funds, the Contractor shall do so only when the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 7.1.8. If the Contractor wishes to distribute Fentanyl test strips, the Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 7.1.8.1. Internal policies for the distribution of Fentanyl strips;
 - 7.1.8.2. Distribution methods and frequency; and
 - 7.1.8.3. Other key data as requested by the Department.
- 7.1.9. If the Contractor provides recovery housing, or refers individuals to recovery housing, the Contractor shall ensure any individuals receiving financial aid for the recovery housing, utilizing SOR funds, are in a facility that:
 - 7.1.9.1. Aligns with national industry standards; and
 - 7.1.9.2. Is registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with the New Hampshire Administrative Rules, He-A 305, Voluntary Registry for Recovery Houses.
- 7.1.10. The Contractor shall accept individuals on MSUD and facilitate access to MSUD on-site, or through referrals, for all individuals supported with SOR funds, as clinically appropriate.
- 7.1.11. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 7.1.12. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorway do not receive any additional services utilizing SOR funding.
- 7.1.13. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

7.2. Government Performance Results Act

- 7.2.1. The Contractor shall administer, or coordinate the administration of, the Government Performance Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010 required initial interview and associated follow-ups at six (6) months and discharge for all individuals with a diagnosed OUD or StimUD receiving program services.

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- 7.2.2. The Contractor shall provide or coordinate ongoing follow-up and support of individuals engaged in services until a discharge GPRA interview is completed. The Contractor shall ensure:
- 7.2.2.1. Contact with each individual is attempted during a time when the individual would normally be available. Contact must be made in person, by telephone, or by an alternative method approved by the Department, according to the following guidelines:
- 7.2.2.1.1. If the first contact attempt is not successful, a second contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the first attempt;
- 7.2.2.1.2. If the second contact attempt is not successful, a third contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the second attempt;
- 7.2.2.2. Each successful contact must include:
- 7.2.2.2.1. Inquiries on the status of each individual's recovery and experience with their external service provider;
- 7.2.2.2.2. Identification of individual needs;
- 7.2.2.2.3. Assistance to the individual to address identified needs; and
- 7.2.2.2.4. Early intervention for individuals who have resumed use;
- 7.2.2.3. When the aforementioned follow-up interview results in a determination that the individual is at risk of self-harm, the Contractor must proceed in alignment with their crisis response policies and procedure; and
- 7.2.2.4. All efforts to contact individuals are clearly documented in a manner approved by the Department.
- 7.2.3. The Contractor shall ensure the GPRA interviews are attempted at the following intervals:
- 7.2.3.1. At the time of intake or no later than seven (7) calendar days after the Individual enters into treatment services;
- 7.2.3.2. No later than six (6) months post intake into treatment services. The window for this interview opens five (5) months after the intake interview; and
- 7.2.3.3. Upon discharge from the initially referred service.
- 7.2.4. The Contractor shall ensure completed GPRA data is entered into the Department determined administrative software, at a minimum of the following intervals:

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7.2.4.1. At the time of intake or no later than seven (7) calendar days after the GPRA interview is conducted;

7.2.4.2. Six (6) months post intake into Doorway services; and

7.2.4.2.1. Upon discharge from the initially referred service.

7.2.5. The Contractor shall document any loss of contact in the Department-approved administrative software system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.

7.2.6. The Contractor shall ensure contingency management strategies are utilized to increase engagement in follow-up GPRA interviews. Contingency management strategies may include but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview. The Contractor must ensure gift cards do not exceed \$30 in value and are not used to incentivize participation in treatment.

8. Reporting Requirements within the Department-provided record system

8.1. The Contractor shall report individual demographic data in the Department-provided record system for all individuals in section 2.2 of this Agreement as specified in the current Department-provided record system User Guide.

8.2. The Contractor shall report individual National Outcome Measures (NOMS) data in the Department-provided record system for all individuals receiving services under this Agreement, as follows:

8.2.1. All individuals at admission; and

8.2.2. All individuals upon discharge.

8.3. The Contractor shall report all data for individuals receiving services under this Agreement that are necessary for calculation of the following performance measures in the Department-provided record system, and as specified in its User Guide:

8.3.1. Initiation: Percentage of individuals accessing services within 14 days of initial contact;

8.3.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of screening;

8.3.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of screening;

8.3.4. Treatment Completion: Percentage of individuals completing treatment; and

8.3.5. National Outcome Measures:

8.3.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use on the date of discharge compared to the date of first service;

8.3.5.2. Increase in/no change in the number of individuals employed or in school on the date of the last service compared to the date of the first service;

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- 8.3.5.3. Reduction in/no change in the number of individuals arrested in past 30 days from the date of the first service to the date of the last service;
 - 8.3.5.4. Increase in/no change in the number of individuals that have stable housing at the date of the last service compared to the date of the first service; and
 - 8.3.5.5. Increase in/no change in the number of individuals participating in community support services at the date of the last service compared to the date of the first service.
- 8.4. The Contractor shall report all other data, as specified in the Department-provided record system User Guide, to support the Department's analysis and reporting on demographics, performance, services and other factors as determined by the Department and in a format specified by the Department.
 - 8.5. The Contractor shall report the number of individuals with an alcohol use disorder who were referred for MSUD, as described in Section 3.10.3.3., to the Department on a quarterly basis.
 - 8.6. The Contractor shall complete monthly contract compliance reporting no later than the 10th day of the month following the reporting month in a format determined, and as requested, by the Department.
 - 8.7. The Contractor shall submit quarterly contract compliance reporting no later than the 10th day of following month in a format determined, and as requested, by the Department.
 - 8.8. The Contractor shall notify the Department in writing of all contact with law enforcement as soon as possible, and no more than 24 hours following the incident.
 - 8.9. The Contractor shall notify the Department in writing of all media contacts as soon as possible, and no more than 24 hours following the incident.
 - 8.10. The Contractor shall report sentinel events in accordance with RSA 126-A:4,IV
 - 8.11. The Contractor shall refer to the current Department-provided record system User Guide for guidance on NOMS and other data reporting requirements.

9. Performance Measures

- 9.1. Contract performance shall be measured to evaluate service quality and efficacy in mitigating negative impacts of substance misuse, including but not limited to the opioid epidemic and associated overdoses. The following performance measures will be used by the Department to evaluate selected contractor performance:
 - 9.1.1. Initiation: Percentage of individuals accessing services within 14 days;
 - 9.1.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of admission to the appropriate level of care;
 - 9.1.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of admission to the appropriate level of care;
 - 9.1.4. Treatment completion: Percentage of individuals completing treatment, and

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- 9.1.5. NOMS, as detailed in Section 9.3: The percentage of individuals out of all individuals discharged improved in at least three (3) out of five (5) of the following NOMS outcome criteria:
- 9.1.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use at discharge compared to the period of 7 days before and the date of first service during an episode of care (or previous episode of care for individuals referred for services from a different DEPARTMENT contracted SUD treatment provider);
 - 9.1.5.2. Increase in/no change in number of individuals employed or in school on the date of last service compared to first service;
 - 9.1.5.3. Reduction in/no change in number of individuals arrested in past 30 days from date of first service to date of last service;
 - 9.1.5.4. Increase in/no change in number of individuals that have stable housing at last service compared to first service; and
 - 9.1.5.5. Increase in/no change in number of individuals participating in community support services at last service compared to first service.
- 9.2. The Contractor shall meet or exceed baseline performance requirements as determined by the Department.
- 9.2.1. The Department will actively and regularly collaborate with the Contractor to develop a performance improvement structure that will enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
 - 9.2.2. The Department may identify expectations for active and regular collaboration, including key performance measures, in this Agreement. Where applicable, the Contractor must collect and share data with the Department, as requested, and in a format specified, by the Department.
- 9.3. The Contractor shall participate in all quality improvement activities, as directed and requested by the Department, including, but not limited to:
- 9.3.1. Electronic and in-person individual record reviews.
 - 9.3.2. Site visits.
 - 9.3.3. Training and technical assistance activities.
- 9.4. The Contractor shall monitor and manage the utilization rates of its services at all ASAM levels of care to ensure services are offered at a consistently high quality throughout the term of the contract. To maintain a consistently high quality of service and adequate capacity for SUD treatment and recovery support services statewide, the Contractor shall actively monitor its capacity, staffing levels, and resources to consistently and evenly deliver these services.
- 9.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

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- 9.6. The Contractor shall participate in quarterly meetings with the Department to ensure compliance with the contractual requirements.
- 9.7. The Contractor may be required to provide other key data and metrics to the Department, including individual-level demographic, performance, and service data.

10. Audit Requirements

- 10.1. The Contractor is required to submit an annual financial audit to the Department if **any** of the following conditions exist:
 - 10.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 10.1.3. Condition C - The Contractor is a public company and required by the U.S. Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 10.2. If Condition A exists, the Contractor must submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department 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.
- 10.3. If Condition B or Condition C exists, the Contractor must submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 10.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor must be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 10.6. In the event that the Contractor undergoes an audit by the Department, the Contractor agrees to provide a corrective action plan to the Department within thirty (30) days from the date of the final findings that addresses any and all findings.
- 10.7. The Contractor must ensure the corrective action plan uses SMART (specific, measurable, achievable, relevant, and time-bound) goals and objectives, and includes:
 - 10.7.1. The action(s) that shall be taken to correct each deficiency;

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- 10.7.2. The action(s) that shall be taken to prevent the reoccurrence of each deficiency;
- 10.7.3. The specific steps and timeline for implementing the actions above;
- 10.7.4. The plan for monitoring to ensure that the actions above are effective; and
- 10.7.5. How and when the Contractor shall report to the Department on progress on implementation and effectiveness.

11. Background Checks

- 11.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
 - 11.1.1. 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;
 - 11.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 11.1.3. 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.

12. Confidential Data

- 12.1. 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.
- 12.2. 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.

13. Privacy Impact Assessment

- 13.1. 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:
 - 13.1.1. How PII is gathered and stored;
 - 13.1.2. Who will have access to PII;

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- 13.1.3. How PII will be used in the system;
- 13.1.4. How individual consent will be achieved and revoked; and
- 13.1.5. Privacy practices.
- 13.2. 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.

14. Department Owned Devices, Systems and Network Usage

- 14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
 - 14.1.1. 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;
 - 14.1.2. 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;
 - 14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 14.1.4. 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;
 - 14.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;
 - 14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
 - 14.1.7. 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."
 - 14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
 - 14.1.9. Agree when utilizing the Department's email system:

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- 14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".
- 14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and
- 14.1.9.3. 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."

- 14.1.10. 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:
 - 14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
 - 14.1.10.2. 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.
 - 14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.
- 14.1.11. 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.
- 14.1.12. 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.

15. Contract End-of-Life Transition Services

15.1. General Requirements

- 15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of

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the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

- 15.1.2. 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.
- 15.1.3. 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.
- 15.1.4. 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.
- 15.1.5. 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.
- 15.1.6. In the event the Contractor has commingled 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.

15.2. Completion of Transition Services

- 15.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of 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 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 15.2.2. Once all parties agree the data has been migrated the Contractor will have

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30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

15.3. Disagreement over Transition Services Results

- 15.3.1. 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 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.

16. Exhibits Incorporated

- 16.1. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.
- 16.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 16.3. 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 I, Business Associate Agreement, which has been executed by the parties.

17. Additional Terms

17.1. Impacts Resulting from Court Orders or Legislative Changes

- 17.1.1. 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.

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

17.2.1. The Contractor must submit:

- 17.2.1.1. 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.
- 17.2.1.2. A written attestation, within 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 12 months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is

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accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and

- 17.2.1.3. 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 12 months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

17.3. Credits and Copyright Ownership

- 17.3.1. 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."
- 17.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 17.3.3. 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.
- 17.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

17.4. Operation of Facilities: Compliance with Laws and Regulations

- 17.4.1. 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.

17.5. Eligibility Determinations

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- 17.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 17.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

18. Records

- 18.1. The Contractor must keep records that include, but are not limited to:
 - 18.1.1. 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.
 - 18.1.2. 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.
 - 18.1.3. 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.
 - 18.1.4. Medical records on each patient/recipient of services.
- 18.2. 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.
- 18.3. 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.

19. Maintenance of Fiscal Integrity (Contracts/Amendments)

- 19.1. The Contractor must submit the following financial statements to the Department within 30 calendar days after the end of each month:
 - 19.1.1. Balance Sheet for the Contractor's entire organization including all related parties;
 - 19.1.2. Year-to-date Profit and Loss Statement for the Contractor's entire organization that includes, for all related parties:

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- 19.1.2.1. All revenue sources and expenditures; and
 - 19.1.2.2. A budget column allowing for budget to actual analysis;
- 19.1.3. Year-to-date Profit and Loss Statement for the Program funded under this Agreement that includes:
 - 19.1.3.1. All revenue sources and all related expenditures for the Program; and
 - 19.1.3.2. A budget column allowing for budget to actual analysis; and
- 19.1.4. Year-to-date Cash Flow Statement for the Contractor's entire organization including all related parties.
- 19.2. The Contractor must ensure all financial statements are prepared based on the accrual method of accounting and include all the Contractor's total revenues and expenditures, whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 19.3. The Contractor's fiscal integrity will be evaluated by the Department using the following Formulas and Performance Standards:
 - 19.3.1. Days of Cash on Hand:
 - 19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.
 - 19.3.1.2. Formula: Cash, cash equivalents and short-term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.
 - 19.3.1.3. Performance Standard: The Contractor must have enough cash and cash equivalents to cover expenditures for a minimum of 30 calendar days with no variance allowed.
 - 19.3.2. Current Ratio:
 - 19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.
 - 19.3.2.2. Formula: Total current assets divided by total current liabilities.
 - 19.3.2.3. Performance Standard: The Contractor must maintain a minimum current ratio of 1.5:1 with 10% variance allowed.
 - 19.3.3. Debt Service Coverage Ratio:
 - 19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

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19.3.3.2. Definition: The ratio of net income to the year-to-date debt service.

19.3.3.3. Formula: Net Income plus depreciation/amortization expense plus interest expense divided by year-to-date debt service (principal and interest) over the next twelve (12) months.

19.3.3.4. Source of Data: The Contractor's monthly financial statements identifying current portion of long-term debt payments (principal and interest).

19.3.3.5. Performance Standard: The Contractor must maintain a minimum standard of 1.2:1 with no variance allowed.

19.3.4. Net Assets to Total Assets:

19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

19.3.4.4. Source of Data: The Contractor's monthly financial statements.

19.3.4.5. Performance Standard: The Contractor must maintain a minimum ratio of .30:1, with a 20% variance allowed.

19.3.5. Operating Surplus:

19.3.5.1. Rationale: The Contractor requires a surplus for fiscal sustainability including covering short-term and long-term liabilities.

19.3.5.2. Definition and Formula: The difference between operating revenue and operating expenses.

19.3.5.3. Source of Data: The Contractor's Year-to-Date financial statements.

19.3.5.4. Performance Standard: The Contractor must maintain an operating surplus.

19.4. If the Contractor does not meet either:

19.4.1. The Days of Cash on Hand Performance Standard and the Current Ratio Performance Standard for two (2) consecutive months; or

19.4.2. The Operating Surplus Performance Standard for three (3) consecutive months; or

19.4.3. Three (3) or more of any of the Performance Standards for one (1) month, or any one (1) Performance Standard for three (3) consecutive months; then

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the Contractor must:

- 19.4.3.1. Meet with Department staff to explain the reasons that the Contractor has not met the standards; and/or
 - 19.4.3.2. Submit a comprehensive corrective action plan within 30 calendar days of receipt of notice from the Department.
- 19.5. The Contractor must update and submit the corrective action plan to the Department, at least every 30 calendar days, until compliance is achieved. The Contractor must:
- 19.5.1. Provide additional information to ensure continued access to services as requested by the Department and ensure requested information is submitted to the Department in a timeframe agreed upon by both parties.
- 19.6. The Contractor must inform the Department by phone and by email within 24 hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement with the Department.

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**Exhibit B-1 Amendment #4
Operational Requirements**

1. Requirements for Organizational or Program Changes.

- 1.1. The Contractor shall provide written notification to the Department no later than 30 days prior to changes in ownership, mergers, asset sales for more than half of the company's assets, sale of a controlling share of the company's voting securities, change of more than 50% of the board of directors, physical location, or name.
- 1.2. The Contractor shall submit a copy of the certificate of amendment from the New Hampshire Secretary of State with the effective date of the change to the Department, when there is a change of the ownership, physical location, or name of the organization.

2. Inspections, Enforcement, Remedies, & Plans of Correction

- 2.1. The Contractor shall comply with all provisions of this Agreement and submit any requested changes, including service provision and/or number of beds provided, in writing, to the Department for review and approval. All Department approved changes, with the exception of adjusting budget line items as described in Exhibit C, must be approved by the Governor and Executive Council through a contract amendment, as required by paragraph 18, Amendment, of the General Provisions, Form P-37.
- 2.2. The Contractor shall allow any Department representative to be admitted on the premises, at any time, to inspect the facility; all programs and services provided through this Agreement; and any records required by this Agreement.
- 2.3. Notwithstanding paragraph 8, Event of Default, and paragraph 9, Termination, of the General Provisions, Form P-37, the Contractor shall be issued a notice of deficiencies when the Department determines that the Contractor is not in compliance with contract requirements. The notice of deficiencies will identify each deficiency and the specific proposed remedy(ies), which may include, but are not limited to:
 - 2.3.1. The requirement of the Contractor to develop and submit a Plan of Correction (POC) to the Department within 21 days of receipt of a notice of deficiencies, for review and acceptance. The Contractor shall ensure the POC:
 - 2.3.1.1. Achieves compliance with contract requirements;
 - 2.3.1.2. Addresses all deficiencies and deficient practices as cited in the notice of deficiencies;
 - 2.3.1.3. Mitigates the likelihood of a new violation of contract requirements as a result of implementation of the POC; and
 - 2.3.1.4. Provides specific and discrete project goals for POC completion, including, but not limited to:
 - 2.3.1.4.1. Steps to be taken to correct each deficiency.
 - 2.3.1.4.2. Measures that will be put in place.
 - 2.3.1.4.3. System changes to be made to ensure that the deficiency does not recur.
 - 2.3.1.4.4. The date by which each deficiency will be corrected.

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- 2.3.2. A Department-directed POC, specifying the corrective action steps to be taken by the Contractor. The Contractor will receive a department-directed POC with the notice of deficiencies when:
 - 2.3.2.1. Deficiencies were identified during an inspection that require immediate corrective action to protect the health and safety of the individuals receiving services or staff providing services.
 - 2.3.2.2. The original POC is not submitted within 21 days of the date of the written notification of deficiencies;
 - 2.3.2.3. The revised POC from Section 2.4.1 is rejected by the Department; or
 - 2.3.2.4. The POC is not implemented by the completion date identified in the Department-accepted POC.
 - 2.4. The Department shall notify the Contractor of the reasons for rejection of the POC, if the POC is not accepted. The Contractor shall:
 - 2.4.1. Develop and submit a revised POC within 21 days of the date of the written notification of POC rejections.
 - 2.4.2. Ensure the revised POC complies with POC standards identified above.
 - 2.5. The Contractor shall, upon request, admit and allow the Department access to the premises and records related to the Department-accepted and/or Department-directed POC, after the completion date identified in the POC, in order to verify the implementation of the POC, which may include, but are not limited to:
 - 2.5.1. Review of materials submitted by the Contractor;
 - 2.5.2. Follow-up inspection; or
 - 2.5.3. Review of compliance during the next scheduled inspection.
- 3. Duties and Responsibilities**
- 3.1. The Contractor shall monitor, assess, and improve, as necessary, the quality of care and service provided to individuals on an ongoing basis.
 - 3.2. The Contractor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Contractor.
 - 3.3. The Contractor shall employ an administrator responsible for the day-to-day operations of services provided in this Agreement. The Contractor shall:
 - 3.3.1. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
 - 3.3.2. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Contractor, the staff position(s) to be delegated, and the authority and responsibility to act in the administrator's behalf when the administrator is absent.
 - 3.4. The Contractor shall ensure the following documents are posted in a public area:
 - 3.4.1. A copy of the Contractor's policies and procedures relative to the implementation of rights and responsibilities for individuals receiving services,

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including confidentiality per NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2; and

- 3.4.2. The Contractor's plan for fire safety, evacuation, and emergencies, identifying the location of, and access to all fire exits.
- 3.5. The Contractor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
- 3.6. The Contractor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
- 3.7. The Contractor shall follow the required procedures for the care of the individuals, as specified by the United States Centers for Disease Control and Prevention "Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings", November 2023 , for residential programs, if the Contractor accepts an individual who is known to have a disease reportable under NH Administrative Rule He-P 301, or an infectious disease.
- 3.8. The Contractor shall comply with state and federal regulations on confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12.
- 3.9. The Contractor shall develop policies and procedures regarding the release of information contained in individual service records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:12
- 3.10. The Contractor shall ensure all records relating to services provided through this Agreement are legible, current, accurate, and available to the Department during an inspection or investigation.
- 3.11. The Contractor shall ensure service site(s) are accessible to individuals with a disability, using Americans with Disabilities Act accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq. The Contractor shall ensure service sites include:
 - 3.11.1. A reception area separate from living and treatment areas;
 - 3.11.2. A private space for personal consultation, charting, treatment and social activities, as applicable;
 - 3.11.3. Secure storage of active and closed confidential individual records; and
 - 3.11.4. Separate and secure storage of toxic substances.
- 3.12. The Contractor shall establish a code of ethics for staff that includes a mechanism for reporting unethical conduct.
- 3.13. The Contractor shall develop, implement, and maintain specific policies, including:
 - 3.13.1. Rights, grievance, and appeals policies and procedures for individuals receiving services;
 - 3.13.2. Progressive discipline, leading to administrative discharge;
 - 3.13.3. Reporting and appealing staff grievances;
 - 3.13.4. Alcohol and other drug use while in treatment;

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- 3.13.5. Individual and employee smoking that are in compliance with Exhibit B, Scope of Services;
- 3.13.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
- 3.13.7. Holding an individual's possessions;
- 3.13.8. Secure storage of staff medications;
- 3.13.9. Medication belonging to individuals receiving services;
- 3.13.10. Urine specimen collection, as applicable, that:
 - 3.13.10.1. Ensures collection is conducted in a manner that preserves individual privacy as much as possible; and
 - 3.13.10.2. Minimizes falsification;
- 3.13.11. Safety and emergency procedures on:
 - 3.13.11.1. Medical emergencies;
 - 3.13.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 3.13.11.3. Reporting injuries;
 - 3.13.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures; and
 - 3.13.11.5. Emergency closings.
- 3.13.12. The Contractor shall develop, implement and maintain procedures for:
 - 3.13.12.1. Protection of individual records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 3.13.12.2. Quality assurance and improvement.

4. Collection of Fees

- 4.1. The Contractor shall maintain procedures regarding collections from individuals for fees, co-insurance payments, cost-shares, private or public insurance, and other payers responsible for the individual's finances; and
- 4.2. The Contractor shall provide the individual, and the individual's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge at the time of screening and admission.

5. Screening and Denial of Services

- 5.1. The Contractor shall maintain a record of all individual screenings, including:
 - 5.1.1. The individual's name and/or unique identifier;
 - 5.1.2. The individual's referral source;

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- 5.1.3. The date of initial contact from the individual or referring agency;
 - 5.1.4. The date of screening; and
 - 5.1.5. The result of the screening, including the reason for denial of services if applicable.
 - 5.2. The Contractor shall record all referrals to and coordination with New Hampshire's The Doorways program and other interim services, or the reason that the referral was not made, for any individual who is placed on a waitlist. The Contractor shall:
 - 5.2.1. Record all contact with the individual between screening and removal from the waitlist; and
 - 5.2.2. Record the date the individual was removed from the waitlist and the reason for removal.
 - 5.3. In the instance an individual requesting services is denied service(s), the Contractor shall:
 - 5.3.1. Inform the individual of the reason for the denial of service(s); and
 - 5.3.2. Assist the individual in identifying and accessing appropriate available treatment.
 - 5.4. The Contractor shall not deny services to an individual solely because the individual:
 - 5.4.1. Previously left treatment against the advice of staff;
 - 5.4.2. Relapsed from an earlier treatment;
 - 5.4.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 5.4.4. Has been diagnosed with a mental health disorder.
 - 5.5. The Contractor shall report on denial of services to individuals at the request of the Department.
- 6. Staffing Requirements**
- 6.1. The Contractor shall develop current job descriptions for all staff, including contracted staff, volunteers, and student interns, which includes:
 - 6.1.1. Job title;
 - 6.1.2. Physical requirements of the position;
 - 6.1.3. Education and experience requirements of the position;
 - 6.1.4. Duties of the position;
 - 6.1.5. Positions supervised; and
 - 6.1.6. Title of immediate supervisor.
 - 6.2. The Contractor shall develop and implement policies regarding criminal background checks of prospective employees, which includes, but is not limited to:
 - 6.2.1. Requiring a prospective employee to sign a release to allow the Contractor to conduct a criminal record check.

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- 6.2.2. Requiring the administrator or designee to obtain and review criminal record checks from the New Hampshire Department of Safety for each prospective employee.
- 6.2.3. Ensuring criminal record check standards are reviewed to ensure the health, safety, or well-being of individuals; violation of shall be reason for non-selection for employment, including the following:
 - 6.2.3.1. Felony convictions in this or any other state;
 - 6.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 6.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
- 6.2.4. Waiver of the criminal background check, granted by the Department, for good cause shown.
- 6.3. The Contractor shall ensure all staff, which includes contracted staff, meet the educational, experiential, and physical qualifications of the position as listed in their job description. The Contractor shall ensure staff:
 - 6.3.1. Do not violate the criminal background standards established by 7.2.3 above, unless waived by the Department for good cause shown;
 - 6.3.2. Are licensed, registered or certified as required by state statute and as applicable;
 - 6.3.3. Receive an orientation within the first three (3) days of work or prior to direct contact with individuals, which includes:
 - 6.3.3.1. The Contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 6.3.3.2. The Contractor's policies on the rights, responsibilities, and complaint procedures for individuals receiving services;
 - 6.3.3.3. Federal and state confidentiality requirements;
 - 6.3.3.4. Grievance procedures;
 - 6.3.3.5. Job duties, responsibilities, policies, procedures, and guidelines;
 - 6.3.3.6. Topics covered by both the administrative and personnel manuals;
 - 6.3.3.7. The Contractor's infection prevention program;
 - 6.3.3.8. The Contractor's fire, evacuation, and other emergency plans which outline the responsibilities of staff in an emergency; and
 - 6.3.3.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F:46 and RSA 169-C:29; and
 - 6.3.4. Sign and date documentation that they have taken part in an orientation as described above;

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- 6.3.5. Complete a mandatory annual in-service education, which includes a review of all elements described above.
- 6.4. The Contractor shall ensure, prior to having contact with individuals receiving services, that employees and contracted employees:
 - 6.4.1. Submit proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 6.4.1.1. The name of the examinee;
 - 6.4.1.2. The date of the examination;
 - 6.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 6.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 6.4.1.5. The dated signature of the licensed health practitioner;
 - 6.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
 - 6.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to *Mycobacterium* TB through shared air space with persons with infectious TB.
- 6.5. The Contractor shall ensure employees, contracted employees, volunteers and independent Contractors who have direct contact with individuals who have a history of TB, or a positive skin test, have a TB symptomatology screening test.
- 6.6. The Contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student intern, volunteer, and contracted staff, which includes, but is not limited to:
 - 6.6.1. A completed application for employment or a resume;
 - 6.6.2. Identification data;
 - 6.6.3. The education and work experience of the employee;
 - 6.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 6.6.4.1. Position title;
 - 6.6.4.2. Qualifications and experience; and
 - 6.6.4.3. Duties required by the position;
 - 6.6.5. Written verification that the person meets the Contractor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;

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- 6.6.6. A signed and dated record of orientation as required above;
- 6.6.7. A copy of each current New Hampshire license, registration or certification in a relevant health care field and CPR certification, if applicable;
- 6.6.8. Records and results of screening for communicable diseases as required above;
- 6.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 6.6.10. Documentation of annual in-service education, as required above, that includes dates of completion and signatures of staff;
- 6.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 6.6.12. A signed statement acknowledging the receipt of the Contractor's policy setting forth the individual's rights and responsibilities, confidentiality requirements, training, and implementation of the policy;
- 6.6.13. A statement, which shall be signed at the time the initial offer of employment, and is then executed annually thereafter, stating that the individual:
 - 6.6.13.1. Does not have a felony conviction in this or any other state;
 - 6.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation, or poses a threat to the health, safety or well-being of any individual; and
 - 6.6.13.3. Has not had a finding by the Department, or any other administrative agency in NH, or any other state, for assault, fraud, abuse, neglect or exploitation of any person; and
- 6.6.14. Documentation of the criminal records check and any waivers, as applicable.
- 6.7. An individual need not re-disclose any of the matters in the criminal background check if the documentation is available and the Contractor has previously reviewed the material and has been granted a waiver by the Department, so that the individual can continue employment.

7. Clinical Supervision of Unlicensed Counselors

- 7.1. The Contractor shall ensure all unlicensed counselors providing treatment, education and/or recovery support services; and all uncertified CRSWs, are under the direct supervision of a licensed supervisor.
- 7.2. The Contractor shall ensure no licensed supervisor supervises more than 12 unlicensed staff, unless the Department has approved an alternative supervision plan.
- 7.3. The Contractor shall ensure unlicensed counselors receive a minimum of one (1) hour of supervision for every 40 hours of direct contact with individuals receiving services;
- 7.4. The Contractor shall ensure supervision is provided on an individual or group basis, or both, depending upon the employees' needs, experience and skill levels;
- 7.5. The Contractor shall ensure supervision includes:

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- 7.5.1. Review of case records;
 - 7.5.2. Observation of interactions with individuals receiving services;
 - 7.5.3. Skill development; and
 - 7.5.4. Review of case management activities;
- 7.6. The Contractor shall ensure supervisors maintain a log of the supervision date, duration, content and who was supervised by whom; and
- 7.7. The Contractor shall ensure staff who are licensed or certified shall receive supervision in accordance with the requirements of their licensure.
- 8. Orientation for Individuals Receiving Services**
 - 8.1. The Contractor shall conduct an orientation for individuals receiving services upon admission to program, either individually or by group, that includes:
 - 8.1.1. Rules, policies, and procedures of the program and facility;
 - 8.1.2. Requirements for successfully completing the program;
 - 8.1.3. The administrative discharge policy and the grounds for administrative discharge;
 - 8.1.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and
 - 8.1.5. Requiring the individual to sign and date a receipt that the orientation was conducted.
- 9. Progress notes**
 - 9.1. The Contractor shall ensure progress notes are completed for each individual, group, family treatment, or education session.
 - 9.2. The Contractor shall ensure progress notes include, but are not limited to:
 - 9.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as applicable, as they relate to the current treatment plan;
 - 9.2.2. Assessments, including progress, evaluation of any interventions, and any obstacles or barriers; and
 - 9.2.3. Plans, including tasks to be completed between sessions and objectives for the next session.
- 10. Discharge**
 - 10.1. The Contractor shall discharge an individual from a program for the following reasons:
 - 10.1.1. Program completion or transfer based on changes in the individual's functioning relative to the American Society of Addiction Medicine Criteria published in October 2013, (ASAM):
 - 10.1.2. Program termination, including:
 - 10.1.2.1. Administrative discharge;

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- 10.1.2.2. Non-compliance with the program; and
- 10.1.2.3. The individual leaving the program before completion against advice of treatment staff;
- 10.1.3. The individual is inaccessible, due to reasons that may include incarceration or hospitalization.
- 10.2. The Contractor shall forward copies of all the relevant patient and treatment information to a receiving provider when discharging an individual to another treatment provider, upon receiving a signed release of confidential information from the individual seeking treatment.
- 10.3. The Contractor shall ensure the counselor and case manager meet with the individual prior to discharge or transfer to establish a continuing care plan. The Contractor shall ensure the continuing care plan:
 - 10.3.1. Includes recommendations for continuing care in all ASAM domains;
 - 10.3.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 10.3.3. Assists the individual in making contact with other agencies or services.
- 10.4. The Contractor shall ensure the counselor documents, in the individual's service record, if and why the meeting described above could not take place.
- 10.5. The Contractor shall ensure individuals receiving services through this Agreement are only administratively discharged for the following reasons:
 - 10.5.1. The individual's behavior on program premises is abusive, violent, or illegal;
 - 10.5.2. The individual is non-compliant with prescription medications;
 - 10.5.3. Clinical staff documents therapeutic reasons for discharge, which may include the individual's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 10.5.4. The individual violates program rules in a manner that is consistent with the Contractor's progressive discipline policy.
- 10.6. The Contractor shall ensure individuals are offered the opportunity to create a continuing care plan to receive services at another substance use treatment agency, prior to being administratively discharged.

11. Individual Service Record System

- 11.1. The Contractor shall implement a comprehensive system in paper and/or electronic format to maintain service records for each individual receiving services. The Contractor shall ensure service records are:
 - 11.1.1. Organized into related sections with entries in chronological order;
 - 11.1.2. Easy to read and understand;
 - 11.1.3. Complete, containing all the relevant client information;
 - 11.1.4. In compliance with all applicable confidentiality laws, including 42 CFR Part 2 and Exhibit K, DHHS Information Security Requirements;

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- 11.1.5. Up-to-date, including notes on the most recent contact interactions; and
- 11.1.6. Accessible to the Department upon request.

12. Medication Services

- 12.1. The Contractor shall ensure no administration of medications, including physician samples, occur except by a licensed medical practitioner working within their scope of practice.
- 12.2. The Contractor shall ensure all prescription medications brought by an individual to the program are in their original containers and legibly display the following information:
 - 12.2.1. The individual's name;
 - 12.2.2. The medication name and strength;
 - 12.2.3. The prescribed dose;
 - 12.2.4. The route of administration;
 - 12.2.5. The frequency of administration; and
 - 12.2.6. The date ordered.
- 12.3. The Contractor shall ensure any change or discontinuation of prescription medications includes a written order from a licensed practitioner.
- 12.4. The Contractor shall ensure all prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the individual's person or stored in the individual's room, are stored as follows:
 - 12.4.1. All medications are kept in a storage area that is:
 - 12.4.1.1. Locked and accessible only to authorized personnel;
 - 12.4.1.2. Organized to allow correct identification of each individual's medication(s);
 - 12.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 12.4.1.4. Equipped to maintain medication at the proper temperature;
 - 12.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, are kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel.
- 12.5. The Contractor shall ensure medication belonging to staff members are only accessible to staff members and are stored separately from medications belonging to individuals receiving services.
- 12.6. The Contractor shall ensure over-the-counter medications brought into the program by individuals receiving services are:
 - 12.6.1. In original, unopened containers;
 - 12.6.2. Are stored in accordance with this Exhibit B-1 section 13.4.1;
 - 12.6.3. Are marked with the name of the individual using the medication; and

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- 12.6.4. Are taken in accordance with the directions on the medication container or as ordered by a licensed practitioner;
- 12.7. The Contractor shall ensure all medications self-administered by an individual, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the individual without supervision, are supervised by the program staff. The Contractor shall ensure staff:
 - 12.7.1. Remind the individual to take the correct dose of their medication at the correct time;
 - 12.7.2. May open the medication container but do not physically handle the medication itself in any manner;
 - 12.7.3. Remain with the individual to observe them taking the prescribed dose and type of medication; and
 - 12.7.4. Document each medication taken in an individual's medication log, which includes:
 - 12.7.4.1. The medication name, strength, dose, frequency and route of administration;
 - 12.7.4.2. The date and the time the medication was taken;
 - 12.7.4.3. The signature or identifiable initials of the staff supervising the consumption of the medication by the individual receiving services; and
 - 12.7.4.4. The reason for any medication refused or omitted, as applicable.
- 12.8. The Contractor shall ensure the individual's medication log is included in the individual's record and any remaining medication is taken with the individual upon their discharge.

13. Notice of Rights for Individuals Receiving Services

- 13.1. The Contractor shall ensure programs inform individuals of their rights in clear, understandable language and format, both verbally and in writing. The Contractor shall ensure:
 - 13.1.1. Applicants for services are informed of their rights to evaluations and access to treatment;
 - 13.1.2. Individuals are advised of their rights upon entry into any program and annually thereafter; and
 - 13.1.3. Initial and annual notifications of individual rights are documented in the individual's record.
- 13.2. The Contractor shall ensure every program within the service delivery system posts a notice of the individual rights, per Section 14.2.3 below, as follows:
 - 13.2.1. The notice is continually posted in an area accessible by all;
 - 13.2.2. The notice is presented in clear, understandable language and forms; and
 - 13.2.3. Each program and residence has, on the premises, complete copies of the rules pertaining to individual rights that are available for individual review.

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14. Fundamental Rights of Individuals Receiving Services

- 14.1. The Contractor shall ensure no individual receiving treatment for a substance use disorder is deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.

15. Personal Rights

- 15.1. The Contractor shall ensure individuals, who are applicants for services or are receiving services, are treated by program staff with dignity and respect at all times.
- 15.2. The Contractor shall ensure individuals are free from abuse, neglect and exploitation which may include, but is not limited to:
- 15.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;
- 15.2.2. Freedom from the intentional use of physical force except the minimum force necessary to prevent harm to the individual or others; and
- 15.2.3. Freedom from personal or financial exploitation.
- 15.3. The Contractor shall ensure individuals receiving services retain the right to privacy.

16. Client Confidentiality

- 16.1. The Contractor shall comply with the confidentiality requirements in 42 CFR part 2.
- 16.2. The Contractor shall ensure copies of individual service records for the individual, attorney or other authorized person are available at no charge for the first 25 pages and not more than \$0.25 per page thereafter, after review of the record.
- 16.3. The Contractor shall ensure, if a minor age 12 or older is treated for substance use disorders without parental consent as authorized by RSA 318:B12-a:
- 16.3.1. The minor's signature alone authorizes a disclosure; and
- 16.3.2. Any disclosure to the minor's parents or guardians requires a signed authorization to release.

17. Grievances of Individuals Receiving Services

- 17.1. The Contractor shall ensure individuals receiving services have the right to complain about any matter, including any alleged violation of a right afforded by this Exhibit B-1 or by any state or federal law or rule.
- 17.2. The Contractor shall ensure any person has the right to complain or bring a grievance on behalf of an individual or a group of individuals.

18. Treatment Rights

- 18.1. The Contractor shall ensure individuals receiving services have the right to adequate and humane treatment, including:
- 18.1.1. The right of access to treatment including:
- 18.1.1.1. The right to evaluation to determine an individual's need for services and to determine which programs are most suited to provide the services needed; and



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- 18.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and
- 18.1.2. The right to quality treatment including:
 - 18.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the individuals and programs providing the treatment and to the conditions for which the individual is being treated;
- 18.1.3. The right to receive services in such a manner as to promote the individual's full participation in the community;
- 18.1.4. The right to receive all services or treatment to which an individual is entitled in accordance with the time frame set forth in the individual's treatment plan;
- 18.1.5. The right to an individual treatment plan developed, reviewed and revised to address the individual's own goals;
- 18.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the individual to participate in meaningful activities in the communities in which the individual lives and works;
- 18.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment, including programs which least restrict:
 - 18.1.7.1. Freedom of movement; and
 - 18.1.7.2. Participation in the community, while providing the level of support needed by the individual;
- 18.1.8. The right to be informed of all significant risks, benefits, side effects, and alternative treatment and services, and to give consent to any treatment, placement, or referral following an informed decision such that:
 - 18.1.8.1. Whenever possible, the consent shall be given in writing; and
 - 18.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;
- 18.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 18.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 18.1.11. The right to voluntary placement, including the right to:
 - 18.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 18.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 18.1.12. The right to services which promote independence, including services directed toward:



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- 18.1.12.1. Eliminating, or reducing as much as possible, the individual's needs for continued services and treatment; and
- 18.1.12.2. Promoting the ability of the individuals to function at their highest capacity and as independently as possible;
- 18.1.13. The right to refuse medication and treatment;
- 18.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 18.1.15. The right to consultation and second opinion including:
 - 18.1.15.1. At the individual's own expense, the consultative services of private physicians, psychologists, LADCs, and other health practitioners; and
 - 18.1.15.2. Granting to such health practitioners reasonable access to the individual, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to programs regarding the services and treatment provided by the programs;
- 18.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring an individual's participation and informed decision-making, including guardian, representative, attorney, family member, advocate, or consultant; and
- 18.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical, or pharmacological restraint, unless the individual is at risk of self-harm or harm to others.
- 18.2. The Contractor shall ensure no treatment professional is required to administer treatment contrary to such professional's clinical judgment.
- 18.3. The Contractor shall ensure programs maximize the decision-making authority of the individual.
- 18.4. The Contractor shall ensure the following provisions apply to individuals for whom a guardian has been appointed by a court:
 - 18.4.1. The guardian and all individuals involved in the provision of services are made aware of the individual's views, preferences and aspirations;
 - 18.4.2. A guardian only makes decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 18.4.3. The program requests a copy of the guardianship order from the guardian;
 - 18.4.4. The order is kept in the individual's record at the program;
 - 18.4.5. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the individual's choice and preference relative to those issues prevail unless the guardian's authority is expanded by the court to include those issues;



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- 18.4.6. A program takes steps that are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 18.4.6.1. Reviewing with the guardian the limits on their decision-making authority; and
 - 18.4.6.2. Bringing the matter to the attention of the court that appointed the guardian, if necessary;
- 18.4.7. The guardian acts in a manner that furthers the best interests of the individual;
- 18.4.8. In acting in the best interests of the individual, the guardian takes the views, preferences, and aspirations of the individual into consideration;
- 18.4.9. The program takes steps that are necessary to prevent a guardian from acting in a manner that does not further the best interests of the individual and, if necessary, brings the matter to the attention of the court that appointed the guardian; and
- 18.4.10. In the event that there is a dispute between the program and the guardian, the program informs the guardian of their right to bring the dispute to the attention of the court that appointed the guardian.

19. Termination of Services

- 19.1. The Contractor shall terminate an individual from services if the individual:
 - 19.1.1. Endangers or threatens to endanger other individuals or staff, or engages in illegal activity on the property of the program;
 - 19.1.2. Is no longer benefiting from the service(s) provided;
 - 19.1.3. Cannot agree with the Contractor on a mutually acceptable course of treatment;
 - 19.1.4. Refuses to pay for the services received despite having the financial resources to do so; or
 - 19.1.5. Refuses to apply for benefits that could cover the cost of the services received despite the fact that the individual is or may be eligible for benefits.
- 19.2. The Contractor shall ensure termination does not occur unless the program has given both written and verbal notice to the individual and individual's guardian, if any, that:
 - 19.2.1. Identifies the effective date of termination;
 - 19.2.2. Lists the clinical or managerial reasons for termination; and
 - 19.2.3. Explains the individual's right to appeal and the appeals process.
- 19.3. The Contractor shall document in the service record of an individual who has been terminated that:
 - 19.3.1. The individual has been notified of the termination; and
 - 19.3.2. The termination has been approved by the program administrator.



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19.4. The Contractor shall ensure policies governing individual behavior within a residential treatment program are developed, implemented, and available to the Department as requested. The Contractor shall ensure:

19.4.1. Individuals are informed of any house policies upon admission to the residence.

19.4.2. House policies are posted and such policies shall conform with this section.

19.4.3. House policies are periodically reviewed for compliance with this section in connection with quality assurance site visits.

19.4.4. Development of policies and procedures allowing searches for alcohol and illicit drugs to be conducted:

19.4.4.1. Upon the individual's admission to the program; and

19.4.4.2. If probable cause exists, including such proof as:

19.4.4.2.1. A positive test showing presence of alcohol or illegal drugs; or

19.4.4.2.2. Showing physical signs of intoxication or withdrawal.

20. State and Federal Requirements

20.1. If there is any error, omission, or conflict in the requirements listed below, the applicable federal, state, and local regulations, rules and requirements shall take precedence. The requirements specified below are provided herein to improve the Contractor's compliance.

20.2. The Contractor shall assist the individual in finding and engaging in a service, which may include, but is not limited to, helping the individual locate an appropriate provider, referring individuals to the needed service provider, setting up appointments for individuals with those providers, and assisting the individual with attending appointments with the service provider(s).

20.3. The Contractor agrees to the following state and federal requirements for all programs in this Contract as follows:

20.3.1. Within seven (7) days of reaching 90% capacity, the program shall notify the Department that 90% capacity has been reached.

20.3.2. The program admits each individual who requests and is in need of treatment for intravenous drug use not later than:

20.3.2.1. 14 days after making the request; or

20.3.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program.

20.3.3. The program has established a waitlist that includes a unique patient identifier for each injection drug user seeking treatment, including individuals receiving interim services while awaiting admission.

20.3.4. The program has a mechanism that enables it to:

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Grafton County New Hampshire

Contractor Initials 



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 20.3.4.1. Maintain contact with individuals awaiting admission;
- 20.3.4.2. Admit or transfer waiting list individuals at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the individual; and
- 20.3.4.3. The program takes individuals awaiting treatment off the waiting list only when one of the following conditions exist:
 - 20.3.4.3.1. Individuals cannot be located for admission into treatment; or
 - 20.3.4.3.2. Individuals refuse treatment
- 20.3.5. The program includes activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
- 20.3.6. The program has procedures for:
 - 20.3.6.1. Selecting, training, and supervising outreach workers.
 - 20.3.6.2. Contacting, communicating, and following up with individuals at high-risk of substance misuse, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - 20.3.6.3. Promoting awareness among people who inject drugs about the relationship between injection drug use and communicable diseases.
 - 20.3.6.4. Recommending steps to prevent communicable diseases.
- 20.3.7. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide inpatient hospital substance use disorder services, except in cases when each of the following conditions is met:
 - 20.3.7.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
 - 20.3.7.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
 - 20.3.7.3. A physician makes a determination that the following conditions have been met:
 - 20.3.7.3.1. The primary diagnosis of the individual is substance use disorder and the physician certifies that fact;
 - 20.3.7.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program;
 - 20.3.7.3.3. The service can be reasonably expected to improve the person's condition or level of functioning;

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Contractor Initials DS
JS



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 20.3.7.3.4. The hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and
- 20.3.7.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 20.3.8. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- 20.3.9. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 20.3.10. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- 20.3.11. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- 20.3.12. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 20.3.13. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 20.3.14. The program uses the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 20.3.14.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
 - 20.3.14.2. Secure payments from individuals for services in accordance with their ability to pay.
- 20.3.15. The Contractor shall comply with all relevant state and federal laws such as, but not limited to:
 - 20.3.15.1. The Contractor shall, upon the direction of the Department, provide court-ordered evaluations and charge a sliding rate fee based on the scale in Exhibit C, Payment Terms. The Contractor shall then submit the court-ordered evaluation to the authorized requestor and shall, upon the direction of the Department, offer treatment to those individuals.



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

20.3.15.2. The Contractor shall comply with the legal requirements governing human subjects research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Contractors must inform and receive the Department's approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.

Exhibit C-11, SUD Treatment Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Grafton County New Hampshire

Budget Request for: SUD Treatment & Recovery Support Svs

Service: SUD Services

Budget Period: 7/1/26-6/30/27

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 180,181.00	\$ -	\$ 180,181.00	\$ 48,678.00	\$ -	\$ 48,678.00	\$ 131,503.00	\$ -	\$ 131,503.00
2. Employee Benefits	\$ 82,093.00	\$ -	\$ 82,093.00	\$ 23,176.00	\$ -	\$ 23,176.00	\$ 58,917.00	\$ -	\$ 58,917.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 2,100.00	\$ -	\$ 2,100.00	\$ -	\$ -	\$ -	\$ 2,100.00	\$ -	\$ 2,100.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 550.00	\$ -	\$ 550.00	\$ -	\$ -	\$ -	\$ 550.00	\$ -	\$ 550.00
Lab	\$ 1,100.00	\$ -	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,100.00	\$ -	\$ 1,100.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,400.00	\$ -	\$ 2,400.00	\$ -	\$ -	\$ -	\$ 2,400.00	\$ -	\$ 2,400.00
6. Travel	\$ 3,500.00	\$ -	\$ 3,500.00	\$ -	\$ -	\$ -	\$ 3,500.00	\$ -	\$ 3,500.00
7. Occupancy	\$ 8,800.00	\$ -	\$ 8,800.00	\$ -	\$ -	\$ -	\$ 8,800.00	\$ -	\$ 8,800.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
Postage	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
Subscriptions	\$ 2,500.00	\$ -	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	\$ 2,500.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 6,000.00	\$ -	\$ 6,000.00	\$ -	\$ -	\$ -	\$ 6,000.00	\$ -	\$ 6,000.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue Offset	\$ -	\$ -	\$ -	\$ (17,000.00)	\$ -	\$ (17,000.00)	\$ (17,000.00)	\$ -	\$ (17,000.00)
TOTAL	\$ 290,524.00	\$ -	\$ 290,524.00	\$ 54,854.00	\$ -	\$ 54,854.00	\$ 201,670.00	\$ -	\$ 201,670.00

Indirect As A Percent of Direct (DHHS funded) 0%

CERTIFICATE OF AUTHORITY

I, Katie Wood Hedberg, hereby certify that:
(Name of the County Clerk/County Official)

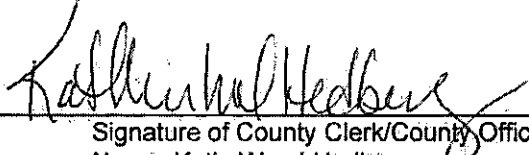
1. I am a duly elected County Clerk/County Official) of Grafton County.
(County Name)

2. I hereby certify that Julie L. Libby, County Administrator (may list more than one
(Authorized Signatory)

person) is authorized on behalf of this county to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

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

Dated: 04/08/25


Signature of County Clerk/County Official
Name: Katie Wood Hedberg
Title: Clerk



CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex³) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex³ is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex³ is entitled to the categories of coverage set forth below. In addition, Primex³ may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex³, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex³ Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only. Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex³. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

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 coverage categories listed below.

Participating Member:		Member Number:	Company Affording Coverage:	
Grafton County 3855 Dartmouth College Highway Box #1 North Haverhill, NH 03774		603	NH Public Risk Management Exchange - Primex ³ PO Box 23 Hooksett, NH 03106-9716	

Type of Coverage	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Limits - NH Statutory Limits May Apply - If Not:								
☒ General Liability (Occurrence Form) ☐ Professional Liability (describe) ☐ Claims Made ☐ Occurrence	7/1/2024	7/1/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Each Occurrence</td> <td style="width: 40%; text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>General Aggregate</td> <td style="text-align: right;">\$ 10,000,000</td> </tr> <tr> <td>Fire Damage (Any one fire)</td> <td></td> </tr> <tr> <td>Med Exp (Any one person)</td> <td></td> </tr> </table>	Each Occurrence	\$ 2,000,000	General Aggregate	\$ 10,000,000	Fire Damage (Any one fire)		Med Exp (Any one person)	
Each Occurrence	\$ 2,000,000										
General Aggregate	\$ 10,000,000										
Fire Damage (Any one fire)											
Med Exp (Any one person)											
☐ Automobile Liability Deductible Comp and Coll: ☐ Any auto			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Combined Single Limit (Each Accident)</td> <td style="width: 40%;"></td> </tr> <tr> <td>Aggregate</td> <td></td> </tr> </table>	Combined Single Limit (Each Accident)		Aggregate					
Combined Single Limit (Each Accident)											
Aggregate											
☒ Workers' Compensation & Employers' Liability	7/1/2024	7/1/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> ☒ Statutory </td> <td style="width: 40%;"></td> </tr> <tr> <td>Each Accident</td> <td style="text-align: right;">\$2,000,000</td> </tr> <tr> <td>Disease - Each Employee</td> <td style="text-align: right;">\$2,000,000</td> </tr> <tr> <td>Disease - Policy Limit</td> <td></td> </tr> </table>	☒ Statutory		Each Accident	\$2,000,000	Disease - Each Employee	\$2,000,000	Disease - Policy Limit	
☒ Statutory											
Each Accident	\$2,000,000										
Disease - Each Employee	\$2,000,000										
Disease - Policy Limit											
☐ Property (Special Risk Includes Fire and Theft)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Blanket Limit, Replacement Cost (unless otherwise stated)</td> <td style="width: 40%;"></td> </tr> </table>	Blanket Limit, Replacement Cost (unless otherwise stated)							
Blanket Limit, Replacement Cost (unless otherwise stated)											

Description: Proof of Primex Member coverage only.

CERTIFICATE HOLDER:	Additional Covered Party	Loss Payee	Primex ³ - NH Public Risk Management Exchange
State of NH, Department of Health and Human Services 129 Pleasant St Concord, NH 03301			By: <i>Mary Beth Purcell</i>
			Date: 1/15/2025 mpurcell@nhprimex.org
			Please direct inquiries to: Primex³ Claims/Coverage Services 603-225-2841 phone 603-228-3833 fax

Grafton County Board of Commissioners

Martha McLeod, Chairman

Wendy Piper, Vice-Chairman

Katie Wood Hedberg, Clerk

SG

SCOTT GORDON

CONTACT INFO

[REDACTED]

EDUCATION

BACHOLOR OF ARTS IN HUMAN SERVICES • JULY 1, 2020 • SNHU

Course work: Case management, Law and Ethics in Human Services, Public Policy and Advocacy, Human Service Capstone, Communication Skills for Human Service Professionals

ASSOCIATES BUSSINESS ADMINISTRATION • JANUARY 1, 2022 • SNHU

Course work: Human Relations in Administration, Marketing, Principles of Finance, Managing and Accounting

EXPERIENCE

SUBSTACNE ABUSE COUNSOR/LIFE SKILL INSTRUCTOR • GRAFTON COUNTY DOC • AUGUST 18, 2022 - PRESENT

Provides and coordinates recovery maintenance, release planning and life skills education.

CORPORAL • GRAFTON COUNTY DOC • FEBUARY 2019 - AUGUST 2022

Insuring safety and security of the facility, supervising inmates and staff, serves as an OIC as assigned, incoming/outgoing mail procedures, work in a team and independent setting.

FIELD TRAINING OFFICER/ OFFICER • GRAFTON COUNTY DOC • NOVEMBER 2013- JANUARY 2019

Training new employees in housing unit facility/housing unit operations. Maintaining a safe and secure housing unit. Booking/Intaking new inmates. Managing housing unit operations. Completes tasks directed by OIC.

CALAVARY SCOUT • UNITED STATES ARMY • MAY 2010- SEPTEMBER 2013

ASIST training, MRTA, Bus Driver School. Level One Combative's, Level Two Combative's, Battlefield Combative's, Spur Ride, Combat Spur Ride, Cavalry Scout Training, Map reading, weapon operations and maintenance, Radio Control Operator, Blue Force Tracking, Land Navigation, Combat movement, training new recruits, operation and maintenance on Bradley's, HUMV, and MRAP.

Lucille Buteau

Objective

To work as part of a team to achieve desired goals and to provide high quality service.

Summary

- Over 20 years of experience in counseling, management, supervision and group facilitator
- NH Certified Impaired Driver Intervention Instructor for 9 years
- Certified HiSET testing proctor
- Highly effective in promoting a positive, productive environment
- Reputation for excellence and high-quality service to individuals
- Strong interpersonal and communication skills.

Professional Experience

03/21/2016 - Present

Grafton County

North Haverhill NH

Grafton County Department of Corrections Substance Abuse Coordinator and Clinical Supervisor

10/01/2014 - 03/21/16

Grafton County

North Haverhill NH

Director of Grafton County Alternative Sentencing Programs.

06/15/2007— 04/07/2014 TRI-County Community Action Program Berlin, NH

Division Director of Substance Abuse Services

Supervise 7 programs and 30 staff members, develop programs, submit grants, request for proposal and contracts.

11/20/2006— 06/14/2007

TRI-County Community
Action Program

Berlin, NH

Clinical Director of Friendship House

Provide clinical supervision to clinical staff and administration staff on a daily basis, carry a caseload of 5 clients and conduct educational classes and group therapy

01/06/2006— 11/19/2007

TRI-County Community
Action Program

Berlin, NH

Program Director of Impaired Driver Impairment Programs

NH Certified Impaired Driver Intervention Instructor and Counselor

Stay current with NH state safety laws regarding driving while under the influence of substances, NH Certified Instructor, PRIME Instructor and conducted risk assessments and provide aftercare recommendation to client.

08/18/2005— 06/15/2007

*TRI-County Community
Action Program*

Berlin, NH

Part Time Administration Assistant and Impaired Driver Intervention Instructor and Counselor

Stay current with NH state safety laws regarding driving while under the influence of substances, NH Certified Instructor, PRIME Instructor and conducted risk assessments and provide aftercare recommendation to client.

05/01/1999— 06/15/2003

Northern NH Mental Health

Berlin, NH

A substance abuse counselor and a mental health crisis care worker.

Degrees

NH Licensed Clinical Supervisor 0049

July 2019

NH Licensed Alcohol and Drug Counselor 0539

October 2002

Bachelor's Degree in Science, Springfield College

June 2000

Associate degree in Human Science, Berlin Community College

June 1997

Mark Deem

Skills and Certifications

- Certified Corrections Sergeant
- (CRSW) Certified Recovery Support Worker
- (CCAR) Recovery Coach Trained
- Understanding and knowledge of Criminal Law
- (CIT) Mental Health Crisis Intervention trained
- Experience in Grant writing
- Well organized and detail oriented
- Excellent Computer Skills
- Knowledge of Correctional Facility procedures

Professional Experience

October December 2022 to Current

Shift Supervisor, Grafton County Department of Corrections – North Haverhill, NH

- Responsible for the Daily Operations of the GCDOC.
- Provided management of Staff and Inmates including evaluations, discipline and emergency response.
- Assist in the administration of the Facility Offender Management System.

October 2022 to December 2022

Corporal, Grafton County Department of Corrections – North Haverhill, NH

- Responsible for the control and supervision of Inmates.
- Processing inmates in and out of the Facility per court orders and Policy and Procedures.
- Supervising staff members.
- Assist in the administration of the Facility Offender Management System.

May 2022 to October 2022

Superintendent, Sullivan County Department of Corrections – Unity, NH

- Responsible for the complete operation of the Sullivan County Department of Corrections and Sullivan House Recovery living home.

February 2014 to May 2022

Programs Sergeant, Grafton County Department of Corrections – North Haverhill, NH

- Responsible for the coordination and delivery of all Inmate Programs at the GCDOC.
- Working alongside the substance abuse counselors to provide the best programming possible to help deal with the current widespread Substance Use epidemic and coordinating volunteer programs such as AA and Church services ensuring each Inmate has access to religious materials as required by policy.
- Additionally, I assist in the management of the Offender Management software, providing data to the Superintendent on a variety of Inmate Information (bookings, incidents, classes, etc.) as well as developing reports to be generated daily for other agencies and DOC staff.

January 2013 to February 2014

Booking / Intake Sergeant, Grafton County Department of Corrections – North Haverhill, NH

- Responsible for the accuracy of all Incoming and outgoing Inmate paperwork ensuring that all the legal information is accurate.
- Responsible for the coordination and supervision of Video Arraignments and completion of the necessary court documents required for each hearing.

August 2011 to January 2013

Shift Supervisor, Grafton County Department of Corrections – North Haverhill, NH

- Responsible for the Daily Operations of the GCDOC.
- Provided management of Staff and Inmates including evaluations, discipline and emergency response.
- During this period, I was selected to be a part of the Transition Team for Grafton County. These teams were designed to train and learn how a new facility operates and help write policies and procedures as well as train other staff members before working in the new facility.

June 2007 to August 2011

Correctional Officer, Grafton County Department of Corrections – North Haverhill, NH

- Responsible for the basic supervision of Inmates but quickly moved into a recordkeeping position.
- This position required that I work with the Facility Lieutenant conducting classification reviewing all Inmate records and a portion of Disciplinary hearings.
- I also had the privilege of working with the Correctional Educator and Superintendent to help design a new GED / HiSET program increasing the graduation rate significantly.

October 2003 to June 2007

Electrical Cable Splicer, DeYoung Power Systems – Redlands, CA

- High Voltage Electrical cable installation and repair.
- Cable termination and splicing
- Main switchgear maintenance and repair

October 1999 to November 2003

Thermographer, Best Infrared – Rancho Cucamonga, CA

- Performing Infrared thermal electrical inspections.
- Electrical repair including Main Breakers and Bus.
- Main Switchgear maintenance

January 1995 to October 1999

Correctional Officer, California Department of Corrections– Norco, CA

- The control and supervision of sentenced Inmates.
- Transportation of Inmates
- Receiving Inmates from other Prisons and County Jails.

March 1992 to December 1984

Groundman, DeYoung Power Systems – Redlands, CA

- High Voltage Electrical cable installation and repair.

Education

Certified Recovery Support Worker

NH Corrections Academy – 2007

CDC Academy- 1995

Etiwanda High School Diploma-1990

References

Available upon request

NH Department of Health and Human Services

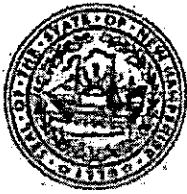
KEY PERSONNEL

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

Job descriptions not required for vacant positions.

Contractor Name: Grafton County Department of Corrections

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Lucille Buteau	Substance Abuse Program Director	\$89,684.00	\$89,684.00
Scott Gordon	CO / Substance Abuse Cord.	\$67,794.40	\$67,794.40
Mark Deem	Program Sergeant	\$83,033.60	\$83,033.60
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

48

Lori A. Weaver
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 28, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed in **Bold** below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by extending the completion dates from September 29, 2023 to June 30, 2025 and increasing the total price limitation by \$15,331,072 from \$15,703,407 to \$31,034,479 and, effective September 29, 2023, upon Governor and Council approval. 62.33% Federal Funds. 11.68% General Funds. 25.99% Other Funds (Governor's Commission).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, amended on March 23, 2022, item #35, and most recently amended on December 21, 2022, item #29.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$1,052,232	\$360,596	\$1,412,828
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$180,000	\$593,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$490,666	\$320,000	\$810,666

Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,303,516	\$1,118,145	\$2,421,661
Families in Transition (Formerly known as: FIT/NHNNH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,960,216	\$1,750,000	\$4,710,216
Grafton County New Hampshire (North Haverhill, NH)	177397-B003	Statewide	\$464,325	\$850,000	\$1,314,325
Headrest (Lebanon, NH)	175226-B001	Statewide	\$805,107	\$710,000	\$1,515,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119-B001	Statewide	\$1,589,409	\$1,372,175	\$2,961,584
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204-B001	Statewide	\$4,715,348	\$7,325,156	\$12,040,504
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292-B001	Statewide	\$1,346,066	\$1,345,000	\$2,691,066
		Total:	\$15,703,407	\$15,331,072	\$31,034,479

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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 to extend the expiration date and increase funding for the Contractors to continue providing substance use treatment services.

While insurance payments, including Medicaid, cover some of the cost of treating individuals, it does not cover the overall cost of providing treatment services. Through a cost-reimbursement model, these providers will be reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administrative costs. These funds also fill in the gaps for when individuals are uninsured or underinsured.

Approximately 3,574 individuals will be served during State Fiscal Years 2024 and 2025.

The Contractors will continue to provide a comprehensive range of treatment services accessible statewide. These services encompass individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, and high and low intensity residential treatment services. Additionally, specialized residential services and integrated medications for substance use disorders are also provided. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services funded providers looks at all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subsection 1.1. of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) year and nine (9) months of the four (4) years available.

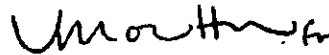
Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual, but also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464, T1084659, T1083955, T1085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759, and TBD.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

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

Respectfully submitted,



Lori A. Weaver
Commissioner

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

Belonging Medical
Group

334662-B001

PO 1084542

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	92058501	\$280,618	\$0	\$280,618
2024-Q1	074-500589	Welfare Assistance	92058501	\$66,320	\$0	\$66,320
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
Sub-total				\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO 1084957

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance		\$470,179	\$0	\$470,179
2024-Q1	074-500589	Welfare Assistance		\$40,498	\$0	\$40,498
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$7,390	\$7,390
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$9,853	\$9,853
Sub-total				\$814,632	\$17,243	\$831,875

Cheshire Medical
Center/Dartmouth

155405-B001

PO 1083175

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance		\$59,496	\$0	\$59,496
2024-Q1	074-500589	Welfare Assistance		\$13,122	\$0	\$13,122
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$24,613	\$24,613
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$32,818	\$32,818
Sub-total				\$132,633	\$57,431	\$190,064

CC of
Nashua/Greater

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance		\$99,174	\$0	\$99,174
2024-Q1	074-500589	Welfare Assistance		\$29,806	\$0	\$29,806
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$43,758	\$43,758
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$58,343	\$58,343

Sub-total				\$157,124	\$102,101	\$259,225
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Dismas Home 290061-B001		PO 1083177				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance		\$344,159	\$0	\$344,159
2024-Q1	074-500589	Welfare Assistance		\$13,981	\$0	\$13,981
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$42,857	\$42,857
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$57,143	\$57,143
Sub-total				\$494,934	\$100,000	\$594,934

Familles in Transition 157730-B001		PO 1083185				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance		\$362,283	\$0	\$362,283
2024-Q1	074-500589	Welfare Assistance		\$13,047	\$0	\$13,047
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$67,629	\$67,629
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$90,173	\$90,173
Sub-total				\$518,444	\$157,802	\$676,246

Grafton Cty 177397-B003		PO 1088987				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$64,832	\$0	\$64,832
2023	074-500589	Welfare Assistance		\$69,395	\$0	\$69,395
2024-Q1	074-500589	Welfare Assistance		\$14,827	\$0	\$14,827
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$116,231	\$116,231
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$154,974	\$154,974
Sub-total				\$148,854	\$271,205	\$420,059

Headrest, Inc. 175226-B001		PO 1083186				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance		\$43,917	\$0	\$43,917
2024-Q1	074-500589	Welfare Assistance		\$10,390	\$0	\$10,390
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$74,376	\$74,376
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$99,168	\$99,168
Sub-total				\$80,370	\$173,544	\$253,914

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance		\$332,570	\$0	\$332,570
2024-Q1	074-500589	Welfare Assistance		\$10,965	\$0	\$10,965
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$182,368	\$182,368
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$243,158	\$243,158
Sub-total				\$486,437	\$425,526	\$911,963

Manchester Alcohol
Rehab Center, 177204-B001

PO 1083184

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance		\$234,976	\$0	\$234,976
2024-Q1	074-500589	Welfare Assistance		\$50,208	\$0	\$50,208
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,006,113	\$1,006,113
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,341,484	\$1,341,484
Sub-total				\$452,125	\$2,347,597	\$2,799,722

Southeastern NH
Alcohol & Drug 155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance		\$36,020	\$0	\$36,020
2024-Q1	074-500589	Welfare Assistance		\$7,696	\$0	\$7,696
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$142,522	\$142,522
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$190,029	\$190,029
Sub-total				\$77,858	\$332,551	\$410,409
SUB TOTAL GOV COMM				\$3,926,205	\$3,985,000	\$7,911,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0

2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance		\$126,091	\$0	\$126,091
2024-Q1	074-500589	Welfare Assistance		\$27,811	\$0	\$27,811
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$52,530	\$52,530
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$70,039	\$70,039
Sub-total				\$281,095	\$122,569	\$403,664

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance		\$210,590	\$0	\$210,590
2024-Q1	074-500589	Welfare Assistance		\$63,305	\$0	\$63,305
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$93,385	\$93,385
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$124,514	\$124,514
Sub-total				\$333,542	\$217,899	\$551,441

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance		\$133,325	\$0	\$133,325
2024-Q1	074-500589	Welfare Assistance		\$29,631	\$0	\$29,631
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance		\$766,463	\$0	\$766,463
2024-Q1	074-500589	Welfare Assistance		\$168,206	\$0	\$168,206
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$62,013	\$62,013
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$82,684	\$82,684
Sub-total				\$1,498,763	\$144,697	\$1,641,460

Grafton City

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance		\$147,071	\$0	\$147,071
2024-Q1	074-500589	Welfare Assistance		\$31,424	\$0	\$31,424
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$248,055	\$248,055
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$330,740	\$330,740
Sub-total				\$315,471	\$578,795	\$894,266

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance		\$93,078	\$0	\$93,078
2024-Q1	074-500589	Welfare Assistance		\$22,021	\$0	\$22,021
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$103,851	\$103,851
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$138,469	\$138,469
Sub-total				\$170,337	\$242,320	\$412,657

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance		\$108,764	\$0	\$108,764
2024-Q1	074-500589	Welfare Assistance		\$23,239	\$0	\$23,239
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$73,651	\$73,651
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$98,202	\$98,202
Sub-total				\$236,172	\$171,853	\$408,025

Manchester Alcohol
Rehab Center.

State Fiscal Year	Class/Account	Title		Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance		\$497,996	\$0	\$497,996
2024-Q1	074-500589	Welfare Assistance		\$106,407	\$0	\$106,407
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,452,076	\$1,452,076
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,936,101	\$1,936,101
Sub-total				\$958,208	\$3,388,177	\$4,346,385

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance		\$76,338	\$0	\$76,338
2024-Q1	074-500589	Welfare Assistance		\$16,311	\$0	\$16,311
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$171,541	\$171,541
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$228,721	\$228,721
Sub-total				\$165,008	\$400,262	\$565,270
SUB TOTAL CLINICAL				\$4,210,778	\$5,266,572	\$9,477,350

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance		\$118,800	\$0	\$118,800
2024-Q1	074-500589	Welfare Assistance		\$30,000	\$0	\$30,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$147,151	\$147,151
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$196,202	\$196,202
Sub-total				\$237,600	\$343,353	\$580,953

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$436,348	\$436,348

2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$581,797	\$581,797
Sub-total				\$554,400	\$1,018,145	\$1,572,545

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance		\$420,381	\$0	\$420,381
2024-Q1	074-500589	Welfare Assistance		\$91,728	\$0	\$91,728
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$620,358	\$620,358
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$827,143	\$827,143
Sub-total				\$945,009	\$1,447,501	\$2,392,510

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$126,058	\$126,058
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$168,078	\$168,078
Sub-total				\$554,400	\$294,136	\$848,536

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance		\$433,400	\$0	\$433,400
2024-Q1	074-500589	Welfare Assistance		\$107,800	\$0	\$107,800
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$332,055	\$332,055
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$442,741	\$442,741
Sub-total				\$866,800	\$774,796	\$1,641,596

Manchester Alcohol Rehab Center.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance		\$1,402,500	\$0	\$1,402,500
2024-Q1	074-500589	Welfare Assistance		\$328,300	\$0	\$328,300
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$681,164	\$681,164
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$908,218	\$908,218
Sub-total				\$2,805,000	\$1,589,382	\$4,394,382

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance		\$551,600	\$0	\$551,600
2024-Q1	074-500589	Welfare Assistance		\$137,200	\$0	\$137,200
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$262,366	\$262,366
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$349,821	\$349,821
Sub-total				\$1,103,200	\$612,187	\$1,715,387
SUB TOTAL SOR				\$7,066,409	\$6,079,500	\$13,145,909
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)						

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$375,000	\$0	\$375,000
2024-Q1	074-500589	Welfare Assistance		\$125,015	\$0	\$125,015
Sub-total				\$500,015	\$0	\$500,015
Grand Total All				<u>\$15,703,407</u>	<u>\$15,331,072</u>	<u>\$31,034,479</u>

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Grafton County New Hampshire ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021, (Item #30), as amended on March 23, 2022, (Item #35), and as amended on December 21, 2022, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2025
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
1,314,325
3. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 44.906%, Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded October 1, 2020 and October 1, 2021, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI083464, which are only effective from the contract effective date through September 30, 2022; and as awarded October 1, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI084659, which are effective through September 30, 2023; and as awarded February 15, 2023 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.959 FAIN TI085821, which are effective through September 30, 2024; and ALN 93.959 FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.2. 23.134% General funds.
 - 1.3. 31.960% Other funds (Governors Commission).
4. Modify Exhibit C, Amendment #1, Payment Terms, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit C-1 SUD Treatment Services Budget through Exhibit C-8 Services for Incarcerated Individuals Budget.
 - 3.1. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting.
 - 3.2. Ensure approval for Exhibit C-1 SUD Treatment Services Budget through Exhibit C-8 Services for Incarcerated Individuals Budget is received from the Department prior to

submitting invoices for payment.

3.3. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.

5. Modify Exhibit C, Amendment #1, Payment Terms, Section 4, to read:

4. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than October 20, 2023, which shall be retained by the Department. The Contractor shall submit budgets as follows:

4.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2023 through June 30, 2024, as follows:

4.1.1. Exhibit C-5, SUD Treatment Services Budget

4.1.2. Exhibit C-6, Services for Incarcerated Individuals Budget

6. Modify Exhibit C, Amendment #1, Payment Terms, Section 5, to read:

5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days prior to June 30, 2024, which shall be retained by the Department. The Contractor shall submit budgets as follows:

5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:

5.1.1. Exhibit C-7, SUD Treatment Services Budget

5.1.2. Exhibit C-8, Services for Incarcerated Individuals Budget

7. Modify Exhibit C, Amendment #1, Payment Terms, Section 6, to read:

6. Reserved.

DS
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All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 29, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

8/30/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: director

Grafton County New Hampshire

8/30/2023

Date

DocuSigned by:

Julie Libby

Name: Julie Libby

Title: County Administrator

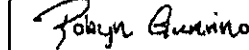
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

8/30/2023

Date

DocuSigned by:



Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

ARC

29



Lori A. Shillette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by increasing the total price limitation by \$4,229,499 from \$11,473,908 to \$15,703,407 with no change to the contract completion dates of September 29, 2023, effective retroactive to September 30, 2022, upon Governor and Council approval. 65.88% Federal Funds. 9.12% General Funds. 25.00% Other Funds (Governor's Commission Fund).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, and most recently amended on March 23, 2022, item #35.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
<i>Belonging Medical Group, PLLC</i> (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$933,432	\$118,800	\$1,052,232
<i>The Cheshire Medical Center</i> (Keene, NH)	155405-B001	Statewide	\$413,728	\$0	\$413,728
<i>Community Council of Nashua, N.H.</i> <i>d/b/a Greater Nashua Mental Health</i> (Nashua, NH)	154112-B001	Statewide	\$190,666	\$300,000	\$490,666
Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,026,316	\$277,200	\$1,303,516
Families in Transition (Formerly known as: FIT/NH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,591,432	\$368,784	\$2,960,216

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

Grafton County New Hampshire (North Haverhill, NH)	177397 -B003	Statewide	\$464,325	\$0	\$464,325
Headrest (Lebanon, NH)	175226 -B001	Statewide	\$527,907	\$277,200	\$805,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119 -B001	Statewide	\$1,156,009	\$433,400	\$1,589,409
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204 -B001	Statewide	\$2,812,833	\$1,902,515	\$4,715,348
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292 -B001	Statewide	\$794,466	\$551,600	\$1,346,066
		Total:	\$11,473,908	\$4,229,499	\$16,703,407

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

See attached fiscal details.

EXPLANATION

The Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding effective September 30, 2022. The Department needed additional time to finalize the amendments and funding details. This request is **Retroactive** to align with the federal effective date of funding. This request is **Sole Source** because the scopes of services are being amended and funds are being added.

The purpose of this request is twofold: to increase funding for the Contractors to continue providing and to expand substance use treatment services; and to modify the scopes of service to align with the services provided by each Contractor.

The funding increase is for those Contractors, currently receiving federal State Opioid Response funding, to support people in need of residential treatment services. The Contractors will continue providing substance use disorder treatment and recovery support services to New Hampshire residents with current or a history of Opioid Use Disorder or Stimulant Use Disorder. Additionally, Greater Nashua Mental Health will receive increased funding in order to expand hours, implement family treatment services and provide case management and peer recovery support to adolescents, and Manchester Alcoholism Rehabilitation Center will receive increased funding to increase capacity for individuals being served at the American Society of Addiction Medicine (ASAM) 3.7 Level of Care. The Contractors that only provide outpatient services did not receive increased funding.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

The Department modified the scopes of service to: clarify contractor responsibilities related to improving Government Performance and Results Act (GPRA) collection for those Contractors that currently receive federal State Opioid Response funding; reflect the expansion of services for Greater Nashua Mental Health and Manchester Alcoholism Rehabilitation Center; and to reflect the reduction of 39 transitional living beds to 25 beds for Families in Transition. The organization recently closed its transitional living program for men.

Approximately 1,547 individuals will be served during State Fiscal Year 2023 through Quarter 1 of State Fiscal Year 2024.

The Contractors will continue to provide an array of treatment services with statewide access, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory and medically monitored withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medications for substance use disorders. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers looks at all collected data, including demographic and outcome data, to ensure:

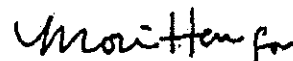
- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. Research shows that treatment wait times increase the risk of overdoses, both fatal and non-fatal. Any delay in receiving treatment or recovery supports is not high quality healthcare, and primarily impacts the individual, but has potential consequences for families and communities as well, such as increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464 and T1084659, and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical
Group

334662-B001

PO TBD

PO 1084542

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-5005851#	Community Grants	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	\$280,618	\$0	\$280,618
2024	074-500589	Welfare Assistance	\$66,320	\$0	\$66,320
Sub-total			\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO TBD

PO 1084957

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance	\$470,179	\$0	\$470,179
2024	074-500589	Welfare Assistance	\$40,498	\$0	\$40,498
Sub-total			\$814,632	\$0	\$814,632

Cheshire Medical
Center/Dartmouth

155405-B001

PO TBD

PO 1083175

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance	\$59,496	\$0	\$59,496
2024	074-500589	Welfare Assistance	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of
Nashua/Greater

154112-B001

PO TBD

PO 1083753

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	\$27,174	\$72,000	\$99,174
2024	074-500589	Welfare Assistance	\$5,806	\$24,000	\$29,806
Sub-total			\$61,124	\$96,000	\$157,124

Dismas Home

290061-B001

PO TBD

PO 1083177

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	\$344,159	\$0	\$344,159

2024	074-500589	Welfare Assistance	\$13,981	\$0	\$13,981
Sub-total			\$494,934	\$0	\$494,934

Families in Transition		157730-B001	PO TBD	PO 1083185	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	\$13,047	\$0	\$13,047
Sub-total			\$518,444	\$0	\$518,444

Grafton Cty		177397-B003	PO TBD	PO 1083176	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc.	175226-B001	PO TBD	PO 1083186
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State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance	\$43,917	\$0	\$43,917
2024	074-500589	Welfare Assistance	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill

275119-B001

PO TBD

PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	\$332,570	\$0	\$332,570
2024	074-500589	Welfare Assistance	\$10,965	\$0	\$10,965
Sub-total			\$486,437	\$0	\$486,437

Manchester Alcohol
Rehab Center,

177204-B001

PO TBD

PO 1083184

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance	\$234,976	\$0	\$234,976
2024	074-500589	Welfare Assistance	\$50,208	\$0	\$50,208

Sub-total			\$452,125	\$0	\$452,125
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Southeastern NH,
Alcohol & Drug

155292-B001

PO TBD

PO 1083180

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$3,830,205	\$96,000	\$3,926,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0

2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0
2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance	\$126,091	\$0	\$126,091
2024	074-500589	Welfare Assistance	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	\$57,590	\$153,000	\$210,590
2024	074-500589	Welfare Assistance	\$12,305	\$51,000	\$63,305
Sub-total			\$129,542	\$204,000	\$333,542

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	\$168,206	\$0	\$168,206

Sub-total			\$1,496,763	\$0	\$1,496,763
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Grafton Cty

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance	\$93,078	\$0	\$93,078
2024	074-500589	Welfare Assistance	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance	\$497,996	\$0	\$497,996
2024	074-500589	Welfare Assistance	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008

SUB TOTAL CLINICAL		\$4,006,778	\$204,000	\$4,210,778
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05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance	\$30,000	\$88,800	\$118,800
2024	074-500589	Welfare Assistance	\$0	\$30,000	\$30,000
Sub-total			\$118,800	\$118,800	\$237,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000

Sub-total			\$277,200	\$277,200	\$554,400
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Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	\$143,325	\$277,056	\$420,381
2024	074-500589	Welfare Assistance	\$0	\$91,728	\$91,728
Sub-total			\$576,225	\$368,784	\$945,009

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000
Sub-total			\$277,200	\$277,200	\$554,400

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	\$107,800	\$325,600	\$433,400
2024	074-500589	Welfare Assistance	\$0	\$107,800	\$107,800
Sub-total			\$433,400	\$433,400	\$866,800

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance	\$328,300	\$1,074,200	\$1,402,500
2024	074-500589	Welfare Assistance	\$0	\$328,300	\$328,300
Sub-total			\$1,402,500	\$1,402,500	\$2,805,000

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	\$137,200	\$414,400	\$551,600
2024	074-500589	Welfare Assistance	\$0	\$137,200	\$137,200
Sub-total			\$551,600	\$551,600	\$1,103,200

SUB TOTAL SOR		\$3,636,925	\$3,429,484	\$7,066,409
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)				

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$375,000	\$375,000
2024	074-500589	Welfare Assistance	\$0	\$125,015	\$125,015
Sub-total			\$0	\$500,015	\$500,015
Grand Total All			<u>\$11,473,908</u>	<u>\$4,229,499</u>	<u>\$15,703,407</u>

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Lori A. Shibamoto
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbha.nh.gov

March 14, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by decreasing the total price limitation by \$192,012 from \$11,665,920 to \$11,473,908 with no change to the contract completion dates of September 29, 2023, effective upon Governor and Council approval. 54.745% Federal Funds. 11.873% General Funds. 33.382% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794	\$0	\$562,794	O: 10/13/21 #30
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744	(\$328,312)	\$933,432	O: 10/13/21 #30
The Cheshire Medical Center	155405-B001	Statewide	\$413,728	\$0	\$413,728	O: 10/13/21 #30
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666	\$0	\$190,666	O: 10/13/21 #38C
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316	\$375,000	\$1,026,316	O: 10/13/21 #30
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432	\$375,000	\$2,591,432	O: 10/13/21 #30

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 4

Grafton County New Hampshire	177397-B003	Statewide	\$464,325	\$0	\$464,325	O: 10/13/21 #30
Headrest	175226-B001	Statewide	\$527,807	\$0	\$527,807	O: 10/13/21 #30
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009	\$375,000	\$1,156,009	O: 10/13/21 #30
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533	(\$988,700)	\$2,812,833	O: 10/13/21 #30
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466	\$0	\$794,466	O: 10/13/21 #30
Total:			\$11,665,920	(\$192,012)	\$11,473,908	

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to clarify requirements related to staffing and coordination of care; to attach Exhibit L, ASAM End User Agreement; to clarify payment terms for all Contractors; to update terms specific to 42 CFR Part 2, substance use treatment confidentiality regulations within the Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement; to revise the funding allocations for Bridge Street Recovery and for the Manchester Alcoholism Rehabilitation Center; and to increase funding to Contractors with transitional living programs.

The clarified staffing requirements will allow Contractors to hire and utilize Licensed Supervisors, in accordance with the original requirements of the related Request for Proposals (RFP) for these services. The original contracts referred to the position as a Licensed Clinical Supervisor based on a specific type of license issued by the New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals, which is not required under these contracts. The Licensed Supervisor is equally qualified to the Licensed Clinical Supervisor to provide supervision services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Additional language around coordination of care will require Contractors to use a Department-approved referral system to connect individuals to health and social services providers as needed.

Exhibit L, ASAM End User Agreement, which details policy regarding Contractors' promotion or marketing of the American Society of Addiction Medicine (ASAM) criteria or utilization of language related to ASAM levels of care, will ensure Contractor compliance with ASAM requirements relative to utilization of such language. Should the Governor and Council not authorize this request, Contractors that market or promote their utilization of ASAM criteria or levels of care will be out of compliance with the End User Agreement Policy required by ASAM.

The clarified detailed payment process for all Contractors will ensure compliance with federal funding requirements. Should Governor and Council not authorize this request, Contractors that receive State Opioid Response funding through these agreements may not be able to accurately invoice for program-related expenses, which may put the Department in violation of federal funding agreements.

Revising the funding allocation for Bridge Street Recovery is necessary because the initial funding award amount for the organization was based their provision of multiple services under this agreement. The Contractor has chosen to only provide Transitional Living (TLP) Services under this agreement, resulting in the funding decrease.

Revising the funding allocation for the Manchester Alcoholism Rehabilitation Center is necessary because the initial funding award amount for Manchester Alcoholism Rehabilitation Center was based on the number of licensed beds available at its facilities for services within this scope of work. The Contractor has chosen to reduce the number of licensed beds available for these services, resulting in a decrease in funding. The types of services available through Manchester Alcoholism Rehabilitation Center remain unchanged.

The funding made available by the decrease will be utilized for a future procurement, for substance use disorder residential and outpatient treatment and recovery services for the general public, as well as for pregnant and parenting women. The new procurement will serve approximately 450 individuals. Should the Governor and Council not authorize this request, the Department will not be able to utilize this funding for the new procurement to address known service gaps, including in the Greater Nashua Area.

Adding funding to Contractors with transitional living programs is necessary, due to the increasing lack of affordable housing and increasing acuity of substance use disorders in the state, exacerbated by the COVID-19 pandemic. Individuals with substance use disorders have a greater need for stable, affordable housing, where they can continue to receive treatment services. Transitional living programs are not covered by Medicaid, and these funds will be used to provide this service to the most vulnerable individuals; individuals who have an income below 400% of the poverty level; are residents of NH or experiencing homelessness in NH; and who are in need of ongoing substance use disorder treatment in a safe and sober environment.

Contractors will continue to provide an array of treatment and recovery support services with statewide access, ensuring individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery. Approximately 7000 individuals will continue to be served over the next two (2) years through all 11 contracts.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers will look at all collected data, including the demographic and outcome data collected from the Web Information Technology System (WITS). This will help to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on American Society of Addiction Medicine (ASAM) Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

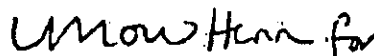
As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is not exercising its option to renew at this time.

Area served: Statewide

Source of Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA 93.959 FAIN T1083484 and State Opioid Response Grant, CFDA # 93.788, FAIN T1083326.

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

Respectfully submitted,



Lori A. Shibley
Commissioner

SUD Tx Financial Detail - Amendment #1

05-85-82-820510-33420000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334562-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,199	\$148,857	\$215,856
2023	074-500585	Community Grants	\$59,860	\$190,856	\$250,818
2024	074-500585	Community Grants	\$21,261	\$45,059	\$66,320
Sub-total			\$180,420	\$382,374	\$562,794

Bridge Street Recovery, LLC		341053-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$138,878	\$168,878	\$303,953
2023	074-500585	Community Grants	\$188,929	\$281,250	\$470,179
2024	074-500585	Community Grants	\$40,498	\$0	\$40,498
Sub-total			\$368,406	\$448,228	\$814,632

Center/Dormouth Hitchcock Keene		155405-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$80,015	\$0	\$80,015
2023	074-500585	Community Grants	\$59,498	\$0	\$59,498
2024	074-500585	Community Grants	\$13,122	\$0	\$13,122
Sub-total			\$152,633	\$0	\$152,633

CC of Nashua/Greater Nashua Mental Health		154112-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500585	Community Grants	\$27,174	\$0	\$27,174
2024	074-500585	Community Grants	\$5,808	\$0	\$5,808
Sub-total			\$61,124	\$0	\$61,124

Dianna Home		290061-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$43,044	\$93,750	\$136,794
2023	074-500585	Community Grants	\$62,909	\$261,250	\$324,159
2024	074-500585	Community Grants	\$13,981	\$0	\$13,981
Sub-total			\$119,934	\$375,000	\$494,934

Families in Transition		157730-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$196,021	(\$52,901)	\$143,114
2023	074-500585	Community Grants	\$271,091	\$90,592	\$362,283
2024	074-500585	Community Grants	\$56,106	(\$43,050)	\$13,047
Sub-total			\$525,818	(\$7,371)	\$518,444

Graton City		177397-8003	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500585	Community Grants	\$69,393	\$0	\$69,393
2024	074-500585	Community Grants	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc.		175226-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500585	Community Grants	\$43,917	\$0	\$43,917
2024	074-500585	Community Grants	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hlt		273119-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$49,132	\$83,750	\$142,902
2023	074-500585	Community Grants	\$51,320	\$261,250	\$332,570
2024	074-500585	Community Grants	\$10,965	\$0	\$10,965
Sub-total			\$111,437	\$375,000	\$486,437

Manchester Alcohol Rehab Center, Easter Seals, Farnum Center		177204-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$168,941	\$0	\$168,941
2023	074-500585	Community Grants	\$234,976	\$0	\$234,976
2024	074-500585	Community Grants	\$50,208	\$0	\$50,208
Sub-total			\$452,125	\$0	\$452,125

Southeastern NH Alcohol & Drug Abuse Services		155292-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500585	Community Grants	\$36,020	\$0	\$36,020
2024	074-500585	Community Grants	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,856
SUB TOTAL GOV COMM			\$2,259,970	\$1,573,228	\$3,830,203

05-01-01-020510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$145,657	(\$145,657)	\$0
2023	074-500565	Community Grants	\$190,630	(\$190,630)	\$0
2024	074-500565	Community Grants	\$45,050	(\$45,050)	\$0
Sub-total			\$382,374	(\$382,374)	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$290,305	(\$290,305)	\$0
2023	074-500565	Community Grants	\$400,404	(\$400,404)	\$0
2024	074-500565	Community Grants	\$85,629	(\$85,629)	\$0
Sub-total			\$776,538	(\$776,538)	\$0

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$127,103	\$0	\$127,193
2023	074-500565	Community Grants	\$126,001	\$0	\$126,001
2024	074-500565	Community Grants	\$27,811	\$0	\$27,811
Sub-total			\$281,005	\$0	\$281,005

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$59,647	\$0	\$59,647
2023	074-500565	Community Grants	\$57,500	\$0	\$57,500
2024	074-500565	Community Grants	\$12,305	\$0	\$12,305
Sub-total			\$129,542	\$0	\$129,542

Dames Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500585	Community Grants	\$133,325	\$0	\$133,325
2024	074-500585	Community Grants	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$415,437	\$146,657	\$562,094
2023	074-500585	Community Grants	\$575,805	\$190,656	\$766,461
2024	074-500585	Community Grants	\$123,147	\$43,059	\$166,206
Sub-total			\$1,114,389	\$382,374	\$1,496,763

Griffin City

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,978	\$0	\$136,978
2023	074-500585	Community Grants	\$147,071	\$0	\$147,071
2024	074-500585	Community Grants	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500585	Community Grants	\$93,078	\$0	\$93,078
2024	074-500585	Community Grants	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$104,199	\$0	\$104,199
2023	074-500585	Community Grants	\$108,784	\$0	\$108,784
2024	074-500585	Community Grants	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol Rehab Center,
Easter Seals, Furum Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,809	\$0	\$353,809
2023	074-500585	Community Grants	\$497,996	\$0	\$497,996
2024	074-500585	Community Grants	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,339	\$0	\$72,339
2023	074-500585	Community Grants	\$76,338	\$0	\$76,338
2024	074-500585	Community Grants	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008
SUB TOTAL CLINICAL			\$4,783,316	(\$776,538)	\$4,006,778

08-03-02-020510-79400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$88,800	\$0	\$88,800
2023	074-500583	Community Grants	\$30,000	\$0	\$30,000
Sub-total			\$118,800	\$0	\$118,800

Damas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$207,200	\$0	\$207,200
2023	074-500583	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$432,900	\$0	\$432,900
2023	074-500583	Community Grants	\$143,325	\$0	\$143,325
Sub-total			\$576,225	\$0	\$576,225

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$325,500	\$0	\$325,500
2023	074-500585	Community Grants	\$107,600	\$0	\$107,600
Sub-total			\$433,400	\$0	\$433,400

Manchester Alcohol Rehab Center,
Easter Beets, Farmum Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,793,400	(\$719,200)	\$1,074,200
2023	074-500585	Community Grants	\$597,600	(\$260,500)	\$337,100
Sub-total			\$2,391,000	(\$989,700)	\$1,401,300

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500585	Community Grants	\$137,200	\$0	\$137,200
Sub-total			\$551,600	\$0	\$551,600
SUB TOTAL SOR			\$4,625,625	(\$938,700)	\$3,686,925
Grand Total All			\$11,653,920	(\$192,012)	\$11,461,908

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Lori A. Shibley
CommissionerKatie S. Fox
DirectorSTATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 15, 2021

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

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into contracts with the Contractors listed below in an amount not to exceed \$11,475,254 for Substance Use Disorder Treatment and Recovery Support Services, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through September 29, 2023. 66.56% Federal Funds. 14.00% General Funds. 19.44% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Contract Amount
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744
The Cheshire Medical Center	155405-B001	Statewide	\$413,728
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316
FIT/NHNNH, Inc.	157730-B001	Statewide	\$2,216,432
Grafton County New Hampshire	177397-B003	Statewide	\$464,325
Headrest	175226-B001	Statewide	\$527,907
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466
		Total:	\$11,475,254

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to provide Substance Use Disorder Treatment and Recovery Supports Services statewide to New Hampshire residents who have income below 400% of the Federal Poverty Level, and are uninsured or underinsured.

The Contractors will provide statewide access to an array of treatment services, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medication assisted treatment. The Contractors will ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which will increase the ability of individuals to achieve and maintain recovery. The Contractors will also assist eligible individuals with enrolling in Medicaid while receiving treatment, and the Department will serve as the payer of last resort.

Approximately 7,000 individuals will receive services over the next two years.

The Department will monitor services through monthly, quarterly, and annual reporting to ensure the Contractors:

- Provide services that reduce the negative impacts of substance misuse.
- Make continuing care, transfer and discharge decisions based on American Society of Addiction Medicine (ASAM) criteria.
- Treat individuals using Evidence Based Practices and follow best practices.
- Achieve Initiation, engagement, and retention goals as required by the Department.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 20, 2021 through August 19, 2021. The Department received twelve (12) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached. This request represents ten (10) of twelve (12) contracts for Substance Use Disorder Treatment and Recovery Supports Services. The Department anticipates presenting two (2) additional contracts at a future Governor and Executive Council meeting for approval.

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

Should the Governor and Council not authorize this request, individuals in need of Substance Use Disorder Treatment and Recovery Supports Services may not receive the treatment, tools, and education required to enhance and sustain recovery that, in some cases, prevents untimely deaths.

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA
93.959 FAIN TI083464 and State Opioid Response Grant, CFDA # 93.788, FAIN TI083326.

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

Respectfully submitted,

DocuSigned by:

Lori A. Shabinette

4C4A827604173473...

Lori A. Shabinette
Commissioner

05-05-02-020810-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100%
Other Funds)

Belonging Medical Group		334682-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$69,189
2023	102-500731	Contracts for Prog Svc	\$89,981
2024	102-500731	Contracts for Prog Svc	\$21,281
Sub-total			\$180,421

Bridge Street Recovery, LLC		341888-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$138,979
2023	102-500731	Contracts for Prog Svc	\$188,928
2024	102-500731	Contracts for Prog Svc	\$40,490
Sub-total			\$368,405

Center/Dartmouth Hitchcock Keene		155405-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$80,015
2023	102-500731	Contracts for Prog Svc	\$59,498
2024	102-500731	Contracts for Prog Svc	\$13,122
Sub-total			\$132,633

CC of Nashua/Greater Nashua
Mental Health

154112-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

290061-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$43,044
2023	102-500731	Contracts for Prog Svc	\$62,909
2024	102-500731	Contracts for Prog Svc	\$13,881
Sub-total			\$119,834

Families in Transition

157730-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$188,022
2023	102-500731	Contracts for Prog Svc	\$271,691
2024	102-500731	Contracts for Prog Svc	\$58,106
Sub-total			\$525,818

Grafton City		177397-B003	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$84,832
2023	102-500731	Contracts for Prog Svc	\$89,395
2024	102-500731	Contracts for Prog Svc	\$14,827
Sub-total			\$148,854

Harbor Care		166574-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.		175226-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$26,063
2023	102-500731	Contracts for Prog Svc	\$43,918
2024	102-500731	Contracts for Prog Svc	\$10,390
Sub-total			\$80,372

Hope on Haven Hill		275119-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$49,152
2023	102-500731	Contracts for Prog Svc	\$51,320
2024	102-500731	Contracts for Prog Svc	\$10,965
Sub-total			\$111,437

**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

177204-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$186,941
2023	102-500731	Contracts for Prog Svc	\$234,977
2024	102-500731	Contracts for Prog Svc	\$50,208
Sub-total			\$452,125

**Southeastern NH Alcohol & Drug
Abuse Services**

155292-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$34,142
2023	102-500731	Contracts for Prog Svc	\$36,020
2024	102-500731	Contracts for Prog Svc	\$7,696
Sub-total			\$77,858
SUB TOTAL GOV COMM			\$2,195,857

05-85-92-920810-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL
FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$148,657
2023	102-500731	Contracts for Prog Svc	\$190,656
2024	102-500731	Contracts for Prog Svc	\$45,059
Sub-total			\$382,373

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$260,305
2023	102-500731	Contracts for Prog Svc	\$400,404
2024	102-500731	Contracts for Prog Svc	\$85,829
Sub-total			\$778,539

**Center/Dartmouth Hitchcock
Keene**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$127,193
2023	102-500731	Contracts for Prog Svc	\$126,092
2024	102-500731	Contracts for Prog Svc	\$27,811
Sub-total			\$281,095

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dixmas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$91,226
2023	102-500731	Contracts for Prog Svc	\$133,325
2024	102-500731	Contracts for Prog Svc	\$29,631
Sub-total			\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$415,437
2023	102-500731	Contracts for Prog Svc	\$575,605
2024	102-500731	Contracts for Prog Svc	\$123,147
Sub-total			\$1,114,389

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$136,877
2023	102-500731	Contracts for Prog Svc	\$147,071
2024	102-500731	Contracts for Prog Svc	\$31,424
Sub-total			\$315,471

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$55,237
2023	102-500731	Contracts for Prog Svc	\$93,078
2024	102-500731	Contracts for Prog Svc	\$22,021
Sub-total			\$170,335

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$104,189
2023	102-500731	Contracts for Prog Svc	\$108,784
2024	102-500731	Contracts for Prog Svc	\$23,239
Sub-total			\$236,172

**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$353,605
2023	102-500731	Contracts for Prog Svc	\$497,096
2024	102-500731	Contracts for Prog Svc	\$106,407
Sub-total			\$956,208

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$72,359
2023	102-500731	Contracts for Prog Svc	\$76,336
2024	102-500731	Contracts for Prog Svc	\$16,311
Sub-total			\$185,006
SUB TOTAL CLINICAL			\$4,653,772

05-85-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, KHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 8/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$88,800
2023	102-500731	Contracts for Prog Svc	\$30,000
Sub-total			\$118,800

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$432,900
2023	102-500731	Contracts for Prog Svc	\$143,325
Sub-total			\$576,225

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Hoodrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Hope on Haven HII

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$325,600
2023	102-500731	Contracts for Prog Svc	\$107,600
Sub-total			\$433,400

**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$1,793,400
2023	102-500731	Contracts for Prog Svc	\$597,600
Sub-total			\$2,391,200

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$414,400
2023	102-500731	Contracts for Prog Svc	\$137,200
Sub-total			\$551,600
SUB TOTAL BOR			\$4,825,825
Grand Total All			\$11,475,254

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

Project ID #: RFP-2022-BDAS-01-SUBST

Project Title: Substance Use Disorder Treatment and Recovery Support Services

	Maximum Points Available	Belonging Medical Group, PLLC	Bridge Street Recovery, LLC	Cheshire Medical Center	Oskias Home of New Hampshire, Inc.	Manchester Alcoholism Rehabilitation Center	FT/NHMH, Inc.	Grafton County New Hampshire	Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	Harbor Home	Headrest, Inc.	Hope on Haven H&I, Inc.	South Eastern New Hampshire Alcohol & Drug Abuse Services
Technical													
Qualifications (Q1)	50	40	25	47	37	50	50	43	48	50	50	50	50
Experience (Q2)	50	45	25	48	35	45	50	45	50	50	50	45	48
ASAM (Q3)	20	20	11	8	20	15	20	10	20	20	9	20	20
Knowledge (Q4)	20	20	13	5	20	13	20	15	20	20	10	20	18
Samples (Q5)	30	15	7	8	23	21	14	21	12	8	7	14	8
Collaboration & Wraparound (Q6)	45	45	25	15	45	24	45	37	40	45	40	40	20
Staffing Plan (Q7)	15	13	13	4	10	12	13	13	13	13	10	14	4
Subtotal - Technical	230	198	119	135	190	180	212	184	203	206	176	203	168
Cost													
4.2.1.1. Budget Sheet	70	63	30	63	63	48	60	63	60	68	58	65	62
4.2.1.2. Staff List	30	25	29	25	25	28	28	30	25	25	28	30	28
Subtotal - Cost	100	88	59	88	88	76	88	93	85	93	86	95	90
TOTAL POINTS	330	286	178	223	278	256	300	277	288	299	262	298	258

Reviewer Name

Title

1. Sara Cleveland

2. Paula Holigan

3. Laurie Heath

4.

5.

**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Hope on Haven Hill, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021 (Item #30), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,495,956
3. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B – Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Operational Requirements – Amendment #1, by replacing it in its entirety with Exhibit B-1, Operational Requirements - Amendment #4, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 68.49% Federal Funds
 - 1.1.1. 11.39% from the Substance Use Prevention and Treatment Block Grant, as awarded by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.959, on:
 - 1.1.1.1. October 1, 2020, FAIN TI083464.
 - 1.1.1.2. October 1, 2021, FAIN TI084659.
 - 1.1.1.3. February 15, 2023, FAIN TI085821.
 - 1.1.1.4. February 20, 2024, FAIN B08T1087053.
 - 1.1.1.5. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.1.2. 57.10% from the State Opioid Response Grant, as awarded by

SAMHSA, on

1.1.2.1. September 30, 2021, FAIN T1083326.

1.1.2.2. September 23, 2022, FAIN H79T1085759.

1.1.2.3. September 24, 2024, FAIN T1087843.

1.1.2.4. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.

1.2. 5.81% General Funds.

1.3. 25.70% Other Funds (Governor's Commission).

6. Modify Exhibit C, Payment Terms, Amendment #1, Section 3, to read:

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibits C-1, Women's Services Budget through Exhibit C-22, Residential Services Budget, Amendment #4. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting. The Contractor shall:

3.1. Ensure approval for Exhibits C-1, Women's Services Budget through Exhibit C-22, Amendment #4, Residential Services Budget, Amendment #4, is received from the Department prior to submitting invoices for payment; and

3.2. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.

7. Modify Exhibit C, Payment Terms, Amendment #1, Section 5, to read:

5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days after Governor and Executive Council approval, which shall be retained by the Department. The Contractor shall submit budgets as follows:

5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:

5.1.1. Exhibit C-13, Women's Services Budget, Amendment #4;

5.1.2. Exhibit C-14, Transitional Living Program Budget, Amendment #4;

5.1.3. Reserved; and

5.1.4. Exhibit C-16, Residential Services Budget, Amendment #4.

8. Modify Exhibit C, Amendment #1, Payment Terms, Section 20, Audits, to read:

20. Audits

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

20.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

20.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

20.1.3. Condition C - The Contractor is a public company and required by Security

and Exchange Commission (SEC) regulations to submit an annual financial audit.

- 20.2. 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.
- 20.2.1. 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.
- 20.3. 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.
- 20.4. 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.
- 20.5. 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.
- 20.6. 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.
9. Add Exhibit C-17, Women's Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
10. Add Exhibit C-18, Transitional Living Program Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
11. Add Exhibit C-19, Residential Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
12. Add Exhibit C-20, Women's Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
13. Add Exhibit C-21, Transitional Living Program Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-22, Residential Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

4/24/2025

Date

DocuSigned by:

Katja S. Fox

ED9D05B04C63442...

Name: Katja S. Fox

Title: Director

Hope on Haven Hill, Inc.

4/24/2025

Date

Signed by:

Kerry Norton

1444301692434F6...

Name: Kerry Norton

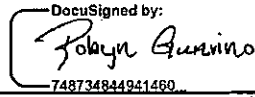
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

4/30/2025

Date

DocuSigned by:

748734844941460

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide Substance Use Disorder (SUD) treatment and recovery support services that:
 - 1.1.1. Assist individuals with:
 - 1.1.1.1. Stopping or reducing substance misuse;
 - 1.1.1.2. Improving social functioning, and physical and mental health; and
 - 1.1.1.3. Reducing risk for recurrence of substance misuse;
 - 1.1.2. Focus on strengths and resilience of individuals and families;
 - 1.1.3. Are culturally sensitive and relevant to individuals served;
 - 1.1.4. Promote person-centered and self-directed approaches to care; and
 - 1.1.5. Are trauma informed and designed to acknowledge the impact of violence and trauma on individuals' lives and the importance of addressing trauma in treatment.
- 1.2. The Contractor shall comply with all requirements in Exhibit B-1, Operational Requirements, Amendment #4, as applicable.
- 1.3. For the purposes of this Agreement, all references to:
 - 1.3.1. Business days shall mean Monday through Friday and excluding state and federal holidays.
 - 1.3.2. Calendar days or days shall mean Monday through Sunday, including state and federal holidays.
 - 1.3.3. Business hours shall mean Monday through Friday from 8:00 AM to 5:00 PM; excluding state and federal holidays.

2. Population Served

- 2.1. The Contractor shall ensure services are provided to individuals who:
 - 2.1.1. Are age 12 years or older, or under age 12 with signed consent from a parent or legal guardian;
 - 2.1.2. Have been diagnosed by:
 - 2.1.2.1. A professional licensed by the state of NH acting within the scope of their license or
 - 2.1.2.2. An unlicensed counselor who:
 - 2.1.2.2.1. Is working toward licensure and is in, at least, the second year of an accredited graduate clinical program;
 - 2.1.2.2.2. Is serving in a clinical internship with the Contractor for services provided within this Agreement;

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

- 2.1.2.2.3. Is under the supervision of a professional licensed by the state of NH, who is acting within the scope of their license, to act as a supervisor of an unlicensed individual; and
- 2.1.2.2.4. Has completed the required coursework for licensure, as required by:
 - 2.1.2.2.4.1. NH Board of Alcohol and Other Drug Use Providers;
 - 2.1.2.2.4.2. NH Board of Mental Health Practice; or
 - 2.1.2.2.4.3. NH Board of Psychology; and
- 2.1.3. Meet the American Society of Addiction Medicine Criteria published in October 2013 or later, (ASAM), for the services provided under this Agreement.
- 2.2. The Contractor shall provide services under this Agreement to individuals who are residents of, or unhoused in, NH; who meet the eligibility requirements identified above; and who are uninsured or whose insurance does not cover SUD treatment.
- 2.3. The Contractor may provide services to specialty populations, as determined by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:
 - 2.3.1. Pregnant and parenting individuals;
 - 2.3.2. Individuals with a history of injection drug use;
 - 2.3.3. Individuals with co-occurring substance use and mental health disorders;
 - 2.3.4. Individuals with, or at risk of tuberculosis;
 - 2.3.5. Individuals under the age of 18;
 - 2.3.6. Racial and ethnic minorities; and
 - 2.3.7. Individuals identifying as LGBTQI+.
- 2.4. The Contractor shall ensure consent for services is obtained from individuals receiving services aged 12 and older, or the parent or legal guardian of an individual receiving services who is under the age of 12, in accordance with NH RSA 318-B:12-a and 42 CFR Part 2, prior to providing services.
- 2.5. The Contractor shall ensure individuals under 18 years of age are not denied services due to:
 - 2.5.1. The parent's inability and/or unwillingness to pay the service fee(s); or
 - 2.5.2. The minor's decision to receive confidential services, pursuant to NH RSA 318-B:12-a.
- 2.6. The Contractor shall not deny services to individuals who:
 - 2.6.1. Receive medication for SUD (MSUD), from other service providers, including the individual's primary care provider;
 - 2.6.2. Have co-occurring mental health disorders; or

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- 2.6.3. Are taking prescribed medications, regardless of the class of medication.
 - 2.7. The Contractor shall enroll eligible individuals in the following order of priority:
 - 2.7.1. Pregnant individuals who inject drugs;
 - 2.7.2. Pregnant individuals;
 - 2.7.2.1. If the Contractor is unable to admit a pregnant individual to the needed level of care within 24 hours, the Contractor shall:
 - 2.7.2.1.1. Assist the individual with identifying alternative providers and accessing services with these providers, which includes referrals for prenatal care and actively reaching out to identify providers on the behalf of the individual; and
 - 2.7.2.1.2. Provide interim services within 48 hours of the level of care determination until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider. The Contractor shall ensure interim services include:
 - 2.7.2.1.2.1. A minimum of one (1), 60-minute, individual or group outpatient session per week;
 - 2.7.2.1.2.2. Recovery support services, as appropriate; and
 - 2.7.2.1.2.3. Daily calls to the individual to assess and respond to any emergent needs.
 - 2.7.3. Individuals with dependent children;
 - 2.7.4. Individuals with a history of injection drug use;
 - 2.7.4.1. If the Contractor is unable to admit an individual with a history of injection drug use within 14 days of the individual applying for services, the Contractor shall provide and document interim services until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider; and
 - 2.7.5. Individuals who require priority admission at the request of the Department.
 - 2.8. The Contractor shall report information related to priority populations to the Department, in a format approved by the Department, on a monthly basis.
- 3. Scope of Services**
- 3.1. Clinical Services
 - 3.1.1. The Contractor shall adhere to their organization's clinical care manual that includes policies and procedures related to all clinical services provided, including, but not limited to screening, assessment, progress notes, continuing care decisions, and discharge.
 - 3.1.2. The Contractor shall develop and implement written policies and procedures

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governing its operation and all services provided through this Agreement.

- 3.1.3. The Contractor shall ensure staff are trained on all policies and procedures, which are reviewed and revised annually.
- 3.1.4. The Contractor shall provide the following SUD treatment services to eligible individuals, based on the ASAM 2013 criteria. If using ASAM 2023 criteria, the Contractor must follow guidance outlined by ASAM 2023 for the equivalent levels of care:
 - 3.1.4.1. **Individual Outpatient Treatment** as defined as ASAM Level 1 which includes up to eight (8) clinical service hours per week.
 - 3.1.4.2. **Group Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.3. **Intensive Outpatient Treatment** as defined as ASAM Level 2.1, which includes nine (9) to 19 clinical service hours per week.
 - 3.1.4.4. **Low-Intensity Specialty Residential treatment**, as defined as ASAM Level 3.1 (2013), **treatment for pregnant and parenting individuals**, which includes nine (9) to 19 clinical service hours per week. The Contractor shall ensure individuals receiving services in this setting are treated according to best practices for pregnant and parenting individuals according to ASAM 2013.
 - 3.1.4.5. **High-Intensity Specialty Residential Treatment** as defined as ASAM Level 3.5, **for pregnant and parenting individuals**, which shall include a minimum of 20 clinical service hours per week. The Contractor shall ensure individuals receiving services in this setting are treated according to best practices for pregnant and parenting individuals according to ASAM 2013; and
 - 3.1.4.6. **Transitional Living Services**, which are residential SUD treatment services, according to an individualized treatment plan designed to support individuals as they transition back into the community. Transitional living services are not defined by ASAM. The Contractor shall ensure:
 - 3.1.4.6.1. Transitional living services include a minimum of three (3) hours of clinical services per week, of which a minimum of one (1) hour shall be delivered by a licensed counselor or unlicensed counselor working under the supervision of a licensed supervisor, as identified in Section 2.1.2; and
 - 3.1.4.6.2. The remaining hours are delivered by a NH Certified Recovery Support Worker (CRSW) working under a licensed supervisor or a licensed or unlicensed counselor, as identified in Section 2.1.2; and
 - 3.1.4.6.3. The maximum length of stay is 12 months, during which time adult residents who work in the

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community may be required to pay a portion of room and board.

- 3.1.4.7. The Contractor shall ensure a total minimum of eight (8) beds are available across levels of care identified above, including transitional living services.
- 3.1.4.8. **Recovery Support Services**, provided in conjunction with a minimum of one (1) of the services identified above.
- 3.1.5. The Contractor may provide one (1) or more of the following services:
 - 3.1.5.1. **Intensive Case Management** in accordance with SAMHSA TIP 27: Comprehensive Case Management for Substance Abuse Treatment.
 - 3.1.5.2. **Transportation for Pregnant and Parenting Individuals:**
 - 3.1.5.2.1. The Contractor shall provide transportation services for pregnant and parenting individuals to and from services as required by the individual's treatment plan. The Contractor may use the Contractor's own vehicle(s) for transport or pay for public and/or private transportation services.
 - 3.1.5.2.2. If the Contractor uses their own vehicle(s) to provide transportation, the Contractor shall:
 - 3.1.5.2.2.1. Comply with all applicable Federal and State Department of Transportation and Department of Safety regulations;
 - 3.1.5.2.2.2. Ensure all vehicles are registered pursuant to NH Administrative Rule Saf-C 500 and inspected in accordance with NH Administrative Rule Saf-C 3200; and are in good working order; and
 - 3.1.5.2.2.3. Ensure all drivers are licensed in accordance with NH Administrative Rules, Saf-C 1000, drivers licensing, and Saf-C 1800 Commercial drivers licensing, as applicable.
 - 3.1.5.3. **Childcare for Parenting Individuals:**
 - 3.1.5.3.1. The Contractor shall provide childcare, and/or pay for childcare provided by a licensed childcare provider, to children of parenting individuals while the individual is in treatment and case management services.

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3.1.5.3.2. The Contractor shall comply with all applicable Federal and State childcare regulations that includes, but is not limited to, NH Administrative Rule He-C 4002 Child Care Licensing.

3.1.6. The Contractor shall ensure clinical services are provided separately for youth and adults, unless otherwise approved by the Department. The Contractor shall ensure:

3.1.6.1. Youth and adults do not share the same residency space; and

3.1.6.2. Communal spaces such as kitchens, group rooms, and recreation are used at separate times.

3.1.7. The Contractor shall ensure all residential programs maintain a daily shift change log documenting significant events and behaviors of which subsequent shift should be made aware.

3.2. Interim Services

3.2.1. The Contractor shall offer interim services to all individuals waiting for clinical services and ensure interim services include, but are not limited to:

3.2.1.1. Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.

3.2.1.2. Referral for HIV or TB treatment services, if necessary.

3.2.1.3. Individual and/or group counseling on the effects of alcohol and other drug use.

3.2.1.4. Relapse prevention and recovery support services.

3.3. Infectious Diseases

3.3.1. Human Immunodeficiency Virus

3.3.1.1. The Contractor shall conduct an HIV/AIDS screening upon an individual's admission to treatment. The Contractor shall ensure the screening includes:

3.3.1.1.1. The provision of information;

3.3.1.1.2. Risk assessment; and

3.3.1.1.3. Intervention and risk reduction education.

3.3.2. Tuberculosis

3.3.2.1. The Contractor shall directly, or through arrangements with other public or non-profit private entities, routinely make the following TB services available to each individual receiving SUD treatment services:

3.3.2.1.1. Counseling with respect to TB;

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- 3.3.2.1.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and
 - 3.3.2.1.3. Providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.
 - 3.3.2.2. The Contractor shall refer individuals, who are denied admission to the program on the basis of lack of capacity, to other providers of TB services.
 - 3.3.2.3. The Contractor shall implement infection control procedures consistent with procedures established by the Department to prevent the transmission of TB, which include:
 - 3.3.2.3.1. Screening patients and identifying individuals who are at high risk of becoming infected;
 - 3.3.2.3.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2; and
 - 3.3.2.3.3. Providing case management to ensure individuals receive services.
 - 3.3.2.4. The Contractor shall report all individuals with active TB, as required by State law and in accordance with Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2.
- 3.4. Intake
 - 3.4.1. The Contractor shall complete an intake screening for all individuals requesting services. The Contractor shall:
 - 3.4.1.1. Communicate directly with the individual within two (2) business days from the date the individual initially contacts the Contractor for services. The Contractor shall ensure communication includes contact that is:
 - 3.4.1.1.1. Face-to-face, in person;
 - 3.4.1.1.2. Face-to-face, virtually and/or electronically; or
 - 3.4.1.1.3. By telephone; and
 - 3.4.1.2. Complete an initial intake screening for the individual within two (2) business days from the date of the first direct contact, utilizing the Social Detox Screen within the Department-provided record system, or another social detox screening tool, as well as the ASAM Immediate Needs Profile, to determine the probability of the individual having a SUD and an estimate of the appropriate ASAM level of care.

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- 3.4.2. The Contractor shall document the results of the screening in Department-provided record system for the individuals receiving services through this Agreement.
- 3.4.3. The Contractor shall assess income of each individual receiving services through this Agreement using the Fee Determination Form in Department-provided record system to determine the individual's cost share of service fees. The Contractor shall ensure:
 - 3.4.3.1. Individuals with an income of at least 139% of the federal poverty level are subject to a percentage of the cost share;
 - 3.4.3.2. Individuals with an income at or above 400% of the federal poverty guidelines are subject to the entire cost share;
 - 3.4.3.3. The income assessment is administered within two (2) business days from the date of initial contact for services and reassessed minimum of monthly thereafter; and
 - 3.4.3.4. Each income assessment and/or reassessment are signed by the individual and kept in the individual's record.
- 3.4.4. The Contractor shall ensure all attempts to contact the individual are documented in the individual's record or call log.
- 3.5. Clinical Evaluation
 - 3.5.1. The Contractor shall use clinical evaluations, conducted and completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2, to make level of care determinations and to develop initial treatment plans. The Contractor shall ensure clinical evaluations include:
 - 3.5.1.1. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5 TR) diagnostic information;
 - 3.5.1.2. Complete biopsychosocial information; and
 - 3.5.1.3. A recommendation for an ASAM level of care that is completed by the Contractor, or by a referring agency less than 30 days prior to the individual's admission to the Contractor's SUD treatment program.
 - 3.5.2. The Contractor shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation are recorded in the individual's record within 72 hours after admission to residential treatment or three (3) sessions for any outpatient levels of care, whichever is later.
 - 3.5.3. The Contractor shall complete a new clinical evaluation for the individual, prior to admission, if:
 - 3.5.3.1. More than 30 days have passed since the referring provider completed the evaluation;
 - 3.5.3.2. The evaluation was conducted and completed by someone other than a licensed counselor, or unlicensed counselor under the

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supervision of a licensed counselor, as identified in Section 2.1.2;

3.5.3.3. The evaluation did not include DSM 5 TR diagnostic information and a recommendation for a specific ASAM level of care; or

3.5.3.4. An individual presents for admission to services without a completed evaluation.

3.5.4. If the Contractor is unable to complete the evaluation prior to admission due to geographic or other barriers, the Contractor shall assist the individual with accessing an evaluation through their local NH The Doorways program (Doorway/s), or other appropriate provider.

3.5.5. The Contractor shall provide SUD treatment services at the appropriate ASAM level of care, as determined by the individual's clinical evaluation, unless:

3.5.5.1. The individual chooses to receive a service with a lower intensity ASAM level of care; or

3.5.5.2. The service with the indicated ASAM level of care is unavailable at the time the level of care is determined; in which case the individual may choose:

3.5.5.2.1. A service with a lower intensity ASAM level of care;

3.5.5.2.2. To be placed on the waitlist until a service with the assessed ASAM level of care becomes available; or

3.5.5.2.3. To be referred to another agency in the individual's service area that provides service with the indicated ASAM level of care.

3.5.6. If the level of care recommended by the clinical evaluation is available, and the individuals is admitted to a different level of care, the Contractor shall document the reasoning for the admittance in the individual's record.

3.6. Waitlists

3.6.1. The Contractor shall maintain a waitlist of all individuals waiting for SUD treatment services under this Agreement and shall follow the requirements in Exhibit B-1, Amendment #4, of this Agreement regarding waitlists.

3.6.2. The Contractor shall track the wait time for individuals to receive services from the date of initial contact to the date the individual first received SUD services, other than the evaluation described above.

3.6.3. The Contractor shall provide the following reports to the Department upon request:

3.6.3.1. The average wait time for all individuals, by the type of service and payer source for all services; and

3.6.3.2. The average wait time for priority populations, identified in Section 2.3, by the type of service and payer source for the services.

3.7. Assistance Enrolling in Insurance Programs

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- 3.7.1. The Contractor shall assist individuals, and/or their parents or legal guardians, who are unable to secure the financial resources necessary for initial entry into a SUD treatment program, to obtain other potential sources of payment within 14 days of admission, including enrollment in public or private insurance.
- 3.7.2. The Contractor shall document assistance provided with securing financial resources, or the individuals' refusal of assistance, in the individual's service record.
- 3.7.3. The Contractor shall track the length of time taken to enroll pregnant individuals in Medicaid and shall report that information to the Department upon request.
- 3.8. Use of Evidence-Based Practices
- 3.8.1. The Contractor shall ensure all services in this Agreement are provided:
- 3.8.1.1. Using evidence-based practices; as demonstrated by meeting one of the following criteria:
- 3.8.1.1.1. The service is included as an evidence-based mental health and substance misuse intervention in the SAMHSA Evidence-Based Practices Resource Center;
- 3.8.1.1.2. The service is published in a peer-reviewed journal and has been found to have positive effects; or
- 3.8.1.1.3. The service is based on a theoretical perspective that has validated research; and
- 3.8.1.2. In accordance with:
- 3.8.1.2.1. ASAM Criteria;
- 3.8.1.2.2. SAMHSA Treatment Improvement Protocols; and
- 3.8.1.2.3. SAMHSA Technical Assistance Publications.
- 3.8.2. The Contractor shall assess all individuals for risk of self-harm at all phases of treatment, including, initial contact; screening, intake, initial clinical evaluation/assessment, admission; and discharge.
- 3.8.3. The Contractor shall provide on-going assessments of mental health symptoms for individuals receiving services when and where clinically appropriate. The Contractor shall ensure mental health assessments are administered at the time of clinical evaluation/assessment and upon discharge, at a minimum.
- 3.8.4. The Contractor shall assess all individuals for withdrawal risk, when clinically appropriate, and at initial contact, screening, intake, initial clinical evaluation/assessment, and admission.
- 3.9. Treatment Planning
- 3.9.1. The Contractor shall ensure individualized treatment plans are completed

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for all individuals admitted for services, including transitional living services.
The Contractor shall ensure all initial treatment plans:

- 3.9.1.1. Are completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
- 3.9.1.2. Are based on clinical evaluation data that addresses problems in all ASAM domains, justifying the individual's admittance to the current level of care;
- 3.9.1.3. Are completed within 72 hours of admission to any residential level of care, and within three (3) sessions to any outpatient level of care;
- 3.9.1.4. Identifies and documents:
 - 3.9.1.4.1. The individual's strengths and resources for achieving goals and objectives;
 - 3.9.1.4.2. Referrals to outside agencies for the purpose of achieving a specific goal or objective when the service cannot be provided through this Agreement;
- 3.9.1.5. Include:
 - 3.9.1.5.1. The individual's involvement in identifying, developing, and prioritizing goals, objectives, and action steps;
 - 3.9.1.5.2. Treatment plan goals, objectives, and action steps written in terms that are S.M.A.R.T., which are:
 - 3.9.1.5.2.1. Specific, clearly defining what shall be done;
 - 3.9.1.5.2.2. Measurable, including clear criteria for progress and completion;
 - 3.9.1.5.2.3. Attainable, within the individual's ability to achieve;
 - 3.9.1.5.2.4. Realistic, the resources are available to the individual; and
 - 3.9.1.5.2.5. Timely, something that needs to be completed within a stated period for completion that is reasonable;
- 3.9.1.6. Are signed by the individual and the counselor, agreeing to the treatment plan; or if applicable, documentation of the individual's refusal to sign the treatment plan; and
- 3.9.1.7. If the individual is receiving services via telehealth only, the individual's verbal agreement to the treatment plan is documented in the individual's service record.

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- 3.9.2. The Contractor shall collaborate with the individual receiving services to review their treatment plan, at the following minimum intervals, as identified by ASAM:
- 3.9.2.1. All ASAM Level 1 programs: Every six (6) clinical sessions or every six (6) weeks, whichever is less frequent;
 - 3.9.2.2. ASAM Level 2.1 programs: Every 14 days;
 - 3.9.2.3. ASAM Level 2.5, Level 3.5, and Level 3.7 programs: Every seven (7) days;
 - 3.9.2.4. ASAM Level 3.1: Every 30 days; and
 - 3.9.2.5. Transitional living services: Every 30 days.
- 3.9.3. The Contractor shall amend treatment plans for all ASAM levels of care, and transitional living services, when:
- 3.9.3.1. Changes are made in any ASAM domain;
 - 3.9.3.2. Goals have been met and problems have been resolved; or
 - 3.9.3.3. New goals and new problems have been identified.
- 3.9.4. The Contractor shall ensure treatment plan amendments for all ASAM levels of care and transitional living services, or the progress note associated with an amendment, include a justification for:
- 3.9.4.1. Continued treatment at the current level of care;
 - 3.9.4.2. Transfer from one level of care to another within the same agency; or
 - 3.9.4.3. Discharge from treatment at the agency.
- 3.9.5. The Contractor shall ensure the justification includes a minimum of one (1) of the following three (3) ASAM Continuing Service Criteria for continuing services:
- 3.9.5.1. Continuing Service Criteria A: The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue working toward treatment goals;
 - 3.9.5.2. Continuing Service Criteria B: The individual is not yet making progress but has the capacity to resolve their issues. The individual is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue working toward treatment goals; or
 - 3.9.5.3. Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay

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in the current level of care. The level of care which the individual is receiving treatment is the least intensive level at which the individual's problems can be addressed effectively.

- 3.9.6. The Contractor shall ensure any treatment plan amendments are signed by the individual and the counselor, agreeing to the updates; or if applicable, documentation of the individual's refusal to sign the treatment plan; and if the individual is receiving services via telehealth only, documentation of the individual's verbal agreement to the treatment plan.
- 3.9.7. The Contractor shall track the individual's progress relative to specific goals and objectives in progress notes.

3.10. Coordination of Care

- 3.10.1. The Contractor shall utilize the Department's designated Closed Loop Referral system to connect individuals to health and social service providers, as appropriate.
- 3.10.2. The Contractor shall ensure all coordination of care activities are compliant with state and federal laws and rules, including but not limited to NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2.
- 3.10.3. The Contractor shall refer individuals to, and coordinate the individual's care with, other providers and document the coordination, or individual's refusal of the coordination, in the individual's service record. The Contractor shall ensure referrals include:
 - 3.10.3.1. Primary care providers. If the individual does not have a primary care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.2. Behavioral health care providers when serving individuals with co-occurring substance use and mental health disorders. If the individual does not have a behavioral health care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
 - 3.10.3.3. MSUD as clinically appropriate, including medications for alcohol use disorder (AUD). The Contractor shall track the percentage of individuals with a diagnosis of AUD who were offered a referral to MSUD, and report the percentage to the Department on a quarterly basis; and
 - 3.10.3.4. Peer recovery support providers. If the individual does not have a peer recovery support provider, or the Contractor does not provide peer support services, the Contractor shall make an appropriate referral to one and coordinate care with that provider.
- 3.10.4. The Contractor shall coordinate individual services with the Department's Doorway contractors, as appropriate, including:
 - 3.10.4.1. Ensuring timely admission of individuals to services;
 - 3.10.4.2. Completing initial clinical evaluations as needed; and

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- 3.10.4.3. Referring individuals to Doorway services when the Contractor cannot admit an individual for services within 48 hours.
- 3.10.5. The Contractor shall coordinate with the NH Ryan White CARE Program, for individuals identified as at risk of or with HIV/AIDS.
- 3.10.6. The Contractor shall coordinate with other social service agencies engaged with the individual, as applicable, which may include but are not limited to the NH Division for Children, Youth, and Families and Probation and Parole.
- 3.10.7. The Contractor shall clearly document when the individual refuses any referrals or care coordination in the individual's service record.
- 3.10.8. The Contractor shall not prohibit individuals from receiving services under this Agreement when an individual does not consent to information sharing.
- 3.10.9. The Contractor shall notify individuals who consent to information sharing that they have the ability to rescind the consent at any time without any impact on services provided under the awarded contract.
- 3.11. Transfer or Discharge
- 3.11.1. The Contractor shall identify the reason for transfer or discharge in the Program Enrollment section of the Department-provided record system, for each individual entered into the Department-provided record system, at the time of transfer or discharge from the program.
- 3.11.2. The Contractor shall ensure the counselor updates the ASAM assessment and amends the treatment plan when transferring an individual from one level of care to another within the same agency or when discharging the individual to another treatment provider.
- 3.11.3. The Contractor shall complete a transfer or discharge summary when an individual is being transferred to another level of care within the agency or discharged from treatment at the contracted agency. The Contractor shall ensure the transfer or discharge summary addresses all ASAM domains, including the process of transfer planning at the time of the individual's intake to the program, including transitional living services, and includes:
- 3.11.3.1. Dates of admission, discharge, or transfer.
- 3.11.3.2. Reason for admission.
- 3.11.3.3. The individual's psychosocial substance misuse history and legal history.
- 3.11.3.4. A summary of the individual's progress toward treatment goals.
- 3.11.3.5. The individual's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment.
- 3.11.3.6. A summary of the individual's physical and mental health condition at the time of discharge.
- 3.11.3.7. A continuing care plan, including all ASAM domains, with specific information regarding referrals or further treatment.

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- 3.11.3.8. The dated signature of the counselor completing the summary.
- 3.11.3.9. At least one (1) of the following four (4) ASAM Transfer/Discharge Criteria and how the individual meets the requirement, including transitional living services:
 - 3.11.3.9.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated.
 - 3.11.3.9.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated;
 - 3.11.3.9.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit their ability to resolve their problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
 - 3.11.3.9.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care.
- 3.11.4. The Contractor shall ensure the discharge or transfer summary is completed no later than seven (7) days following an individual's discharge or transfer.
- 3.11.5. The Contractor shall discharge an individual from the Department-provided record system when they are no longer receiving services at the agency. The Contractor shall close the Episode in the Department-provided record system even if the individual is expected to return at a future date, including, after completing treatment at a different agency. The time frames for discharge from the Department-provided record system are as follows:

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3.11.5.1. Individuals receiving outpatient services (individual outpatient, intensive outpatient, and partial hospitalization program), who have not received services in the past thirty (30) days shall be discharged by day 30. Upon the individual's return to treatment a new episode of care shall be started and all standard admission steps must be taken.

3.11.5.2. Individuals receiving residential services, who have not received services in the past 48 hours shall be discharged.

3.11.6. The Contractor shall ensure a new episode of care is started and all standard admission steps are completed for individuals returning for services after being discharged.

3.12. Individual and Group Education

3.12.1. The Contractor shall offer all individuals receiving services under this Agreement individual or group education on prevention, treatment, and nature of:

3.12.1.1. SUD;

3.12.1.2. Relapse prevention;

3.12.1.3. Hepatitis C Virus (HCV);

3.12.1.4. HIV;

3.12.1.5. Sexually Transmitted Diseases (STDs);

3.12.1.6. Infectious diseases associated with injection drug use;

3.12.1.7. Individual and/or group counseling for individuals of childbearing age, regardless of gender, on the effects of alcohol and other drug use on a fetus; and

3.12.1.8. The relationship between nicotine use and substance use with other mental health disorders, if the individual uses nicotine.

3.12.2. The Contractor shall ensure that all individuals are screened at intake and discharge for tobacco use, treatment needs and referral to the NH QuitLine, as part of treatment planning.

3.12.3. The Contractor shall maintain an outline of each educational session provided.

3.13. Tobacco-Free Environment

3.13.1. The Contractor shall ensure all facilities where services under this Agreement are provided are nicotine-free environments by having policies and procedures that apply to all staff, individuals receiving services, and visitors, that include but are not limited to:

3.13.1.1. Prohibiting smoking of any nicotine product, the use of oral tobacco products or "spit" tobacco, and the use of electronic devices, including vaping devices;

3.13.1.2. Prohibiting the use of nicotine products within the Contractor's

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facilities at any time;

- 3.13.1.3. Prohibiting the use of nicotine in any Contractor-owned vehicle;
- 3.13.1.4. Whether or not the use of nicotine products is prohibited outside of the facility on the grounds. If use of nicotine products is allowed outside of the facility on the grounds, the Contractor shall ensure:
 - 3.13.1.4.1. Designated smoking area(s) are located a minimum of 20 feet from the main entrance;
 - 3.13.1.4.2. All materials used for smoking in the designated area, including cigarette butts and matches, are extinguished and disposed of in appropriate containers;
 - 3.13.1.4.3. Periodic cleanup of the designated smoking area is scheduled and completed as scheduled and/or needed; and
 - 3.13.1.4.4. If the designated smoking area is not properly maintained, it shall be eliminated at the discretion of the Contractor; and
- 3.13.1.5. Prohibiting nicotine use in personal vehicles when transporting individuals on authorized business.
- 3.13.2. The Contractor shall ensure the nicotine -free environment policy is included in employee, individual, and visitor orientations and posted in the Contractor's facilities and vehicles.
- 3.13.3. The Contractor shall not use nicotine use, in and of itself, as grounds for discharging individuals from the services being provided under this Contract.

4. Electronic Record System

- 4.1. The Contractor shall use the Department-provided electronic health record system (EHRS) to record contact with individuals within three (3) days, unless otherwise stated in the guidance document(s). The Contractor shall utilize the Department-provided EHRS to record all NH Bureau of Drug & Alcohol Services (BDAS) individual interactions, including:
 - 4.1.1. Determining individual eligibility;
 - 4.1.2. Reporting all data that is used to calculate and analyze National Outcome Measures; and
 - 4.1.3. Providing other information as required by the Department.
- 4.2. The Contractor shall provide the individual with the Department-provided EHRS information acknowledgement form and obtain the individual's signature on that form at the time of admission to treatment, prior to providing services.
- 4.3. The Contractor shall ensure information for individuals refusing to sign the information acknowledgement is not entered into the EHRS and the Contractor shall contact the Department to establish alternative reporting and billing procedures.

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- 4.4. The Contractor shall ensure services are provided to individuals who refuse to sign the information acknowledgement, despite not being able to enter that individual into the state provided EHRS. The Contractor shall:
- 4.4.1. Establish a policy to document individual activity elsewhere;
 - 4.4.2. Obtain Department approval of the established policy;
 - 4.4.3. Notify the Department of each individual's refusal; and
 - 4.4.4. Ensure the Department has access to records as requested.
- 4.5. The Contractor shall ensure the Department-provided EHRS is only used for individuals who are in a program that is funded by, or under the oversight of, the Department. The Contractor may use Department-provided EHRS to enter information for services not covered by this Agreement. Training may be provided by the contracted agency, with prior approval of the content by the Department, if the following conditions apply:
- 4.5.1. The Department has approved the Contractors' use of the Department-provided EHRS for this purpose;
 - 4.5.2. The Contractor utilized the state provided EHRS for this purpose; and
 - 4.5.3. The Contractor does not have an alternative EHRS available for use.
- 4.6. The Contractor shall cease using the Department-provided EHRS for services not covered by this Agreement no later than 6/30/2027 and shall thereafter use a separate EHRS.
- 4.7. The Contractor shall cease utilizing the Department-provided EHRS if an individual obtains funding from another source while in treatment, unless otherwise approved by the Department. Individuals who are in a program that is funded by or under the oversight of the Department include:
- 4.7.1. Individuals receiving Department -funded SUD treatment services,
 - 4.7.2. Individuals receiving services from Impaired Driver Care Management Programs; and
 - 4.7.3. Individuals receiving services from Impaired Driver Service Providers, regardless of funding source.
- 4.8. The Contractor may use their own EHRS, in addition to the Department-provided EHRS, to record and track other data not collected in the state provided EHRS, only if the Department is allowed access to the electronic health records (EHR) upon request, for services provided under this Agreement.
- 4.9. The Contractor shall record that an individual has been discharged when the individual has completed a treatment episode in the state provided EHRS.
- 4.10. The Contractor shall follow all the instructions and requirements in the most current user guide for the EHRS, as provided by the Department.
- 4.11. The Contractor shall agree to and follow the Information Security Requirements in Exhibit K.

5. Telehealth

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- 5.1. The Contractor may deliver outpatient services via telehealth through secure telecommunication technology, when clinically appropriate and within the Contractor's scopes of practice, as allowed by federal and state law, and as documented in the individual's treatment plan. The Contractor acknowledges and agrees that:
- 5.1.1. Telehealth services may be rendered from a remote site, other than the Contractor's facility, or a remote site, approved by the Contractor;
 - 5.1.2. Confidentiality and privacy protections apply to all telehealth services, under the same laws that protect the confidentiality of in-person services; and
 - 5.1.3. The use of public facing applications, such as Facebook Live, Twitch, TikTok, or other similar video communication applications, is prohibited.
- 5.2. The Contractor shall ensure telehealth complies with all security and privacy components identified in Exhibit K, DHHS Information Security Requirements. The Contractor shall ensure:
- 5.2.1. An individual's appropriate informed consent to using the telecommunication technology is received and kept on file;
 - 5.2.2. A provider is present with the individual(s) during the use of telecommunication technology;
 - 5.2.3. Only authorized users have access to any individually identifiable personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Part 2 records as defined in 42 CFR Part 2 or electronic PHI (ePHI) that is shared or available through the telecommunication technology;
 - 5.2.4. Secure end-to-end communication of data is implemented, including all communication of ePHI remaining in the United States; and
 - 5.2.5. A system of monitoring the communications containing ePHI is implemented to prevent accidental or malicious breaches.
- 5.3. The Contractor shall adhere to all relevant state and federal regulations regarding telehealth not identified in the contract, including regulations regarding face-to-face services.

6. Staffing

- 6.1. The Contractor shall meet the following minimum staffing requirements, or request a waiver to the requirements, to provide the scope of work in this Agreement. Staffing levels must include:
- 6.1.1. A minimum of one (1) licensed supervisor, as identified in Section 2.1.2;
 - 6.1.2. Staffing ratios for the following:
 - 6.1.2.1. Individual Counseling: The ratio of individuals receiving services to licensed and unlicensed counselors, as identified in Section 2.1.2.1, who provide counseling to individuals on an individual basis in any ASAM level of care should be based on the following:

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- 6.1.2.1.1. Clinician's ability to provide appropriate, effective, and evidence-based treatment to individuals within the setting;
 - 6.1.2.1.2. Type of treatment provided;
 - 6.1.2.1.3. Composition of the individual population; and
 - 6.1.2.1.4. Availability of auxiliary services;
 - 6.1.2.2. SUD Treatment Groups: No more than 12 individuals with one licensed counselor or unlicensed counselor, as identified in Section 2.1.2, present or no more than 16 individuals when that counselor is joined by a second licensed counselor, unlicensed counselor, CRSW or uncertified recovery support worker;
 - 6.1.2.3. Recovery Support Groups: No more than 12 individuals with one (1) NH CRSW present or no more than 16 individuals when that CRSW is joined by a second CRSW, or uncertified CRSW, licensed or unlicensed counselor, as identified in Section 2.1.2; and
 - 6.1.2.4. Milieu/Line Staff in Residential Treatment Programs: Ratios must be based upon the needs of the individuals, and the staff's ability to ensure individual health, safety and well-being. The Contractor shall ensure a minimum of one (1) floating Milieu/Line staff member able to move between common areas to observe individuals is present at all times, when the space is occupied by individuals.
- 6.2. The Contractor shall actively seek to fill any open positions. Temporary staffing shortages are allowable, but not encouraged. Any temporary staffing shortages must be reported to Department in the quarterly contract compliance reports, as detailed in Section 9.7, and Contractor must be actively working to recruit new staff.
- 6.3. The Contractor shall notify Department in writing within one (1) month of hire when a new Administrator, Clinical Director, Executive Director, or any staff person essential to delivering this scope of services is hired to work in the program(s). The Contractor shall provide a copy of the resume of the employee, which clearly indicates the staff member is employed by the Contractor, with the new hire notification.
- 6.4. The Contractor shall notify the Department in writing within 14 calendar days, when there is not sufficient staffing to perform all required services for more than one (1) month.
- 6.5. The Contractor shall have policies and procedures related to student interns that address minimum coursework, experience and core competencies for interns having direct contact with individuals served by this Agreement.
- 6.6. The Contractor shall ensure student interns complete training on ethics, information security and confidentiality practices for handling PHI and SUD treatment records as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2, as approved by the Department, prior to beginning their internship:

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- 6.7. The Contractor shall ensure attendance of all required training for interns is documented in the interns' records and shall provide a list that includes the intern's name, dates or attendance and topics of training to the Department, as requested.
- 6.8. The Contractor shall ensure the health, safety, and well-being of all individuals in areas where individuals congregate, including common areas, group rooms and classrooms.
- 6.9. The Contractor shall ensure written policies, required under this Agreement, are available for Department review, as requested.
- 6.10. The Contractor may request a waiver from the Department, in writing, for staffing requirements, if the requirements are inappropriate for the services provided, under this Agreement. The Contractor shall provide both clinical and safety justifications to the Department for approval when requesting exemption from any of the staffing requirements in this Agreement.
- 6.11. The Contractor shall ensure no licensed supervisor, as identified in Section 2.1.2.1, shall supervise more than 12 staff unless the Department has approved an alternative supervision plan.
- 6.12. The Contractor shall provide ongoing clinical supervision that occurs at regular intervals, is documented in all staff members' records, and meets the requirements of the individuals' license(s) or certification(s).
- 6.13. The Contractor shall provide training to all staff providing SUD services under this Agreement on the following topics. The training:
- 6.13.1. Must include the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities; professional boundaries and power dynamics; and appropriate information security and confidentiality practices for handling PHI and substance use disorder treatment records, as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2;
 - 6.13.2. May be provided by the Contractor with prior content approval from the Department; and
 - 6.13.3. Must be completed within 60 days of hire and annually thereafter.
- 6.14. The Contractor shall provide in-service training to all staff providing SUD services under this Agreement within 15 days of the contract effective date or the staff person's employment start date, if the staff member started work after the contract effective date, and annually thereafter. The Contractor shall ensure in-service training topics are as follows:
- 6.14.1. Contract requirements;
 - 6.14.2. Policies and procedures provided by the Department;
 - 6.14.3. HCV;
 - 6.14.4. HIV; and
 - 6.14.5. TB.
- 6.15. The Contractor shall ensure staff attendance of all required training is documented in the staff members' records and shall provide a list of trained staff that includes dates

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and topics of training, to the Department, as requested.

7. Provisions Applicable to Contractors Receiving State Opioid Response (SOR) Funding

7.1. SOR Guidelines:

- 7.1.1. The Contractor shall establish formal information sharing and referral agreements with the Doorways in compliance with all applicable confidentiality laws, including 42 CFR Part 2 in order to receive payments for services funded with SOR resources.
- 7.1.2. The Contractor shall ensure all referrals of individuals to the Doorways are completed and documented in the individuals file, and available to the Department, as requested and as needed, for payment of invoices for services provided through SOR-funded initiatives.
- 7.1.3. The Contractor shall ensure individuals receiving services rendered from SOR funds have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD).
- 7.1.4. The Contractor shall coordinate ongoing care for individuals with documented history, or current diagnoses, of OUD or StimUD, receiving services rendered from SOR funds, with the Doorways, and in accordance with 42 CFR Part 2.
- 7.1.5. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, provide, or treat patients with marijuana. The Contractor shall ensure:
 - 7.1.5.1. Treatment in this context includes the treatment of opioid use disorder;
 - 7.1.5.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders; and
 - 7.1.5.3. This marijuana restriction applies to all subcontracts and memorandums of understanding that receive SOR funding.
- 7.1.6. If the Contractor is providing MSUD, the Contractor shall do so only with FDA-approved MSUD, which includes:
 - 7.1.6.1. Methadone; and
 - 7.1.6.2. Buprenorphine products including:
 - 7.1.6.2.1. Single-entity buprenorphine products;
 - 7.1.6.2.2. Buprenorphine/naloxone tablets;
 - 7.1.6.2.3. Buprenorphine/naloxone films; and
 - 7.1.6.2.4. Buprenorphine/naloxone buccal preparations.
- 7.1.7. If the Contractor is providing medical withdrawal management services that are supported by SOR funds, the Contractor shall do so only when the withdrawal management service is accompanied by the use of injectable

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extended-release naltrexone, as clinically appropriate.

- 7.1.8. If the Contractor wishes to distribute Fentanyl test strips, the Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 7.1.8.1. Internal policies for the distribution of Fentanyl strips;
 - 7.1.8.2. Distribution methods and frequency; and
 - 7.1.8.3. Other key data as requested by the Department.
- 7.1.9. If the Contractor provides recovery housing, or refers individuals to recovery housing, the Contractor shall ensure any individuals receiving financial aid for the recovery housing, utilizing SOR funds, are in a facility that:
 - 7.1.9.1. Aligns with national industry standards; and
 - 7.1.9.2. Is registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with the New Hampshire Administrative Rules, He-A 305, Voluntary Registry for Recovery Houses.
- 7.1.10. The Contractor shall accept individuals on MSUD and facilitate access to MSUD on-site, or through referrals, for all individuals supported with SOR funds, as clinically appropriate.
- 7.1.11. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 7.1.12. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorway do not receive any additional services utilizing SOR funding.
- 7.1.13. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

7.2. Government Performance Results Act

- 7.2.1. The Contractor shall administer, or coordinate the administration of, the Government Performance Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010 required initial interview and associated follow-ups at six (6) months and discharge for all individuals with a diagnosed OUD or StimUD receiving program services.
- 7.2.2. The Contractor shall provide or coordinate ongoing follow-up and support of individuals engaged in services until a discharge GPRA interview is completed. The Contractor shall ensure:
 - 7.2.2.1. Contact with each individual is attempted during a time when the individual would normally be available. Contact must be made in person, by telephone, or by an alternative method approved by the Department, according to the following guidelines:

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- 7.2.2.1.1. If the first contact attempt is not successful, a second contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the first attempt;
 - 7.2.2.1.2. If the second contact attempt is not successful, a third contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the second attempt;
- 7.2.2.2. Each successful contact must include:
 - 7.2.2.2.1. Inquiries on the status of each individual's recovery and experience with their external service provider;
 - 7.2.2.2.2. Identification of individual needs;
 - 7.2.2.2.3. Assistance to the individual to address identified needs; and
 - 7.2.2.2.4. Early intervention for individuals who have resumed use;
- 7.2.2.3. When the aforementioned follow-up interview results in a determination that the individual is at risk of self-harm, the Contractor must proceed in alignment with their crisis response policies and procedure; and
- 7.2.2.4. All efforts to contact individuals are clearly documented in a manner approved by the Department.
- 7.2.3. The Contractor shall ensure the GPRA interviews are attempted at the following intervals:
 - 7.2.3.1. At the time of intake or no later than seven (7) calendar days after the Individual enters into treatment services;
 - 7.2.3.2. No later than six (6) months post intake into treatment services. The window for this interview opens five (5) months after the intake interview; and
 - 7.2.3.3. Upon discharge from the initially referred service.
- 7.2.4. The Contractor shall ensure completed GPRA data is entered into the Department determined administrative software, at a minimum of the following intervals:
 - 7.2.4.1. At the time of intake or no later than seven (7) calendar days after the GPRA interview is conducted;
 - 7.2.4.2. Six (6) months post intake into Doorway services; and
 - 7.2.4.2.1. Upon discharge from the initially referred service.
- 7.2.5. The Contractor shall document any loss of contact in the Department-approved administrative software system using the appropriate process and

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protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.

- 7.2.6. The Contractor shall ensure contingency management strategies are utilized to increase engagement in follow-up GPRA interviews. Contingency management strategies may include but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview. The Contractor must ensure gift cards do not exceed \$30 in value and are not used to incentivize participation in treatment.

8. Reporting Requirements within the Department-provided record system

- 8.1. The Contractor shall report individual demographic data in the Department-provided record system for all individuals in section 2.2 of this Agreement as specified in the current Department-provided record system User Guide.
- 8.2. The Contractor shall report individual National Outcome Measures (NOMS) data in the Department-provided record system for all individuals receiving services under this Agreement, as follows:
- 8.2.1. All individuals at admission; and
- 8.2.2. All individuals upon discharge.
- 8.3. The Contractor shall report all data for individuals receiving services under this Agreement that are necessary for calculation of the following performance measures in the Department-provided record system, and as specified in its User Guide:
- 8.3.1. Initiation: Percentage of individuals accessing services within 14 days of initial contact;
- 8.3.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of screening;
- 8.3.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of screening;
- 8.3.4. Treatment Completion: Percentage of individuals completing treatment; and
- 8.3.5. National Outcome Measures:
- 8.3.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use on the date of discharge compared to the date of first service;
- 8.3.5.2. Increase in/no change in the number of individuals employed or in school on the date of the last service compared to the date of the first service;
- 8.3.5.3. Reduction in/no change in the number of individuals arrested in past 30 days from the date of the first service to the date of the last service;
- 8.3.5.4. Increase in/no change in the number of individuals that have stable housing at the date of the last service compared to the date of the first service; and

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- 8.3.5.5. Increase in/no change in the number of individuals participating in community support services at the date of the last service compared to the date of the first service.
- 8.4. The Contractor shall report all other data, as specified in the Department-provided record system User Guide, to support the Department's analysis and reporting on demographics, performance, services and other factors as determined by the Department and in a format specified by the Department.
- 8.5. The Contractor shall report the number of individuals with an alcohol use disorder who were referred for MSUD, as described in Section 3.10.3.3., to the Department on a quarterly basis.
- 8.6. The Contractor shall complete monthly contract compliance reporting no later than the 10th day of the month following the reporting month in a format determined, and as requested, by the Department.
- 8.7. The Contractor shall submit quarterly contract compliance reporting no later than the 10th day of following month in a format determined, and as requested, by the Department.
- 8.8. The Contractor shall notify the Department in writing of all contact with law enforcement as soon as possible, and no more than 24 hours following the incident.
- 8.9. The Contractor shall notify the Department in writing of all media contacts as soon as possible, and no more than 24 hours following the incident.
- 8.10. The Contractor shall report sentinel events in accordance with RSA 126-A:4,IV
- 8.11. The Contractor shall refer to the current Department-provided record system User Guide for guidance on NOMS and other data reporting requirements.

9. Performance Measures

- 9.1. Contract performance shall be measured to evaluate service quality and efficacy in mitigating negative impacts of substance misuse, including but not limited to the opioid epidemic and associated overdoses. The following performance measures will be used by the Department to evaluate selected contractor performance:
- 9.1.1. Initiation: Percentage of individuals accessing services within 14 days;
- 9.1.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of admission to the appropriate level of care;
- 9.1.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of admission to the appropriate level of care;
- 9.1.4. Treatment completion: Percentage of individuals completing treatment; and
- 9.1.5. NOMS, as detailed in Section 9.3: The percentage of individuals out of all individuals discharged improved in at least three (3) out of five (5) of the following NOMS outcome criteria:
- 9.1.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use at discharge compared to the period of 7 days before and the date of first service during an episode of care (or previous episode of care for individuals referred for services from

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- a different DEPARTMENT contracted SUD treatment provider);
- 9.1.5.2. Increase in/no change in number of individuals employed or in school on the date of last service compared to first service;
 - 9.1.5.3. Reduction in/no change in number of individuals arrested in past 30 days from date of first service to date of last service;
 - 9.1.5.4. Increase in/no change in number of individuals that have stable housing at last service compared to first service; and
 - 9.1.5.5. Increase in/no change in number of individuals participating in community support services at last service compared to first service.
- 9.2. The Contractor shall meet or exceed baseline performance requirements as determined by the Department.
- 9.2.1. The Department will actively and regularly collaborate with the Contractor to develop a performance improvement structure that will enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
 - 9.2.2. The Department may identify expectations for active and regular collaboration, including key performance measures, in this Agreement. Where applicable, the Contractor must collect and share data with the Department, as requested, and in a format specified, by the Department.
- 9.3. The Contractor shall participate in all quality improvement activities, as directed and requested by the Department, including, but not limited to:
- 9.3.1. Electronic and in-person individual record reviews.
 - 9.3.2. Site visits.
 - 9.3.3. Training and technical assistance activities.
- 9.4. The Contractor shall monitor and manage the utilization rates of its services at all ASAM levels of care to ensure services are offered at a consistently high quality throughout the term of the contract. To maintain a consistently high quality of service and adequate capacity for SUD treatment and recovery support services statewide, the Contractor shall actively monitor its capacity, staffing levels, and resources to consistently and evenly deliver these services.
- 9.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.6. The Contractor shall participate in quarterly meetings with the Department to ensure compliance with the contractual requirements.
- 9.7. The Contractor may be required to provide other key data and metrics to the Department, including individual-level demographic, performance, and service data.

10. Audit Requirements

- 10.1. The Contractor is required to submit an annual financial audit to the Department ^{initials} if any

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of the following conditions exist:

- 10.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
- 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
- 10.1.3. Condition C - The Contractor is a public company and required by the U.S. Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 10.2. If Condition A exists, the Contractor must submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department 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.
- 10.3. If Condition B or Condition C exists, the Contractor must submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 10.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor must be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 10.6. In the event that the Contractor undergoes an audit by the Department, the Contractor agrees to provide a corrective action plan to the Department within thirty (30) days from the date of the final findings that addresses any and all findings.
- 10.7. The Contractor must ensure the corrective action plan uses SMART (specific, measurable, achievable, relevant, and time-bound) goals and objectives, and includes:
 - 10.7.1. The action(s) that shall be taken to correct each deficiency;
 - 10.7.2. The action(s) that shall be taken to prevent the reoccurrence of each deficiency;
 - 10.7.3. The specific steps and timeline for implementing the actions above;
 - 10.7.4. The plan for monitoring to ensure that the actions above are effective; and
 - 10.7.5. How and when the Contractor shall report to the Department on progress on implementation and effectiveness.

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11. Background Checks

- 11.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
- 11.1.1. 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;
 - 11.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 11.1.3. 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.

12. Confidential Data

- 12.1. 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.
- 12.2. 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.

13. Privacy Impact Assessment

- 13.1. 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:
- 13.1.1. How PII is gathered and stored;
 - 13.1.2. Who will have access to PII;
 - 13.1.3. How PII will be used in the system;
 - 13.1.4. How individual consent will be achieved and revoked; and
 - 13.1.5. Privacy practices.
- 13.2. 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.

14. Department Owned Devices, Systems and Network Usage

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- 14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
- 14.1.1. 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;
 - 14.1.2. 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;
 - 14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 14.1.4. 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;
 - 14.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;
 - 14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
 - 14.1.7. 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."
 - 14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
 - 14.1.9. Agree when utilizing the Department's email system:
 - 14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".
 - 14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and
 - 14.1.9.3. Ensure the following confidentiality notice is embedded underneath the signature line:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and

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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."

- 14.1.10. 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:
 - 14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
 - 14.1.10.2. 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.
 - 14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.
- 14.1.11. 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.
- 14.1.12. 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.

15. Contract End-of-Life Transition Services

15.1. General Requirements

- 15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- 15.1.2. 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

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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.

- 15.1.3. 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.
- 15.1.4. 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.
- 15.1.5. 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.
- 15.1.6. 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.

15.2. Completion of Transition Services

- 15.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of 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 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 15.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

15.3. Disagreement over Transition Services Results

- 15.3.1. 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 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

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in accordance with the Agreement.

16. Exhibits Incorporated

- 16.1. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.
- 16.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 16.3. 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 I, Business Associate Agreement, which has been executed by the parties.

17. Additional Terms

17.1. Impacts Resulting from Court Orders or Legislative Changes

- 17.1.1. 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.

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

17.2.1. The Contractor must submit:

- 17.2.1.1. 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.
- 17.2.1.2. A written attestation, within 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 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
- 17.2.1.3. 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 12 months and is accessible on the Department's website

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(<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

17.3. Credits and Copyright Ownership

- 17.3.1. 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."
- 17.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 17.3.3. 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.
- 17.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

17.4. Operation of Facilities: Compliance with Laws and Regulations

- 17.4.1. 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.

17.5. Eligibility Determinations

- 17.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 17.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

18. Records

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- 18.1. The Contractor must keep records that include, but are not limited to:
- 18.1.1. 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.
 - 18.1.2. 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.
 - 18.1.3. 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.
 - 18.1.4. Medical records on each patient/recipient of services.
- 18.2. 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.
- 18.3. 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.

19. Maintenance of Fiscal Integrity (Contracts/Amendments)

- 19.1. The Contractor must submit the following financial statements to the Department within 30 calendar days after the end of each month:
- 19.1.1. Balance Sheet for the Contractor's entire organization including all related parties;
 - 19.1.2. Year-to-date Profit and Loss Statement for the Contractor's entire organization that includes, for all related parties:
 - 19.1.2.1. All revenue sources and expenditures; and
 - 19.1.2.2. A budget column allowing for budget to actual analysis;
 - 19.1.3. Year-to-date Profit and Loss Statement for the Program funded under this Agreement that includes:
 - 19.1.3.1. All revenue sources and all related expenditures for the Program; and
 - 19.1.3.2. A budget column allowing for budget to actual analysis; and

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- 19.1.4. Year-to-date Cash Flow Statement for the Contractor's entire organization including all related parties.
- 19.2. The Contractor must ensure all financial statements are prepared based on the accrual method of accounting and include all the Contractor's total revenues and expenditures, whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 19.3. The Contractor's fiscal integrity will be evaluated by the Department using the following Formulas and Performance Standards:
- 19.3.1. Days of Cash on Hand:
- 19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.
- 19.3.1.2. Formula: Cash, cash equivalents and short-term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.
- 19.3.1.3. Performance Standard: The Contractor must have enough cash and cash equivalents to cover expenditures for a minimum of 30 calendar days with no variance allowed.
- 19.3.2. Current Ratio:
- 19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.
- 19.3.2.2. Formula: Total current assets divided by total current liabilities.
- 19.3.2.3. Performance Standard: The Contractor must maintain a minimum current ratio of 1.5:1 with 10% variance allowed.
- 19.3.3. Debt Service Coverage Ratio:
- 19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.
- 19.3.3.2. Definition: The ratio of net income to the year-to-date debt service.
- 19.3.3.3. Formula: Net Income plus depreciation/amortization expense plus interest expense divided by year-to-date debt service (principal and interest) over the next twelve (12) months.
- 19.3.3.4. Source of Data: The Contractor's monthly financial statements identifying current portion of long-term debt payments (principal and interest).

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- 19.3.3.5. Performance Standard: The Contractor must maintain a minimum standard of 1.2:1 with no variance allowed.
- 19.3.4. Net Assets to Total Assets:
 - 19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.
 - 19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.
 - 19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.
 - 19.3.4.4. Source of Data: The Contractor's monthly financial statements.
 - 19.3.4.5. Performance Standard: The Contractor must maintain a minimum ratio of .30:1, with a 20% variance allowed.
- 19.3.5. Operating Surplus:
 - 19.3.5.1. Rationale: The Contractor requires a surplus for fiscal sustainability including covering short-term and long-term liabilities.
 - 19.3.5.2. Definition and Formula: The difference between operating revenue and operating expenses.
 - 19.3.5.3. Source of Data: The Contractor's Year-to-Date financial statements.
 - 19.3.5.4. Performance Standard: The Contractor must maintain an operating surplus.
- 19.4. If the Contractor does not meet either:
 - 19.4.1. The Days of Cash on Hand Performance Standard and the Current Ratio Performance Standard for two (2) consecutive months; or
 - 19.4.2. The Operating Surplus Performance Standard for three (3) consecutive months; or
 - 19.4.3. Three (3) or more of any of the Performance Standards for one (1) month, or any one (1) Performance Standard for three (3) consecutive months, then the Contractor must:
 - 19.4.3.1. Meet with Department staff to explain the reasons that the Contractor has not met the standards; and/or
 - 19.4.3.2. Submit a comprehensive corrective action plan within 30 calendar days of receipt of notice from the Department.
- 19.5. The Contractor must update and submit the corrective action plan to the Department, at least every 30 calendar days, until compliance is achieved. The Contractor must:
 - 19.5.1. Provide additional information to ensure continued access to services as requested by the Department and ensure requested information is submitted

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to the Department in a timeframe agreed upon by both parties.

- 19.6. The Contractor must inform the Department by phone and by email within 24 hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement with the Department.



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Operational Requirements

1. Requirements for Organizational or Program Changes

- 1.1. The Contractor shall provide written notification to the Department no later than 30 days prior to changes in ownership, mergers, asset sales for more than half of the company's assets, sale of a controlling share of the company's voting securities, change of more than 50% of the board of directors, physical location, or name.
- 1.2. The Contractor shall submit a copy of the certificate of amendment from the New Hampshire Secretary of State with the effective date of the change to the Department, when there is a change of the ownership, physical location, or name of the organization.

2. Inspections, Enforcement, Remedies, & Plans of Correction

- 2.1. The Contractor shall comply with all provisions of this Agreement and submit any requested changes, including service provision and/or number of beds provided, in writing, to the Department for review and approval. All Department approved changes, with the exception of adjusting budget line items as described in Exhibit C, must be approved by the Governor and Executive Council through a contract amendment, as required by paragraph 18, Amendment, of the General Provisions, Form P-37.
- 2.2. The Contractor shall allow any Department representative to be admitted on the premises, at any time, to inspect the facility; all programs and services provided through this Agreement; and any records required by this Agreement.
- 2.3. Notwithstanding paragraph 8, Event of Default, and paragraph 9, Termination, of the General Provisions, Form P-37, the Contractor shall be issued a notice of deficiencies when the Department determines that the Contractor is not in compliance with contract requirements. The notice of deficiencies will identify each deficiency and the specific proposed remedy(ies), which may include, but are not limited to:
 - 2.3.1. The requirement of the Contractor to develop and submit a Plan of Correction (POC) to the Department within 21 days of receipt of a notice of deficiencies, for review and acceptance. The Contractor shall ensure the POC:
 - 2.3.1.1. Achieves compliance with contract requirements;
 - 2.3.1.2. Addresses all deficiencies and deficient practices as cited in the notice of deficiencies;
 - 2.3.1.3. Mitigates the likelihood of a new violation of contract requirements as a result of implementation of the POC; and
 - 2.3.1.4. Provides specific and discrete project goals for POC completion, including, but not limited to:
 - 2.3.1.4.1. Steps to be taken to correct each deficiency.
 - 2.3.1.4.2. Measures that will be put in place.
 - 2.3.1.4.3. System changes to be made to ensure that the deficiency does not recur.
 - 2.3.1.4.4. The date by which each deficiency will be corrected.

RFP-2022-BDAS-01-SUBST-10-A04 Hope on Haven Hill, Inc.

Contractor Initials

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Date



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- 2.3.2. A Department-directed POC, specifying the corrective action steps to be taken by the Contractor. The Contractor will receive a department-directed POC with the notice of deficiencies when:
 - 2.3.2.1. Deficiencies were identified during an inspection that require immediate corrective action to protect the health and safety of the individuals receiving services or staff providing services.
 - 2.3.2.2. The original POC is not submitted within 21 days of the date of the written notification of deficiencies;
 - 2.3.2.3. The revised POC from Section 2.4.1 is rejected by the Department; or
 - 2.3.2.4. The POC is not implemented by the completion date identified in the Department-accepted POC.
- 2.4. The Department shall notify the Contractor of the reasons for rejection of the POC, if the POC is not accepted. The Contractor shall:
 - 2.4.1. Develop and submit a revised POC within 21 days of the date of the written notification of POC rejections.
 - 2.4.2. Ensure the revised POC complies with POC standards identified above.
- 2.5. The Contractor shall, upon request, admit and allow the Department access to the premises and records related to the Department-accepted and/or Department-directed POC, after the completion date identified in the POC, in order to verify the implementation of the POC, which may include, but are not limited to:
 - 2.5.1. Review of materials submitted by the Contractor;
 - 2.5.2. Follow-up inspection; or
 - 2.5.3. Review of compliance during the next scheduled inspection.

3. Duties and Responsibilities

- 3.1. The Contractor shall monitor, assess, and improve, as necessary, the quality of care and service provided to individuals on an ongoing basis.
- 3.2. The Contractor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Contractor.
- 3.3. The Contractor shall employ an administrator responsible for the day-to-day operations of services provided in this Agreement. The Contractor shall:
 - 3.3.1. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
 - 3.3.2. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Contractor, the staff position(s) to be delegated, and the authority and responsibility to act in the administrator's behalf when the administrator is absent.
- 3.4. The Contractor shall ensure the following documents are posted in a public area:
 - 3.4.1. A copy of the Contractor's policies and procedures relative to the implementation of rights and responsibilities for individuals receiving services,



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including confidentiality per NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2; and

- 3.4.2. The Contractor's plan for fire safety, evacuation, and emergencies, identifying the location of, and access to all fire exits.
- 3.5. The Contractor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
- 3.6. The Contractor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
- 3.7. The Contractor shall follow the required procedures for the care of the individuals, as specified by the United States Centers for Disease Control and Prevention "Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings", November 2023 , for residential programs, if the Contractor accepts an individual who is known to have a disease reportable under NH Administrative Rule He-P 301, or an infectious disease.
- 3.8. The Contractor shall comply with state and federal regulations on confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12.
- 3.9. The Contractor shall develop policies and procedures regarding the release of information contained in individual service records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:12
- 3.10. The Contractor shall ensure all records relating to services provided through this Agreement are legible, current, accurate, and available to the Department during an inspection or investigation.
- 3.11. The Contractor shall ensure service site(s) are accessible to individuals with a disability, using Americans with Disabilities Act accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq. The Contractor shall ensure service sites include:
 - 3.11.1. A reception area separate from living and treatment areas;
 - 3.11.2. A private space for personal consultation, charting, treatment and social activities, as applicable;
 - 3.11.3. Secure storage of active and closed confidential individual records; and
 - 3.11.4. Separate and secure storage of toxic substances.
- 3.12. The Contractor shall establish a code of ethics for staff that includes a mechanism for reporting unethical conduct.
- 3.13. The Contractor shall develop, implement, and maintain specific policies, including:
 - 3.13.1. Rights, grievance, and appeals policies and procedures for individuals receiving services;
 - 3.13.2. Progressive discipline, leading to administrative discharge;
 - 3.13.3. Reporting and appealing staff grievances;
 - 3.13.4. Alcohol and other drug use while in treatment;
 - 3.13.5. Individual and employee smoking that are in compliance with Exhibit B, Scope of Services;



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- 3.13.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
- 3.13.7. Holding an individual's possessions;
- 3.13.8. Secure storage of staff medications;
- 3.13.9. Medication belonging to individuals receiving services;
- 3.13.10. Urine specimen collection, as applicable, that:
 - 3.13.10.1. Ensures collection is conducted in a manner that preserves individual privacy as much as possible; and
 - 3.13.10.2. Minimizes falsification;
- 3.13.11. Safety and emergency procedures on:
 - 3.13.11.1. Medical emergencies;
 - 3.13.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 3.13.11.3. Reporting injuries;
 - 3.13.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures; and
 - 3.13.11.5. Emergency closings.
- 3.13.12. The Contractor shall develop, implement and maintain procedures for:
 - 3.13.12.1. Protection of individual records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 3.13.12.2. Quality assurance and improvement.

4. Collection of Fees

- 4.1. The Contractor shall maintain procedures regarding collections from individuals for fees, co-insurance payments, cost-shares, private or public insurance, and other payers responsible for the individual's finances; and
- 4.2. The Contractor shall provide the individual, and the individual's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge at the time of screening and admission.

5. Screening and Denial of Services

- 5.1. The Contractor shall maintain a record of all individual screenings, including:
 - 5.1.1. The individual's name and/or unique identifier;
 - 5.1.2. The individual's referral source;
 - 5.1.3. The date of initial contact from the individual or referring agency;
 - 5.1.4. The date of screening; and

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- 5.1.5. The result of the screening, including the reason for denial of services if applicable.
- 5.2. The Contractor shall record all referrals to and coordination with New Hampshire's The Doorways program and other interim services, or the reason that the referral was not made, for any individual who is placed on a waitlist. The Contractor shall:
 - 5.2.1. Record all contact with the individual between screening and removal from the waitlist; and
 - 5.2.2. Record the date the individual was removed from the waitlist and the reason for removal.
- 5.3. In the instance an individual requesting services is denied service(s), the Contractor shall:
 - 5.3.1. Inform the individual of the reason for the denial of service(s); and
 - 5.3.2. Assist the individual in identifying and accessing appropriate available treatment.
- 5.4. The Contractor shall not deny services to an individual solely because the individual:
 - 5.4.1. Previously left treatment against the advice of staff;
 - 5.4.2. Relapsed from an earlier treatment;
 - 5.4.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 5.4.4. Has been diagnosed with a mental health disorder.
- 5.5. The Contractor shall report on denial of services to individuals at the request of the Department.
6. **Staffing Requirements**
 - 6.1. The Contractor shall develop current job descriptions for all staff, including contracted staff, volunteers, and student interns, which includes:
 - 6.1.1. Job title;
 - 6.1.2. Physical requirements of the position;
 - 6.1.3. Education and experience requirements of the position;
 - 6.1.4. Duties of the position;
 - 6.1.5. Positions supervised; and
 - 6.1.6. Title of immediate supervisor.
 - 6.2. The Contractor shall develop and implement policies regarding criminal background checks of prospective employees, which includes, but is not limited to:
 - 6.2.1. Requiring a prospective employee to sign a release to allow the Contractor to conduct a criminal record check.
 - 6.2.2. Requiring the administrator or designee to obtain and review criminal record checks from the New Hampshire Department of Safety for each prospective employee.

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- 6.2.3. Ensuring criminal record check standards are reviewed to ensure the health, safety, or well-being of individuals; violation of shall be reason for non-selection for employment, including the following:
 - 6.2.3.1. Felony convictions in this or any other state;
 - 6.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 6.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
- 6.2.4. Waiver of the criminal background check, granted by the Department, for good cause shown.
- 6.3. The Contractor shall ensure all staff, which includes contracted staff, meet the educational, experiential, and physical qualifications of the position as listed in their job description. The Contractor shall ensure staff:
 - 6.3.1. Do not violate the criminal background standards established by 7.2.3 above, unless waived by the Department for good cause shown;
 - 6.3.2. Are licensed, registered or certified as required by state statute and as applicable;
 - 6.3.3. Receive an orientation within the first three (3) days of work or prior to direct contact with individuals, which includes:
 - 6.3.3.1. The Contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 6.3.3.2. The Contractor's policies on the rights, responsibilities, and complaint procedures for individuals receiving services;
 - 6.3.3.3. Federal and state confidentiality requirements;
 - 6.3.3.4. Grievance procedures;
 - 6.3.3.5. Job duties, responsibilities, policies, procedures, and guidelines;
 - 6.3.3.6. Topics covered by both the administrative and personnel manuals;
 - 6.3.3.7. The Contractor's infection prevention program;
 - 6.3.3.8. The Contractor's fire, evacuation, and other emergency plans which outline the responsibilities of staff in an emergency; and
 - 6.3.3.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F:46 and RSA 169-C:29; and
 - 6.3.4. Sign and date documentation that they have taken part in an orientation as described above;
 - 6.3.5. Complete a mandatory annual in-service education, which includes a review of all elements described above.
- 6.4. The Contractor shall ensure, prior to having contact with individuals receiving services, that employees and contracted employees:

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- 6.4.1. Submit proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 6.4.1.1. The name of the examinee;
 - 6.4.1.2. The date of the examination;
 - 6.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 6.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 6.4.1.5. The dated signature of the licensed health practitioner;
- 6.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
- 6.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to *Mycobacterium* TB through shared air space with persons with infectious TB.
- 6.5. The Contractor shall ensure employees, contracted employees, volunteers and independent Contractors who have direct contact with individuals who have a history of TB, or a positive skin test, have a TB symptomatology screening test.
- 6.6. The Contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student intern, volunteer, and contracted staff, which includes, but is not limited to:
 - 6.6.1. A completed application for employment or a resume;
 - 6.6.2. Identification data;
 - 6.6.3. The education and work experience of the employee;
 - 6.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 6.6.4.1. Position title;
 - 6.6.4.2. Qualifications and experience; and
 - 6.6.4.3. Duties required by the position;
 - 6.6.5. Written verification that the person meets the Contractor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;
 - 6.6.6. A signed and dated record of orientation as required above;
 - 6.6.7. A copy of each current New Hampshire license, registration or certification in a relevant health care field and CPR certification, if applicable;
 - 6.6.8. Records and results of screening for communicable diseases as required above;

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- 6.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 6.6.10. Documentation of annual in-service education, as required above, that includes dates of completion and signatures of staff;
- 6.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 6.6.12. A signed statement acknowledging the receipt of the Contractor's policy setting forth the individual's rights and responsibilities, confidentiality requirements, training, and implementation of the policy;
- 6.6.13. A statement, which shall be signed at the time the initial offer of employment, and is then executed annually thereafter, stating that the individual:
 - 6.6.13.1. Does not have a felony conviction in this or any other state;
 - 6.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation, or poses a threat to the health, safety or well-being of any individual; and
 - 6.6.13.3. Has not had a finding by the Department, or any other administrative agency in NH, or any other state, for assault, fraud, abuse, neglect or exploitation of any person; and
- 6.6.14. Documentation of the criminal records check and any waivers, as applicable.
- 6.7. An individual need not re-disclose any of the matters in the criminal background check if the documentation is available and the Contractor has previously reviewed the material and has been granted a waiver by the Department, so that the individual can continue employment.

7. Clinical Supervision of Unlicensed Counselors

- 7.1. The Contractor shall ensure all unlicensed counselors providing treatment, education and/or recovery support services; and all uncertified CRSWs, are under the direct supervision of a licensed supervisor.
- 7.2. The Contractor shall ensure no licensed supervisor supervises more than 12 unlicensed staff, unless the Department has approved an alternative supervision plan.
- 7.3. The Contractor shall ensure unlicensed counselors receive a minimum of one (1) hour of supervision for every 40 hours of direct contact with individuals receiving services;
- 7.4. The Contractor shall ensure supervision is provided on an individual or group basis, or both, depending upon the employees' needs, experience and skill levels;
- 7.5. The Contractor shall ensure supervision includes:
 - 7.5.1. Review of case records;
 - 7.5.2. Observation of interactions with individuals receiving services;
 - 7.5.3. Skill development; and
 - 7.5.4. Review of case management activities;



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- 7.6. The Contractor shall ensure supervisors maintain a log of the supervision date, duration, content and who was supervised by whom; and
- 7.7. The Contractor shall ensure staff who are licensed or certified shall receive supervision in accordance with the requirements of their licensure.

8. Orientation for Individuals Receiving Services

- 8.1. The Contractor shall conduct an orientation for individuals receiving services upon admission to program, either individually or by group, that includes:
 - 8.1.1. Rules, policies, and procedures of the program and facility;
 - 8.1.2. Requirements for successfully completing the program;
 - 8.1.3. The administrative discharge policy and the grounds for administrative discharge;
 - 8.1.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and
 - 8.1.5. Requiring the individual to sign and date a receipt that the orientation was conducted.

9. Progress notes

- 9.1. The Contractor shall ensure progress notes are completed for each individual, group, family treatment, or education session.
- 9.2. The Contractor shall ensure progress notes include, but are not limited to:
 - 9.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as applicable, as they relate to the current treatment plan;
 - 9.2.2. Assessments, including progress, evaluation of any interventions, and any obstacles or barriers; and
 - 9.2.3. Plans, including tasks to be completed between sessions and objectives for the next session.

10. Discharge

- 10.1. The Contractor shall discharge an individual from a program for the following reasons:
 - 10.1.1. Program completion or transfer based on changes in the individual's functioning relative to the American Society of Addiction Medicine Criteria published in October 2013, (ASAM);
 - 10.1.2. Program termination, including:
 - 10.1.2.1. Administrative discharge;
 - 10.1.2.2. Non-compliance with the program; and
 - 10.1.2.3. The individual leaving the program before completion against advice of treatment staff;
 - 10.1.3. The individual is inaccessible, due to reasons that may include incarceration or hospitalization.

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- 10.2. The Contractor shall forward copies of all the relevant patient and treatment information to a receiving provider when discharging an individual to another treatment provider, upon receiving a signed release of confidential information from the individual seeking treatment.
- 10.3. The Contractor shall ensure the counselor and case manager meet with the individual prior to discharge or transfer to establish a continuing care plan. The Contractor shall ensure the continuing care plan:
 - 10.3.1. Includes recommendations for continuing care in all ASAM domains;
 - 10.3.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 10.3.3. Assists the individual in making contact with other agencies or services.
- 10.4. The Contractor shall ensure the counselor documents, in the individual's service record, if and why the meeting described above could not take place.
- 10.5. The Contractor shall ensure individuals receiving services through this Agreement are only administratively discharged for the following reasons:
 - 10.5.1. The individual's behavior on program premises is abusive, violent, or illegal;
 - 10.5.2. The individual is non-compliant with prescription medications;
 - 10.5.3. Clinical staff documents therapeutic reasons for discharge, which may include the individual's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 10.5.4. The individual violates program rules in a manner that is consistent with the Contractor's progressive discipline policy.
- 10.6. The Contractor shall ensure individuals are offered the opportunity to create a continuing care plan to receive services at another substance use treatment agency, prior to being administratively discharged.

11. Individual Service Record System

- 11.1. The Contractor shall implement a comprehensive system in paper and/or electronic format to maintain service records for each individual receiving services. The Contractor shall ensure service records are:
 - 11.1.1. Organized into related sections with entries in chronological order;
 - 11.1.2. Easy to read and understand;
 - 11.1.3. Complete, containing all the relevant client information;
 - 11.1.4. In compliance with all applicable confidentiality laws, including 42 CFR Part 2 and Exhibit K, DHHS Information Security Requirements;
 - 11.1.5. Up-to-date, including notes on the most recent contact interactions; and
 - 11.1.6. Accessible to the Department upon request.

12. Medication Services

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- 12.1. The Contractor shall ensure no administration of medications, including physician samples, occur except by a licensed medical practitioner working within their scope of practice.
- 12.2. The Contractor shall ensure all prescription medications brought by an individual to the program are in their original containers and legibly display the following information:
 - 12.2.1. The individual's name;
 - 12.2.2. The medication name and strength;
 - 12.2.3. The prescribed dose;
 - 12.2.4. The route of administration;
 - 12.2.5. The frequency of administration; and
 - 12.2.6. The date ordered.
- 12.3. The Contractor shall ensure any change or discontinuation of prescription medications includes a written order from a licensed practitioner.
- 12.4. The Contractor shall ensure all prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the individual's person or stored in the individual's room, are stored as follows:
 - 12.4.1. All medications are kept in a storage area that is:
 - 12.4.1.1. Locked and accessible only to authorized personnel;
 - 12.4.1.2. Organized to allow correct identification of each individual's medication(s);
 - 12.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 12.4.1.4. Equipped to maintain medication at the proper temperature;
 - 12.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, are kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel.
- 12.5. The Contractor shall ensure medication belonging to staff members are only accessible to staff members and are stored separately from medications belonging to individuals receiving services.
- 12.6. The Contractor shall ensure over-the-counter medications brought into the program by individuals receiving services are:
 - 12.6.1. In original, unopened containers;
 - 12.6.2. Are stored in accordance with this Exhibit B-1 section 13.4.1;
 - 12.6.3. Are marked with the name of the individual using the medication; and
 - 12.6.4. Are taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.
- 12.7. The Contractor shall ensure all medications self-administered by an individual, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the



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individual without supervision, are supervised by the program staff. The Contractor shall ensure staff:

- 12.7.1. Remind the individual to take the correct dose of their medication at the correct time;
- 12.7.2. May open the medication container but do not physically handle the medication itself in any manner;
- 12.7.3. Remain with the individual to observe them taking the prescribed dose and type of medication; and
- 12.7.4. Document each medication taken in an individual's medication log, which includes:
 - 12.7.4.1. The medication name, strength, dose, frequency and route of administration;
 - 12.7.4.2. The date and the time the medication was taken;
 - 12.7.4.3. The signature or identifiable initials of the staff supervising the consumption of the medication by the individual receiving services; and
 - 12.7.4.4. The reason for any medication refused or omitted, as applicable.

12.8. The Contractor shall ensure the individual's medication log is included in the individual's record and any remaining medication is taken with the individual upon their discharge.

13. Notice of Rights for Individuals Receiving Services

- 13.1. The Contractor shall ensure programs inform individuals of their rights in clear, understandable language and format, both verbally and in writing. The Contractor shall ensure:
 - 13.1.1. Applicants for services are informed of their rights to evaluations and access to treatment;
 - 13.1.2. Individuals are advised of their rights upon entry into any program and annually thereafter; and
 - 13.1.3. Initial and annual notifications of individual rights are documented in the individual's record.
- 13.2. The Contractor shall ensure every program within the service delivery system posts a notice of the individual rights, per Section 14.2.3 below, as follows:
 - 13.2.1. The notice is continually posted in an area accessible by all;
 - 13.2.2. The notice is presented in clear, understandable language and forms; and
 - 13.2.3. Each program and residence has, on the premises, complete copies of the rules pertaining to individual rights that are available for individual review.

14. Fundamental Rights of Individuals Receiving Services

- 14.1. The Contractor shall ensure no individual receiving treatment for a substance use disorder is deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.

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15. Personal Rights

- 15.1. The Contractor shall ensure individuals, who are applicants for services or are receiving services, are treated by program staff with dignity and respect at all times.
- 15.2. The Contractor shall ensure individuals are free from abuse, neglect and exploitation which may include, but is not limited to:
 - 15.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;
 - 15.2.2. Freedom from the intentional use of physical force except the minimum force necessary to prevent harm to the individual or others; and
 - 15.2.3. Freedom from personal or financial exploitation.
- 15.3. The Contractor shall ensure individuals receiving services retain the right to privacy.

16. Client Confidentiality

- 16.1. The Contractor shall comply with the confidentiality requirements in 42 CFR part 2.
- 16.2. The Contractor shall ensure copies of individual service records for the individual, attorney or other authorized person are available at no charge for the first 25 pages and not more than \$0.25 per page thereafter, after review of the record.
- 16.3. The Contractor shall ensure, if a minor age 12 or older is treated for substance use disorders without parental consent as authorized by RSA 318:B12-a:
 - 16.3.1. The minor's signature alone authorizes a disclosure; and
 - 16.3.2. Any disclosure to the minor's parents or guardians requires a signed authorization to release.

17. Grievances of Individuals Receiving Services

- 17.1. The Contractor shall ensure individuals receiving services have the right to complain about any matter, including any alleged violation of a right afforded by this Exhibit B-1 or by any state or federal law or rule.
- 17.2. The Contractor shall ensure any person has the right to complain or bring a grievance on behalf of an individual or a group of individuals.

18. Treatment Rights

- 18.1. The Contractor shall ensure individuals receiving services have the right to adequate and humane treatment, including:
 - 18.1.1. The right of access to treatment including:
 - 18.1.1.1. The right to evaluation to determine an individual's need for services and to determine which programs are most suited to provide the services needed; and
 - 18.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and
 - 18.1.2. The right to quality treatment including:



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- 18.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the individuals and programs providing the treatment and to the conditions for which the individual is being treated;
- 18.1.3. The right to receive services in such a manner as to promote the individual's full participation in the community;
- 18.1.4. The right to receive all services or treatment to which an individual is entitled in accordance with the time frame set forth in the individual's treatment plan;
- 18.1.5. The right to an individual treatment plan developed, reviewed and revised to address the individual's own goals;
- 18.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the individual to participate in meaningful activities in the communities in which the individual lives and works;
- 18.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment, including programs which least restrict:
 - 18.1.7.1. Freedom of movement; and
 - 18.1.7.2. Participation in the community, while providing the level of support needed by the individual;
- 18.1.8. The right to be informed of all significant risks, benefits, side effects, and alternative treatment and services, and to give consent to any treatment, placement, or referral following an informed decision such that:
 - 18.1.8.1. Whenever possible, the consent shall be given in writing; and
 - 18.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;
- 18.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 18.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 18.1.11. The right to voluntary placement, including the right to:
 - 18.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 18.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 18.1.12. The right to services which promote independence, including services directed toward:
 - 18.1.12.1. Eliminating, or reducing as much as possible, the individual's needs for continued services and treatment; and
 - 18.1.12.2. Promoting the ability of the individuals to function at their highest capacity and as independently as possible;
- 18.1.13. The right to refuse medication and treatment;

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- 18.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 18.1.15. The right to consultation and second opinion including:
 - 18.1.15.1. At the individual's own expense, the consultative services of private physicians, psychologists, LADCs, and other health practitioners; and
 - 18.1.15.2. Granting to such health practitioners reasonable access to the individual, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to programs regarding the services and treatment provided by the programs;
- 18.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring an individual's participation and informed decision-making, including guardian, representative, attorney, family member, advocate, or consultant; and
- 18.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical, or pharmacological restraint, unless the individual is at risk of self-harm or harm to others.
- 18.2. The Contractor shall ensure no treatment professional is required to administer treatment contrary to such professional's clinical judgment.
- 18.3. The Contractor shall ensure programs maximize the decision-making authority of the individual.
- 18.4. The Contractor shall ensure the following provisions apply to individuals for whom a guardian has been appointed by a court:
 - 18.4.1. The guardian and all individuals involved in the provision of services are made aware of the individual's views, preferences and aspirations;
 - 18.4.2. A guardian only makes decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 18.4.3. The program requests a copy of the guardianship order from the guardian;
 - 18.4.4. The order is kept in the individual's record at the program;
 - 18.4.5. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the individual's choice and preference relative to those issues prevail unless the guardian's authority is expanded by the court to include those issues;
 - 18.4.6. A program takes steps that are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 18.4.6.1. Reviewing with the guardian the limits on their decision-making authority; and
 - 18.4.6.2. Bringing the matter to the attention of the court that appointed the guardian, if necessary;

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- 18.4.7. The guardian acts in a manner that furthers the best interests of the individual;
- 18.4.8. In acting in the best interests of the individual, the guardian takes the views, preferences, and aspirations of the individual into consideration;
- 18.4.9. The program takes steps that are necessary to prevent a guardian from acting in a manner that does not further the best interests of the individual and, if necessary, brings the matter to the attention of the court that appointed the guardian; and
- 18.4.10. In the event that there is a dispute between the program and the guardian, the program informs the guardian of their right to bring the dispute to the attention of the court that appointed the guardian.

19. Termination of Services

- 19.1. The Contractor shall terminate an individual from services if the individual:
 - 19.1.1. Endangers or threatens to endanger other individuals or staff, or engages in illegal activity on the property of the program;
 - 19.1.2. Is no longer benefiting from the service(s) provided;
 - 19.1.3. Cannot agree with the Contractor on a mutually acceptable course of treatment;
 - 19.1.4. Refuses to pay for the services received despite having the financial resources to do so; or
 - 19.1.5. Refuses to apply for benefits that could cover the cost of the services received despite the fact that the individual is or may be eligible for benefits.
- 19.2. The Contractor shall ensure termination does not occur unless the program has given both written and verbal notice to the individual and individual's guardian, if any, that:
 - 19.2.1. Identifies the effective date of termination;
 - 19.2.2. Lists the clinical or managerial reasons for termination; and
 - 19.2.3. Explains the individual's right to appeal and the appeals process.
- 19.3. The Contractor shall document in the service record of an individual who has been terminated that:
 - 19.3.1. The individual has been notified of the termination; and
 - 19.3.2. The termination has been approved by the program administrator.
- 19.4. The Contractor shall ensure policies governing individual behavior within a residential treatment program are developed, implemented, and available to the Department as requested. The Contractor shall ensure:
 - 19.4.1. Individuals are informed of any house policies upon admission to the residence.
 - 19.4.2. House policies are posted and such policies shall conform with this section.
 - 19.4.3. House policies are periodically reviewed for compliance with this section in connection with quality assurance site visits.
 - 19.4.4. Development of policies and procedures allowing searches for alcohol and illicit drugs to be conducted;

RFP-2022-BDAS-01-SUBST-10-A04 Hope on Haven Hill, Inc.

Contractor Initials

Initial
LN



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 19.4.4.1. Upon the individual's admission to the program; and
- 19.4.4.2. If probable cause exists, including such proof as:
 - 19.4.4.2.1. A positive test showing presence of alcohol or illegal drugs; or
 - 19.4.4.2.2. Showing physical signs of intoxication or withdrawal.

20. State and Federal Requirements

- 20.1. If there is any error, omission, or conflict in the requirements listed below, the applicable federal, state, and local regulations, rules and requirements shall take precedence. The requirements specified below are provided herein to improve the Contractor's compliance.
- 20.2. The Contractor agrees to the following state and/or federal requirements for specialty treatment for pregnant and parenting women:
 - 20.2.1. The program treats the family as a unit and, therefore, admits both women and their children into treatment, if appropriate.
 - 20.2.2. The program provides or arranges for primary medical care for women who are receiving substance use disorder services, including prenatal care.
 - 20.2.3. The program provides or arranges for childcare when the women are receiving services.
 - 20.2.4. The program provides or arranges for primary pediatric care for the women's children, including immunizations.
 - 20.2.5. The program provides or arranges for gender-specific substance use disorder treatment and other therapeutic interventions for women that may address issues in their relationships like sexual abuse, physical abuse, neglect, and parenting.
 - 20.2.6. The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
 - 20.2.7. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services described above.
- 20.3. The Contractor shall assist the individual in finding and engaging in a service, which may include, but is not limited to, helping the individual locate an appropriate provider, referring individuals to the needed service provider, setting up appointments for individuals with those providers, and assisting the individual with attending appointments with the service provider(s).
- 20.4. The Contractor agrees to the following state and federal requirements for all programs in this Contract as follows:
 - 20.4.1. Within seven (7) days of reaching 90% capacity, the program shall notify the Department that 90% capacity has been reached.



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 20.4.2. The program admits each individual who requests and is in need of treatment for intravenous drug use not later than:
 - 20.4.2.1. 14 days after making the request; or
 - 20.4.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program.
- 20.4.3. The program has established a waitlist that includes a unique patient identifier for each injection drug user seeking treatment, including individuals receiving interim services while awaiting admission.
- 20.4.4. The program has a mechanism that enables it to:
 - 20.4.4.1. Maintain contact with individuals awaiting admission;
 - 20.4.4.2. Admit or transfer waiting list individuals at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the individual; and
 - 20.4.4.3. The program takes individuals awaiting treatment off the waiting list only when one of the following conditions exist:
 - 20.4.4.3.1. Individuals cannot be located for admission into treatment; or
 - 20.4.4.3.2. Individuals refuse treatment
- 20.4.5. The program includes activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
- 20.4.6. The program has procedures for:
 - 20.4.6.1. Selecting, training, and supervising outreach workers.
 - 20.4.6.2. Contacting, communicating, and following up with individuals at high-risk of substance misuse, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - 20.4.6.3. Promoting awareness among people who inject drugs about the relationship between injection drug use and communicable diseases.
 - 20.4.6.4. Recommending steps to prevent communicable diseases.
- 20.4.7. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide inpatient hospital substance use disorder services, except in cases when each of the following conditions is met:
 - 20.4.7.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- 20.4.7.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
- 20.4.7.3. A physician makes a determination that the following conditions have been met:
 - 20.4.7.3.1. The primary diagnosis of the individual is substance use disorder and the physician certifies that fact;
 - 20.4.7.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program;
 - 20.4.7.3.3. The service can be reasonably expected to improve the person's condition or level of functioning;
 - 20.4.7.3.4. The hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and
 - 20.4.7.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 20.4.8. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- 20.4.9. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 20.4.10. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- 20.4.11. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- 20.4.12. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 20.4.13. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 20.4.14. The program uses the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 20.4.14.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for

Initial
KN



**New Hampshire of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services**

- medical expenses, any grant program, any private health insurance, or any other benefit program; and
- 20.4.14.2. Secure payments from individuals for services in accordance with their ability to pay.
- 20.4.15. The Contractor shall comply with all relevant state and federal laws such as, but not limited to:
- 20.4.15.1. The Contractor shall, upon the direction of the Department, provide court-ordered evaluations and charge a sliding rate fee based on the scale in Exhibit C, Payment Terms. The Contractor shall then submit the court-ordered evaluation to the authorized requestor and shall, upon the direction of the Department, offer treatment to those individuals.
- 20.4.15.2. The Contractor shall comply with the legal requirements governing human subjects research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Contractors must inform and receive the Department's approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.

Exhibit C-17, Women's Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Hope on Haven Hill, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svcs

Service: SUD Svcs/IOP

Budget Period: 7/1/25-6/30/26

Line /Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 350,000.00		\$ 350,000.00	\$ 290,000.00	\$ -	\$ 290,000.00	\$ 60,000.00	\$ -	\$ 60,000.00
2. Employee Benefits	\$ 70,000.00		\$ 70,000.00	\$ 58,000.00	\$ -	\$ 58,000.00	\$ 12,000.00	\$ -	\$ 12,000.00
3. Consultants	\$ 14,000.00		\$ 14,000.00	\$ 11,075.00	\$ -	\$ 11,075.00	\$ 2,925.00	\$ -	\$ 2,925.00
4. Equipment:	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 10,000.00		\$ 10,000.00	\$ 7,500.00	\$ -	\$ 7,500.00	\$ 2,500.00	\$ -	\$ 2,500.00
Repair and Maintenance	\$ 25,000.00		\$ 25,000.00	\$ 21,000.00	\$ -	\$ 21,000.00	\$ 4,000.00	\$ -	\$ 4,000.00
Purchase/Depreciation	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 2,500.00		\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Lab	\$ 2,500.00		\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Pharmacy	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Medical	\$ 2,500.00		\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Office	\$ 30,000.00		\$ 30,000.00	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
6. Travel	\$ 2,000.00		\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 75,000.00		\$ 75,000.00	\$ 60,000.00	\$ -	\$ 60,000.00	\$ 15,000.00	\$ -	\$ 15,000.00
8. Current Expenses	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 6,000.00		\$ 6,000.00	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 1,000.00	\$ -	\$ 1,000.00
Postage	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Subscriptions	\$ 2,000.00		\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Audit and Legal	\$ 16,000.00		\$ 16,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
Insurance	\$ 28,000.00		\$ 28,000.00	\$ 22,000.00	\$ -	\$ 22,000.00	\$ 6,000.00	\$ -	\$ 6,000.00
Board Expenses	\$ 2,500.00		\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
9. Software	\$ 2,100.00		\$ 2,100.00	\$ 1,600.00	\$ -	\$ 1,600.00	\$ 500.00	\$ -	\$ 500.00
10. Marketing/Communications	\$ 8,500.00		\$ 8,500.00	\$ 7,000.00	\$ -	\$ 7,000.00	\$ 1,500.00	\$ -	\$ 1,500.00
11. Staff Education and Training	\$ 12,000.00		\$ 12,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 1,000.00	\$ -	\$ 1,000.00
12. Subcontracts/Agreements	\$ 10,000.00		\$ 10,000.00	\$ 9,500.00	\$ -	\$ 9,500.00	\$ 500.00	\$ -	\$ 500.00
13. Other (specific details mandatory):	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Childcare	\$ -		\$ -	\$ (500.00)	\$ -	\$ (500.00)	\$ 500.00	\$ -	\$ 500.00
Wraparound & Recovery Support	\$ 20,000.00		\$ 20,000.00	\$ 16,000.00	\$ -	\$ 16,000.00	\$ 4,000.00	\$ -	\$ 4,000.00
Transportation	\$ 4,000.00		\$ 4,000.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
Indirect As A Percent of Direct	\$ 98,430.00		\$ 98,430.00	\$ 80,020.00	\$ -	\$ 80,020.00	\$ 18,410.00	\$ -	\$ 18,410.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 797,530.00	\$ -	\$ 797,530.00	\$ 651,195.00	\$ -	\$ 651,195.00	\$ 146,335.00	\$ -	\$ 146,335.00

Indirect As A Percent of Direct

0.0%

\$ 146,335.00

146,335.00

Contractor Initials

Exhibit C-18, Transitional Living Program Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Hope on Haven Hill, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svcs

Service: TLP Svcs/Abi's

Budget Period: 7/1/25-6/30/26

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 225,000.00		\$ 225,000.00	\$ 175,000.00	\$ -	\$ 175,000.00	\$ 50,000.00	\$ -	\$ 50,000.00
2. Employee Benefits	\$ 45,000.00		\$ 45,000.00	\$ 35,000.00	\$ -	\$ 35,000.00	\$ 10,000.00	\$ -	\$ 10,000.00
3. Consultants	\$ 15,000.00		\$ 15,000.00	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
4. Equipment:	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 6,600.00		\$ 6,600.00	\$ 5,900.00	\$ -	\$ 5,900.00	\$ 700.00	\$ -	\$ 700.00
Repair and Maintenance	\$ 26,000.00		\$ 26,000.00	\$ 23,000.00	\$ -	\$ 23,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Purchase/Depreciation	\$ 1,000.00		\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Lab	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Pharmacy	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Medical	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Office	\$ 10,000.00		\$ 10,000.00	\$ 7,500.00	\$ -	\$ 7,500.00	\$ 2,500.00	\$ -	\$ 2,500.00
6. Travel	\$ 1,000.00		\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 50,000.00		\$ 50,000.00	\$ 36,545.00	\$ -	\$ 36,545.00	\$ 13,455.00	\$ -	\$ 13,455.00
8. Current Expenses	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,600.00		\$ 3,600.00	\$ 3,100.00	\$ -	\$ 3,100.00	\$ 500.00	\$ -	\$ 500.00
Postage	\$ 900.00		\$ 900.00	\$ 400.00	\$ -	\$ 400.00	\$ 500.00	\$ -	\$ 500.00
Subscriptions	\$ 800.00		\$ 800.00	\$ 300.00	\$ -	\$ 300.00	\$ 500.00	\$ -	\$ 500.00
Audit and Legal	\$ 14,000.00		\$ 14,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Insurance	\$ 25,000.00		\$ 25,000.00	\$ 15,600.00	\$ -	\$ 15,600.00	\$ 9,400.00	\$ -	\$ 9,400.00
Board Expenses	\$ 1,000.00		\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
9. Software	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
10. Marketing/Communications	\$ 10,000.00		\$ 10,000.00	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
11. Staff Education and Training	\$ 3,500.00		\$ 3,500.00	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 1,000.00	\$ -	\$ 1,000.00
12. Subcontracts/Agreements	\$ 1,500.00		\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
13. Other (specific details mandatory):	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Childcare	\$ 2,500.00		\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Wraparound & Recovery Support	\$ 10,000.00		\$ 10,000.00	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 4,000.00	\$ -	\$ 4,000.00
Transportation	\$ 5,000.00		\$ 5,000.00	\$ 4,500.00	\$ -	\$ 4,500.00	\$ 500.00	\$ -	\$ 500.00
Indirect As A Percent of Direct	\$ 65,017.00		\$ 65,017.00	\$ 55,059.50	\$ -	\$ 55,059.50	\$ 9,957.50	\$ -	\$ 9,957.50
	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 529,917.00	\$ -	\$ 529,917.00	\$ 410,904.50	\$ -	\$ 410,904.50	\$ 119,012.50	\$ -	\$ 119,012.50

Indirect As A Percent of Direct

0.0%

\$ 119,012.50

119,012.50 119,012.50

Contractor Initials

 Date Signed 4/24/2025

Exhibit C-19, Residential Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Hope on Haven Hill, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svcs

Service: Residential Tx

Budget Period: 7/1/25-6/30/26

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 900,000.00	\$ -	\$ 900,000.00	\$ 640,000.00	\$ -	\$ 640,000.00	\$ 260,000.00	\$ -	\$ 260,000.00
2. Employee Benefits	\$ 180,000.00	\$ -	\$ 180,000.00	\$ 131,000.00	\$ -	\$ 131,000.00	\$ 49,000.00	\$ -	\$ 49,000.00
3. Consultants	\$ 42,000.00	\$ -	\$ 42,000.00	\$ 37,000.00	\$ -	\$ 37,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
Repair and Maintenance	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 20,000.00	\$ -	\$ 20,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
Purchase/Depreciation	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 4,250.00	\$ -	\$ 4,250.00	\$ 750.00	\$ -	\$ 750.00
Lab	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Pharmacy	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Medical	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 10,500.00	\$ -	\$ 10,500.00	\$ 1,500.00	\$ -	\$ 1,500.00
Office	\$ 30,000.00	\$ -	\$ 30,000.00	\$ 20,000.00	\$ -	\$ 20,000.00	\$ 10,000.00	\$ -	\$ 10,000.00
6. Travel	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 125,000.00	\$ -	\$ 125,000.00	\$ 91,000.00	\$ -	\$ 91,000.00	\$ 34,000.00	\$ -	\$ 34,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Postage	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
Subscriptions	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Audit and Legal	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 17,000.00	\$ -	\$ 17,000.00	\$ 8,000.00	\$ -	\$ 8,000.00
Insurance	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 17,000.00	\$ -	\$ 17,000.00	\$ 8,000.00	\$ -	\$ 8,000.00
Board Expenses	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
9. Software	\$ 1,800.00	\$ -	\$ 1,800.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 800.00	\$ -	\$ 800.00
10. Marketing/Communications	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 9,000.00	\$ -	\$ 9,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
11. Staff Education and Training	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 9,000.00	\$ -	\$ 9,000.00
12. Subcontracts/Agreements	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 11,150.00	\$ -	\$ 11,150.00	\$ 3,850.00	\$ -	\$ 3,850.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Childcare	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 500.00	\$ -	\$ 500.00
Wraparound & Recovery Support	\$ 75,000.00	\$ -	\$ 75,000.00	\$ 47,000.00	\$ -	\$ 47,000.00	\$ 28,000.00	\$ -	\$ 28,000.00
Transportation	\$ 9,000.00	\$ -	\$ 9,000.00	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Indirect As A Percent of Direct	\$ 213,060.00	\$ -	\$ 213,060.00	\$ 163,807.50	\$ -	\$ 163,807.50	\$ 49,252.50	\$ -	\$ 49,252.50
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 1,742,360.00	\$ -	\$ 1,742,360.00	\$ 1,257,707.50	\$ -	\$ 1,257,707.50	\$ 484,652.50	\$ -	\$ 484,652.50

Indirect As A Percent of Direct

0.0%

\$ 484,652.50 484,652.50

Contractor Initials 
Date Signed 4/24/2025

Exhibit C-20, Women's Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Hope on Haven Hill, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svs

Service: SUD Services/OP

Budget Period: 7/1/26-6/30/27
Out

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 310,000.00	\$ -	\$ 310,000.00	\$ 250,000.00	\$ -	\$ 250,000.00	\$ 60,000.00	\$ -	\$ 60,000.00
2. Employee Benefits	\$ 63,550.00	\$ -	\$ 63,550.00	\$ 51,550.00	\$ -	\$ 51,550.00	\$ 12,000.00	\$ -	\$ 12,000.00
3. Consultants	\$ 14,000.00	\$ -	\$ 14,000.00	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 4,000.00	\$ -	\$ 4,000.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 7,500.00	\$ -	\$ 7,500.00	\$ 2,500.00	\$ -	\$ 2,500.00
Repair and Maintenance	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 22,000.00	\$ -	\$ 22,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Purchase/Depreciation	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Lab	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Pharmacy	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Medical	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Office	\$ 30,000.00	\$ -	\$ 30,000.00	\$ 25,095.00	\$ -	\$ 25,095.00	\$ 4,905.00	\$ -	\$ 4,905.00
6. Travel	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 75,000.00	\$ -	\$ 75,000.00	\$ 60,000.00	\$ -	\$ 60,000.00	\$ 15,000.00	\$ -	\$ 15,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 1,000.00	\$ -	\$ 1,000.00
Postage	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Subscriptions	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Audit and Legal	\$ 16,000.00	\$ -	\$ 16,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
Insurance	\$ 28,000.00	\$ -	\$ 28,000.00	\$ 22,000.00	\$ -	\$ 22,000.00	\$ 6,000.00	\$ -	\$ 6,000.00
Board Expenses	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
9. Software	\$ 2,100.00	\$ -	\$ 2,100.00	\$ 1,600.00	\$ -	\$ 1,600.00	\$ 500.00	\$ -	\$ 500.00
10. Marketing/Communications	\$ 8,500.00	\$ -	\$ 8,500.00	\$ 6,500.00	\$ -	\$ 6,500.00	\$ 2,000.00	\$ -	\$ 2,000.00
11. Staff Education and Training	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 1,000.00	\$ -	\$ 1,000.00
12. Subcontracts/Agreements	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 9,000.00	\$ -	\$ 9,000.00	\$ 1,000.00	\$ -	\$ 1,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Childcare	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 4,500.00	\$ -	\$ 4,500.00	\$ 500.00	\$ -	\$ 500.00
Wraparound & Recovery Support	\$ 20,000.00	\$ -	\$ 20,000.00	\$ 17,000.00	\$ -	\$ 17,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Transportation	\$ 4,000.00	\$ -	\$ 4,000.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
Indirect As A Percent of Direct	\$ 98,430.00	\$ -	\$ 98,430.00	\$ 80,000.00	\$ -	\$ 80,000.00	\$ 18,430.00	\$ -	\$ 18,430.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 755,580.00	\$ -	\$ 755,580.00	\$ 609,245.00	\$ -	\$ 609,245.00	\$ 146,335.00	\$ -	\$ 146,335.00

Indirect As A Percent of Direct

0.0%

146,335.00

146,335.00

Contractor Initials

LN

Date Signed 4/24/2025

Exhibit C-21, Transitional Living Program Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Hope on Haven Hill, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svcs

Service: TLP/Abi's

Budget Period: 7/1/26-6/30/27

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 200,000.00	\$ -	\$ 200,000.00	\$ 150,000.00	\$ -	\$ 150,000.00	\$ 50,000.00	\$ -	\$ 50,000.00
2. Employee Benefits	\$ 41,000.00	\$ -	\$ 41,000.00	\$ 31,000.00	\$ -	\$ 31,000.00	\$ 10,000.00	\$ -	\$ 10,000.00
3. Consultants	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 6,600.00	\$ -	\$ 6,600.00	\$ 5,900.00	\$ -	\$ 5,900.00	\$ 700.00	\$ -	\$ 700.00
Repair and Maintenance	\$ 26,000.00	\$ -	\$ 26,000.00	\$ 23,000.00	\$ -	\$ 23,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Purchase/Depreciation	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Lab	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Pharmacy	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Medical	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Office	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 7,500.00	\$ -	\$ 7,500.00	\$ 2,500.00	\$ -	\$ 2,500.00
6. Travel	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 50,000.00	\$ -	\$ 50,000.00	\$ 37,545.00	\$ -	\$ 37,545.00	\$ 12,455.00	\$ -	\$ 12,455.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,600.00	\$ -	\$ 3,600.00	\$ 2,700.00	\$ -	\$ 2,700.00	\$ 900.00	\$ -	\$ 900.00
Postage	\$ 900.00	\$ -	\$ 900.00	\$ 400.00	\$ -	\$ 400.00	\$ 500.00	\$ -	\$ 500.00
Subscriptions	\$ 800.00	\$ -	\$ 800.00	\$ 300.00	\$ -	\$ 300.00	\$ 500.00	\$ -	\$ 500.00
Audit and Legal	\$ 14,000.00	\$ -	\$ 14,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Insurance	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 10,000.00	\$ -	\$ 10,000.00
Board Expenses	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
9. Software	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
10. Marketing/Communications	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
11. Staff Education and Training	\$ 3,500.00	\$ -	\$ 3,500.00	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 1,000.00	\$ -	\$ 1,000.00
12. Subcontracts/Agreements	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Childcare	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 500.00	\$ -	\$ 500.00
Wraparound & Recovery Support	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 4,000.00	\$ -	\$ 4,000.00
Transportation	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 4,500.00	\$ -	\$ 4,500.00	\$ 500.00	\$ -	\$ 500.00
Indirect As A Percent of Direct	\$ 65,017.50	\$ -	\$ 65,017.50	\$ 55,060.00	\$ -	\$ 55,060.00	\$ 9,957.50	\$ -	\$ 9,957.50
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 500,417.50	\$ -	\$ 500,417.50	\$ 381,405.00	\$ -	\$ 381,405.00	\$ 119,012.50	\$ -	\$ 119,012.50

Indirect As A Percent of Direct

0.0%

119,012.50

119,012.50

Contractor Initials 
Date Signed 4/24/2025

Exhibit C-22, Residential Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: Hope on Hope Hill, Inc.

SUD Treatment &
Budget Request for: Recovery Support Svcs

Service: Residential Tx

Budget Period: 7/1/26-6/30/27

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 810,000.00	\$ -	\$ 810,000.00	\$ 550,000.00	\$ -	\$ 550,000.00	\$ 260,000.00	\$ -	\$ 260,000.00
2. Employee Benefits	\$ 162,000.00	\$ -	\$ 162,000.00	\$ 113,000.00	\$ -	\$ 113,000.00	\$ 49,000.00	\$ -	\$ 49,000.00
3. Consultants	\$ 42,000.00	\$ -	\$ 42,000.00	\$ 37,000.00	\$ -	\$ 37,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
Repair and Maintenance	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 20,000.00	\$ -	\$ 20,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
Purchase/Depreciation	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 4,250.00	\$ -	\$ 4,250.00	\$ 750.00	\$ -	\$ 750.00
Lab	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Pharmacy	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Medical	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 10,500.00	\$ -	\$ 10,500.00	\$ 1,500.00	\$ -	\$ 1,500.00
Office	\$ 30,000.00	\$ -	\$ 30,000.00	\$ 20,000.00	\$ -	\$ 20,000.00	\$ 10,000.00	\$ -	\$ 10,000.00
6. Travel	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 125,000.00	\$ -	\$ 125,000.00	\$ 92,150.00	\$ -	\$ 92,150.00	\$ 32,850.00	\$ -	\$ 32,850.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
Postage	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00	\$ 500.00	\$ -	\$ 500.00
Subscriptions	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 500.00	\$ -	\$ 500.00
Audit and Legal	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 17,000.00	\$ -	\$ 17,000.00	\$ 8,000.00	\$ -	\$ 8,000.00
Insurance	\$ 25,000.00	\$ -	\$ 25,000.00	\$ 17,000.00	\$ -	\$ 17,000.00	\$ 8,000.00	\$ -	\$ 8,000.00
Board Expenses	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 500.00	\$ -	\$ 500.00
9. Software	\$ 1,800.00	\$ -	\$ 1,800.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 800.00	\$ -	\$ 800.00
10. Marketing/Communications	\$ 12,000.00	\$ -	\$ 12,000.00	\$ 9,000.00	\$ -	\$ 9,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
11. Staff Education and Training	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 9,000.00	\$ -	\$ 9,000.00
12. Subcontracts/Agreements	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 5,000.00	\$ -	\$ 5,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Childcare	\$ 5,500.00	\$ -	\$ 5,500.00	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 500.00	\$ -	\$ 500.00
Wraparound & Recovery Support	\$ 75,000.00	\$ -	\$ 75,000.00	\$ 47,000.00	\$ -	\$ 47,000.00	\$ 28,000.00	\$ -	\$ 28,000.00
Transportation	\$ 9,000.00	\$ -	\$ 9,000.00	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 3,000.00	\$ -	\$ 3,000.00
Indirect As A Percent of Direct	\$ 213,060.00	\$ -	\$ 213,060.00	\$ 163,807.50	\$ -	\$ 163,807.50	\$ 49,252.50	\$ -	\$ 49,252.50
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 1,634,360.00	\$ -	\$ 1,634,360.00	\$ 1,149,707.50	\$ -	\$ 1,149,707.50	\$ 484,652.50	\$ -	\$ 484,652.50

Indirect As A Percent of Direct

0.0%

484,652.50

484,652.50

Contractor Initials

Initial
LN

State of New Hampshire

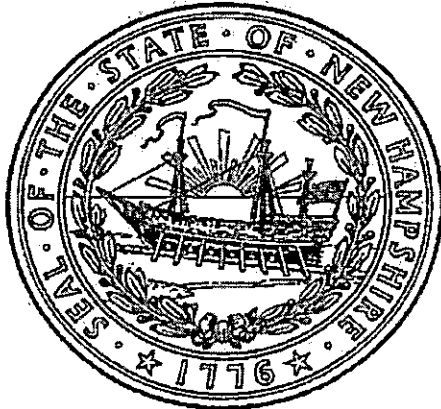
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that HOPE ON HAVEN HILL INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 25, 2015. 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: 735370

Certificate Number: 0006661909



IN TESTIMONY WHEREOF,

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

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the seal of the State of New Hampshire.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Michael J. Murphy, hereby certify that:
(Name of elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Hope on Haven Hill Inc
(Corporation/LLC-Name)
2. The following is a true copy of a vote taken at a meeting of Board of Directors/shareholders, duly called and held on April 23, 2025, at which a quorum of Directors/shareholders were present and voting.
(Date)

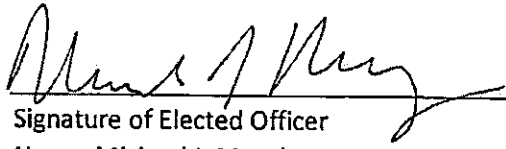
VOTED: That Kerry Norton, Executive Director (may list more than one person)
(Name and Title of Contract Signatory)

Is duly authorized on behalf of Hope on Haven Hill Inc to enter into contracts or agreements with the
(Name of Corporation/LLC)

State of New Hampshire and any of its agencies or departments and is 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: April 28, 2025


Signature of Elected Officer
Name: Michael J. Murphy
Title: Treasurer



HOPEONH-01

DBEAUDOUIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2025

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 Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	CONTACT NAME:	
	PHONE (A/C, No, Ext): (603) 225-6611	FAX (A/C, No): (603) 225-7935
INSURED Hope on Haven Hill, Inc. PO Box 1272 Rochester, NH 03866	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Selective Insurance Group Inc.	
	INSURER B: Granite State Health Care & Human Services Self Insured Group	
	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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			S 2578789	8/1/2024	8/1/2025	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			S 2578789	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			S 2578789	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PO3004HCHS2025	1/1/2025	1/1/2026	☒ 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

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

Workers Compensation Information

3A State: NH

Volunteers are excluded from coverage.

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

Donna P. Beaudouin



Our Mission

Hope on Haven Hill's mission is to support recovery and nurture the health and wellbeing of pregnant and parenting women with substance use disorder and their children by ensuring access to quality treatment and services.



HOPE ON HAVEN HILL

Financial Statements
June 30, 2023

HOPE ON HAVEN HILL
Financial Statements
June 30, 2023

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Certified Public Accountants and Business Consultants

Independent Auditor's Report

Board of Directors
Hope on Haven Hill, Inc.

Opinion

We have audited the accompanying financial statements of Hope on Haven Hill, Inc. (a nonprofit corporation), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, 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 Hope on Haven Hill, Inc. as of June 30, 2023, and the 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.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Hope on Haven Hill, Inc. 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 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hope on Haven Hill, Inc.'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 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.

Hope on Haven Hill, Inc.

Page 2

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hope on Haven Hill, Inc.'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 Hope on Haven Hill, Inc.'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 Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 27, 2024, on our consideration of Hope on Haven Hill, Inc.'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 Hope on Haven Hill, Inc.'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 Hope on Haven Hill, Inc.'s internal control over financial reporting and compliance.



March 27, 2024
South Portland, Maine

HOPE ON HAVEN HILL
Statement of Financial Position
June 30, 2023

	2023
ASSETS	
Current assets:	
Cash and cash equivalents	\$ 621,205
Accounts receivable	323,764
Pledges receivable, current portion	100,000
Prepaid expenses	21,597
Total current assets	1,066,566
Property and equipment:	
Land	109,917
Buildings	4,016,855
Leasehold Improvements	171,555
Furniture and fixtures	133,390
Equipment	37,726
Vehicles	38,789
Total property and equipment	4,508,232
Less accumulated depreciation	(191,608)
Net property and equipment	4,316,624
Other assets:	
Pledges receivable, non-current portion	142,382
Cash and cash equivalents, Board-designated	452,483
Cash and cash equivalents, restricted	274,103
Total other assets	868,968
Total assets	\$ 6,252,158
LIABILITIES AND NET ASSETS	
Current liabilities:	
Accounts payable	\$ 39,359
Accrued expenses	28,696
Accrued payroll and compensated absences	48,801
Deferred revenue	1,300
Total current liabilities	118,156
Total liabilities	118,156
Net assets:	
Without donor restrictions:	
Undesignated	848,410
Board-designated	452,483
Net investment in property and equipment	4,316,624
Total without donor restriction	5,617,517
With donor restrictions	516,485
Total net assets	6,134,002
Total liabilities and net assets	\$ 6,252,158

See accompanying notes to financial statements.

HOPE ON HAVEN HILL
Statement of Activities
Year Ended June 30, 2023

		2023		
		Without donor restrictions	With donor restrictions	Total
OPERATING				
Support and revenue:				
Donations	\$	379,846	-	379,846
Grants		294,516	232,170	526,686
Insurance reimbursement revenues		610,877	-	610,877
Fundraising		644,499	-	644,499
Rental income		14,039	-	14,039
Contributed nonfinancial assets		1,117	-	1,117
Other income		915,501	-	915,501
Investment income		13,435	-	13,435
Gain (loss) on disposal of property and equipment		585	-	585
Net assets released from restrictions		2,518,660	(2,518,660)	-
Total support and revenue		5,393,075	(2,286,490)	3,106,585
Expenses:				
Program services		1,977,236	-	1,977,236
Supporting services:				
Management and general		321,672	-	321,672
Fundraising		171,551	-	171,551
Total supporting services		493,223	-	493,223
Total expenses		2,470,459	-	2,470,459
Changes in net assets from operations		2,922,616	(2,286,490)	636,126
NON-OPERATING INCOME (EXPENSE)				
Capital campaign donations		-	40,130	40,130
Capital campaign expenses		(637)	-	(637)
Other contributions and grants		-	277,140	277,140
Total non-operating		(637)	317,270	316,633
Change in net assets for the year		2,921,979	(1,969,220)	952,759
Net assets, beginning of year		2,695,538	2,485,705	5,181,243
Net assets, end of year	\$	5,617,517	516,485	6,134,002

See accompanying notes to financial statements.

HOPE ON HAVEN HILL
Statement of Functional Expenses
Year Ended June 30, 2023

	Program Services						Supporting Services		
	Residential	Abi's Place	IOP	SAMHSA	36 Charles	Total Program Services	Management and general	Fundraising	Total expenses
Salaries and wages	\$ 843,846	35,748	101,652	125,033	-	1,106,279	197,348	87,248	1,390,875
Employee benefits	83,713	7,096	7,926	5,778	-	104,513	36,044	-	140,557
Payroll taxes	68,896	2,881	8,180	8,812	-	88,769	18,456	7,059	114,284
Professional fees	39,447	30,906	16,182	68,898	-	155,433	-	-	155,433
Office expenses	35,932	7,233	20,255	1,091	-	64,511	2,649	476	67,636
Repairs and maintenance	28,049	52,325	4,427	886	108,128	193,815	3,565	-	197,380
Direct Services	68,729	18,882	12,274	5,608	862	106,355	170	-	106,525
Depreciation	-	-	-	-	-	-	55,122	-	55,122
Rent	-	-	33,894	-	-	33,894	-	-	33,894
Insurance	8,266	4,222	-	-	1,214	13,702	673	-	14,375
Utilities	12,512	13,360	4,705	-	5,065	35,642	-	-	35,642
Memberships and registrations	6,647	3,138	1,230	675	-	11,690	800	-	12,490
Telephone and internet	8,613	2,810	4,905	-	737	17,065	1,192	220	18,477
Website	333	333	83	-	-	749	-	-	749
Auto expenses	8,182	914	914	-	-	10,010	328	-	10,338
Tax expense	-	1,681	-	-	3,028	4,709	-	-	4,709
Advertising	2,209	2,209	958	-	-	5,376	174	100	5,650
Dues and subscriptions	1,319	579	364	-	-	2,262	204	-	2,466
Meals and entertainment	3,599	2,884	2,748	-	-	9,231	2,409	-	11,640
Miscellaneous expenses	4,213	811	1,913	679	168	7,784	2,200	-	9,984
Fundraising	1,972	1,376	409	-	-	3,757	50	71,082	74,889
Travel	1,009	70	119	-	-	1,198	29	3,635	4,862
Interest expense	95	-	-	-	-	95	104	-	199
Payroll service charges	95	-	92	-	-	187	80	1,731	1,998
Licenses and permits	210	-	-	-	-	210	75	-	285
Total expenses	\$ 1,227,886	189,458	223,230	217,460	119,202	1,977,236	321,672	171,551	2,470,459

See accompanying notes to financial statements.

HOPE ON HAVEN HILL
Statement of Cash Flows
Year Ended June 30, 2023

	2023
Cash flows from operating activities:	
Change in net assets	\$ 952,759
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:	
Depreciation	55,122
Gain on disposal of property and equipment	(585)
Change in discount on pledges receivable	7,618
Contributions received for long-term purposes	40,130
(Increase) decrease in assets:	
Accounts receivable	265,329
Pledges receivable	(250,000)
Prepaid expenses	(20,390)
Other assets	5,827
Increase (decrease) in liabilities:	
Accounts payable	(120,280)
Accrued expenses	28,696
Accrued payroll and compensated absences	1,689
Deferred revenue	1,300
Net cash and cash equivalents provided by operating activities	967,215
Cash flows from investing activities:	
Purchase of property and equipment	(2,697,527)
Proceeds from disposal of property and equipment	12,609
Proceeds from sale of investments	12
Net cash and cash equivalents used in investing activities	(2,684,906)
Cash flows from financing activities:	
Contributions received for long-term purposes	(40,130)
Repayments of long-term debt	(32,131)
Net cash and cash equivalents used in financing activities	(72,261)
Net change in cash and cash equivalents	(1,789,952)
Cash and cash equivalents at beginning of year	3,137,743
Cash and cash equivalents at end of year	\$ 1,347,791
Cash and cash equivalents consist of:	
Cash and cash equivalents	\$ 621,205
Cash and cash equivalents, Board-designated	452,483
Cash and cash equivalents, restricted	274,103
Cash and cash equivalents at end of year	\$ 1,347,791
Supplemental cash flow disclosures:	
Cash paid for interest	\$ 199

See accompanying notes to financial statements.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements
June 30, 2023

NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities - Hope on Haven Hill, Inc. ("the Organization") is a nonprofit corporation organized on November 25, 2015. The Organization is a level 3.1 and 3.5 substance use treatment facility serving homeless, pregnant and newly parenting mothers who are in recovery. The Organization was established to provide a nurturing, therapeutic home environment for women with substance use disorder who are seeking recovery, and their children. The Organization also provides ASAM LOC 1.0 outpatient counseling services through individual and group counseling, as well as ASAM LOC 2.1 Intensive Outpatient Program for individuals with substance use disorder.

In December 2016, the Organization opened an eight-bed residential facility, which provides a safe home with comprehensive addiction treatment services, including group and individual therapy, 12-step programs, smoking cessation seminars, family therapy, parenting classes, educational, job and life coaching, and case management, to support women and their families in their recovery from addictions.

In August 2019, the Organization opened a second facility, Abi's Place, an eight-room transitional recovery house, for mothers in recovery and their children. Abi's Place offers women who have completed a residential program the opportunity to live in a transitional setting that offers assistance with employment, childcare, and continued recovery support.

The Organization opened a new multipurpose building, "the Red Barn", on the residential property in 2021, which has allowed for expanded residential programming activities such as yoga, art, and group therapy. Additionally, the Organization's Intensive Out Patient (IOP) program grew in late 2020 and early 2021, requiring the need to lease additional space for expanded outpatient programming.

During the summer of 2021, the Organization kicked off a major capital campaign in order to build a new health and wellness center on property it already owns adjacent to Abi's Place, the recovery house located in Rochester, NH. The Organization moved into the new building in May 2023. The Organization's administrative offices and outpatient services were relocated to the new center, which has also allowed the Organization to expand its childcare offerings, open a thrift shop, and operate a demonstration kitchen for increasing client's skills.

Finally, the Organization purchased a duplex property adjacent to Abi's Place, on the side opposite the new health and wellness center, for the purpose of renovating it and obtaining NH Section 8 housing certification to continue assisting mothers in recovery and their children with housing.

Basis of Accounting - The Organization prepares its financial statements in accordance with accounting principles generally accepted in the United States of America, which involves the application of accrual accounting. Accordingly, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation - The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets with donor restrictions and net assets without donor restrictions.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Net assets without donor restrictions are resources available to support operations and are not subject to donor imposed restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the organization, the environment in which it operates, the purposes specified in its corporate documents, and its application for tax-exempt status.

Net assets with donor restrictions are 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 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. The Organization's unspent contributions are reported in net assets with donor restrictions if the donor limits their use. Contributions of property and equipment or cash restricted to the acquisition of property and equipment are reported as net assets with donor restrictions if the donor has restricted the use of the property or equipment to a particular program. These restrictions expire when the assets are placed in service.

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

Cash and Cash Equivalents - For purposes of the statements of cash flows, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

Cash and Cash Equivalents, Restricted - Restricted cash and cash equivalents consists of funds received for the Organization's capital campaign in the amount of \$269,103, and its Dental Care Fund in the amount of \$5,000.

Grants and Medical Billing Receivable - Grants and medical billing receivables are stated at the amount that management expects to collect from outstanding balances. Management considers medical billing receivables to be delinquent based on the date of unpaid invoices. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a reduction to medical billing receivable. As of June 30, 2023, there was no allowance for doubtful accounts as management considered all outstanding balances to be fully collectible. The Organization does not require collateral when extending credit.

Contributed Nonfinancial Assets - Donated marketable securities and other noncash donations are recorded as contributions at their estimated fair values at the date of donation.

Contributed Nonfinancial Services - Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills and are provided by individuals possessing those skills that would typically need to be purchased if not provided by donation.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Property and Equipment - Expenditures for minor additions are charged to expense when incurred. Major expenditures, greater than \$1,000, are capitalized and recorded as additions to net assets without donor restrictions. Property and equipment is carried at cost if purchased or fair market value if contributed. The Organization depreciates property and equipment using the straight-line method over the estimated useful lives of the respective assets. Those estimated useful lives are as follows:

Building and improvements	15 - 40 years
Vehicles	5 - 10 years
Furniture and equipment	5 - 10 years

Tax Status - The Organization qualifies as a publicly supported exempt organization under the provisions of Internal Revenue Code Section 501(c)(3) and therefore, is not subject to corporate income taxes. However, income from certain activities not directly related to the Organization's tax-exempt purpose may be subject to taxation as unrelated business income.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a liability if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and state taxing authorities. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Advertising Costs - The Organization's policy is to expense advertising costs as they are incurred. Advertising expenses totaled \$5,650 for the year ended June 30, 2023.

Revenues and Expenses - Revenues are reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor-imposed restrictions that are temporary in nature on net assets by fulfillment of the donor-stipulated purpose or by passage of the stipulated time period are reported as reclassifications between the applicable classes of net assets.

Contributions - Contributions, including unconditional promises to give, are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated fair value. Significant contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution, and nature of fundraising activity.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Contributions of land, buildings, and equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues of the net assets without donor restrictions class. Contributions of cash or other assets with donor restrictions, to be used to acquire or construct land, buildings, and equipment, are reported as revenues of the net assets with donor restrictions class and are temporary in nature; the restrictions are considered to be released at the time such long-lived assets are placed in service. Contributions of tangible assets are recognized at fair market value when received.

Operating Support and Revenue - Operating support and revenue includes only unrestricted revenues earned through various programmatic activities. It does not include revenue from restricted gifts and grants, net investment earnings, or other sources not directly related to its mission.

Contributions with Restrictions Met in the Same Year - Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues of the net assets with donor restrictions class, and a reclassification to net assets without donor restrictions is made to reflect the expiration of such restrictions.

Expense Allocation - The costs of providing program and other activities have been summarized on a functional basis in the statements of activities and in the statements of functional expenses. Accordingly, certain costs have been allocated among the program and supporting services benefited.

New Accounting Pronouncements - During the year ended June 30, 2023, the Organization adopted the provisions of Accounting Standards Update (ASU) No. 2016-02 *Leases (Topic 842)*. Under this ASU, at the commencement of a long-term lease (greater than 12 months), the lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. Application of this standard must be applied using a modified retrospective transition approach for leases existing at the earliest comparative period presented in the financial statements.

PLEDGES RECEIVABLE

Pledges receivable, net of unamortized discount (discount rate of 4%), are summarized as follows at June 30:

	<u>2023</u>
Pledges receivable expected to be collected in:	
Less than one year	\$ 100,000
One year to five years	150,000
Over five years	-
Less: unamortized discount	<u>(7,618)</u>
Totals	<u>\$ 242,382</u>

Each year management assesses the collectability of outstanding pledges receivable and establishes an allowance for past due amounts it deems uncollectible. For the year ended June 30, 2023, management considered all amounts fully collectible, and as a result, did not deem an allowance for uncollectible pledges receivable to be necessary.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

CONCENTRATION OF CREDIT RISK AND OTHER ECONOMIC CONCENTRATIONS

At June 30, 2023, the Organization maintained its cash balances at several financial institutions. Such accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000, per institution, as well as the Depositors Insurance Fund (DIF) for amounts greater than \$250,000. At June 30, 2023, the Organization had no uninsured cash.

In addition, the Organization is economically dependent on various grants and revenues sources. The Organization derived approximately 36% of its operating revenue and support from a government agency for the year ended June 30, 2023. Any significant reduction in this funding could affect the Organization's ability to fulfill its mission.

LINE OF CREDIT

During 2023, the Organization had an available line of credit from a financial institution with a limit of \$50,000. The line of credit is payable on demand, including interest at prime plus 1.50% (with a floor interest rate of 5.25%), equal to 9.75% at June 30, 2023. The line of credit is secured by all personal property of the Organization. There was no outstanding balance on this line of credit at June 30, 2023.

RETIREMENT PLAN

In January 2019, the Organization adopted a Simple IRA plan. All full-time employees are eligible to participate in the Plan. The Organization's matching contributions under this Plan amounted to \$21,206 for the year ended June 30, 2023.

RESTRICTIONS AND LIMITATIONS ON NET ASSET BALANCES

Net assets with donor restrictions consisted of the following at June 30:

Subject to appropriation and expenditure when a specified event or time occurs:

	<u>2023</u>
Capital campaign - facility expansion	\$ 269,103
Dental care fund	5,000
Pledges receivable	<u>242,382</u>
Total net assets with donor restrictions	<u>\$ 516,485</u>

Board-designated net assets consisted of the following at June 30:

	<u>2023</u>
Facilities	\$ 226,109
Operating reserve	<u>226,374</u>
Total Board-designated net assets	<u>\$ 452,483</u>

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

NET ASSETS RELEASED FROM RESTRICTIONS

The sources of net assets released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified by the donors were as follows:

Purpose restrictions accomplished:

	<u>2023</u>
SAMHSA grant	\$ 227,170
Capital campaign - facility expansion	2,256,732
<u>Grants restricted</u>	<u>34,758</u>
<u>Totals</u>	<u>\$ 2,518,660</u>

METHOD USED FOR ALLOCATION OF EXPENSES

The financial statements report certain categories of expenses that are attributable to one or more program or supporting functions of the Organization. Management's functional allocation of these costs is based on direct personnel costs and expenditures charged to specific cost centers. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that have been allocated include salaries, payroll taxes, and employee benefits, which have been allocated based on an estimation of time and effort. In addition, professional fees, repairs and maintenance, rent, utilities, insurance, office expenses, telephone and internet, and memberships and registrations have been allocated based on an estimation of usage and consumption.

LIQUIDITY AND AVAILABILITY OF RESOURCES

The Organization has the following financial assets available within one year of the balance sheet date to meet cash needs for general expenditure:

	<u>2023</u>
Cash and cash equivalents	\$ 621,205
<u>Accounts receivables</u>	<u>323,764</u>
<u>Totals</u>	<u>\$ 1,044,969</u>

None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. As more fully described in the "Line of Credit" note, the Organization has one committed line of credit with an available amount of \$50,000, which it could draw upon in the event of an unanticipated liquidity need.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

REVENUE RECOGNITION

During the year ended June 30, 2023, the Organization had contract revenue consisting of the following:

	<u>2023</u>
Special events	\$ 47,399
Sponsorships	597,100
<u>Rental income</u>	<u>14,039</u>
<u>Totals</u>	<u>\$ 658,538</u>

There were no contract assets at June 30, 2023. At June 30, 2023, the Organization had contract liabilities in the amount of \$1,300, all of which pertained to rental income. There were no contract liabilities at June 30, 2022 that were recognized as revenue during the year ended June 30, 2023. For the year ended June 30, 2023, goods and services provided to customers included access to the special event, advertisement of the sponsoring business at the special event, and access to residential dwellings.

To best match the timing of the transfer of goods or services, the Organization recognizes revenue from contracts with customers when performance obligations are satisfied, which is on the date of the special event for sponsorships and events and over the specific term for rent. All prices are fixed and there are no financing terms. There are no significant warranties of return, refund, or discount obligations related to any contracts with customers. For the year ended June 30, 2023, the greatest economic factor effecting contract revenue has been the economy and inflation.

Contract transaction prices include management's judgment of variable consideration, which includes incentives, and rebates, as well as reimbursement rates dictated by state funders. Based on available information, management must include an estimate of any variable consideration, if applicable, when determining the contract transaction price. There were no such variable considerations in determining contract transaction prices.

CONTRIBUTED NONFINANCIAL ASSETS

Contributed nonfinancial assets consisted of the following for the year ended June 30:

	<u>2023</u>
<u>Interior design</u>	<u>\$ 1,117</u>
<u>Total contributed nonfinancial assets</u>	<u>\$ 1,117</u>

Unless otherwise noted, all contributed nonfinancial assets are not donor-restricted and are for general program use. All contributed items were for the interior design of their new facility. In valuing these items, the Organization estimated the fair value based on current rates for similar items and services.

Additionally, the Organization receives a significant amount of contributed time through board members and others which does not meet the two recognition criteria described previously. Accordingly, the value of these contributions, for the year ended June 30, 2023, has not been reflected in the accompanying financial statements.

HOPE ON HAVEN HILL, INC.
Notes to Financial Statements, Continued
June 30, 2023

CONTINGENCIES

During the year ended June 30, 2022, New Hampshire Healthy Families (NHHF) completed a medical records review of Hope on Haven Hill, Inc., and assessed the organization a recoupment in the amount of \$24,977. Upon initial appeal, the recoupment was reduced to \$13,639. During the year ended June 30, 2023, the Organization continued to appeal this ruling and is in continuous communication with NHHF regarding the matter. Given that the final resolution has not been determined as of the date of this report, and the ultimate recoupment amount is still not know, an accrued contingency has not been recorded as of June 30, 2023.

SUBSEQUENT EVENTS

In accordance with FASB ASC 855-10 *Subsequent Events*, management has evaluated subsequent events for possible recognition or disclosure through March 27, 2024, which is the date these financial statements were available to be issued.



Board of Directors

As of December 2024

Susan Daigle, She/Her- <u>Chair of Board</u> Community Activist/Educator Term Ending: 9/2026	Derek Wallace, He/Him - <u>Vice Chair</u> Restaurant CEO Term ending: 11/2029
Dr. Rebecca Banaski, She/Her- <u>Secretary</u> Physician Term Ending: 9/2026	Michael Murphy, He/Him, CPA - <u>Treasurer</u> Certified Public Accountant Term ending: 12/2026
Nick Couturier, He/Him Real Estate Broker Term ending: 02/2025	Christine LeBlanc, She/Her Financial Controller 11/2027
Jillian Mulrooney, She/Her Human Resources Manager Term ending: 10/2024	Brandy Rickaby, She/Her Family Services Manager 11/2027
Elizabeth Torrance, She/Her, AVP, Community Relations and Social Responsibility Manager Term ending: 9/2026	Maryellen Jackson, She/Her Consulting Firm President Term ending 6/2029
Honorable Tina Nadeau, She/Her Retired NH Chief Superior Justice Term ending: 11/2029	

Kerrylee Norton, RN
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

OBJECTIVE

Management level leadership position within a system of healthcare for pregnant and parenting women utilizing community relations, program development, grant writing, networking, fund development, financial, strategic planning/thinking and board development/management with opportunity for high community impact and personal growth.

July 2015- Present -- Executive Director, Hope on Haven Hill, Rochester, NH

Began in the organization as Co-Founder and Program Director of emerging Non-Profit Residential treatment facility for Pregnant Women with Substance Use Disorder. Responsibilities include but not limited to, Filing for 501 c(3), Grant writing, preparing and testifying for Variance and Planning Board, Submitting application for Level 3.5 inpatient treatment facility licensure, Prepare policies and procedures and admission criteria, prepare facility policies, Coordinate fundraising and volunteers, Give presentations to local schools, civic agencies, businesses and NH allies, Advocate for Prevention, Treatment and Recovery services for NH and care for Women who reached out to us while unable to access care in NH and assist them with getting support and treatment.

After opening supervise and train Recovery support staff. Maintain schedule for recovery support for programming schedule of residential program. Implement, monitor and supervise medication management of residential programming. Implement, monitor and supervise urine drug screenings for residential program. Responsible for day to day operations of residential program.

Was promoted to Executive Director in August 2019. Responsible for day-to-day management, administration, operations, and development for HHH.

- Directly manages \$2M annual budget which includes state funds, private donations, funds from foundations and grants, donor solicitations, etc. Provides direct financial reporting to these entities and the Board of Directors.
- Provide leadership to staff and community to ensure the mission and strategic plan is carried out.
- Oversees daily operations, administration, development, capital purchases and clinical.
- Recruit, develop, and manage staff- administration, clinical and clinical.
- Provide direct supervision to: Operations Director and Clinical Director and other staff as needed and appropriate.
- Create and maintain policies and procedures for all programs and operations for the organization.
- Assist the Board of Directors in developing annual budgets, financial planning, and funding of programming, initiatives and strategies that will propel the agency forward (i.e., billing service expansion, facility expansion, etc)

11/2000-11/13/2015- Maternal Child/Health/Prenatal Nurse, Garrison Women's Health Center, Dover, NH

Triage and Infertility Nurse in Busy OB-GYN office. Responsibilities include but not limited to completing triage on all patient calls, New Prenatal OB Intakes, Essure Procedures, Infertility coverage including call weekends, Employee Health, OSHA training and compliance for all employees, new hire training and policy and protocol implementation.

1/2006-4/2010- Pre-op and Post-op RN/CPSN and Skin Wellness, Atlantic Plastic Surgical Center, Portsmouth, NH

All facets of care for patients undergoing Ambulatory Surgery. Admit patients, Circulate and Scrub during surgical cases and Recover patients in PACU. Certified as a Certified Plastic Surgical Nurse with National Certification in Skin Wellness. Certified to perform Microdermabrasion, Chemical Peels and Laser Therapy.

5/1994-10/2008-Maternal Child Health RN/Resource Nurse, Portsmouth Regional Hospital, Portsmouth, NH

All facets of Maternal Health, including Labor and Delivery, Postpartum Well Baby Nursery, Level 2 Nursery, Pediatrics, Scrub and PACU for Cesarean Sections, Breast Feeding support, Sibling Class facilitator, NRP Instructor, PALS Instructor, Resource/Charge Nurse and Staff orientation.

1/2002-1/2005- Pediatric Registered Nurse, Portsmouth Pediatric Associates, Portsmouth, NH

Weekend coverage for Triage care for sick visits of all Pediatric patients in a very busy pediatric practice. As the only nurse covering on weekends, I became competent in all facets of pediatric care and emergencies.

1/2002-1/2005- Triage RN and Childbirth Educator, Harbour Women's Health, Portsmouth, NH

Triage all patient medical concerns. Reviewed all Laboratory reports and followed up with patient results and treatment protocols. Assisted Dr. Lantinen with Infertility patients. Taught and coordinated all Childbirth Education programs.

5/1993-5/1995- Triage RN, York OB-GYN Associates, York Me

Triage all patient concerns and assist physicians with patient care.

9/1993-5/1994- Substitute School Nurse, SAD 60, Berwick ME

Substitute School Nurse in SAD 60. Worked in all School. Elementary, Middle School and High School.

Education:

- NHCC, Manchester, NH- Associates in Science, Nursing
- Franklin University, Bachelor of Science, Nursing
- Franklin University, BSN-MSN Nursing current enrolled, graduation 2022

Past and Present Certifications:

NRP, BCLS, ACLS, CPSN and STABLE. Maine State Registered Nurse, License compact state.

References upon request

Beth O'Dell, MS, LCMHC, MLADC, LCPC, NCC, CCTP, PMH-C

License(s)

Licensed Clinical Mental Health Counselor (NH 2118)
NH Board of Mental Health Practice

Master Licensed Alcohol and Drug Counselor (NH 1212)
NH Board of Licensing for Alcohol and Other Drug Counselors

Licensed Clinical Professional Counselor (ME CC6570)
ME Board of Counseling Professionals Licensure

National Certified Counselor (NCC)
National Board for Certified Counselors

Certified Clinical Trauma Professional (CCTP)
Evergreen Certifications

Education

M.S. Walden University, 2016	Human Services (Policy, Analysis & Planning)
M.S. Wilmington University, 2013	Community Counseling
B.S. Wilmington University, 2005	Psychology

Training

Eye Movement Desensitization and Reprocessing
EMDR Institute, Inc. & Mark Nickerson, LICSW

Perinatal Mental Health - Certified (PMH-C)
Mood Disorders, Components of Care, and Psychotherapy Advanced Training
Perinatal Support International

Early Childhood & Family Mental Health Certification, Advanced
NH DHHS Child Development Bureau and New Hampshire Association for Infant Mental Health

200-hour Yoga Teacher Training
Yoga Life Institute NH, Exeter NH

DBT Skills Training for Borderline Personality Disorder
Mental Health Center of Greater Manchester

Danger Assessment Certification
Danger Assessment Training Program; John Hopkins School of Nursing

Beth O'Dell, MS, LCMHC, MLADC, LCPC, NCC, CCTP, PMH-C

[REDACTED]

Experience

Clinical Director

May 2019-Present

Hope on Haven Hill, Rochester, NH

Responsible for oversight of all clinical program implementation and changes, and works directly with the Executive Director and Director of Operations to ensure that policies and procedures are followed, communication is maintained, and reporting requirements are met with all funding and state agencies.

Adult ACT Clinician

October 2016-May 2019

Center for Life Management, Derry, NH

Clinical Supervisor: Heather Crowell, LCMHC, MLADC, LCS

Work in coordination with the Assertive Community Treatment (ACT) Team to provide integrated services to individuals with severe, persistent mental illness. Provide mental health and substance abuse treatment (individual and group).

SAPR Support Specialist

August 2013-September 2016

Sexual Assault Prevention and Response (SAPR)

Portsmouth Naval Shipyard, Kittery, ME

Facilitate implementation of SAPR Program requirements per Navy and Department of Defense instruction, policy, and guidance in collaboration with the Sexual Assault Response Coordinator (SARC).

Domestic Violence Advocate/Liaison

August 2011-July 2013

SAFE Program of People's Place, Milford, DE

Supervisor: Marcey Rezac, LCSW, DVS

Worked independently to provide domestic violence services, advocacy, and support as the Liaison for the State of Delaware Division of Family Services (Kent County).

Case Manager

August 2010-August 2011

SAFE Program of People's Place, Milford, DE

Supervisor: Marcey Rezac, LCSW, DVS

Provided trauma-informed case management to women in domestic violence shelters and the community to assist with budgeting, employment, seeking permanent residency, obtaining identification, and other services as needed. Assisted as a team member in maintaining a federally-funded grant and its monetary disbursement among domestic violence survivors in emergency shelters and in the community.

DUI Evaluator

October 2009-August 2010

Sodat DE, Inc., Wilmington, DE

Conducted evaluations of DUI offenders' substance abuse and dependence in Kent and Sussex County, Delaware. Independently managed the daily activities of the Kent and Sussex County offices.

Lisa M. Pollard, MBA, C.P.M., CNE

[REDACTED]

[REDACTED]

EXPERIENCE

2019 – present Director of Operations

Hope on Haven Hill, 158 Route 108, Suite D, Somersworth, NH 03878

Current responsibilities include planning, directing, and coordinating the organization's day-to-day operations including, but not limited to, financial, grant, and contract management and compliance; oversight of facilities; supply management; Information Technology; human resources; recruiting and employee benefits; and staff training. In addition, responsible for collaborating with the Executive Director to develop and implement strategies to ensure efficiency and effectiveness of operations; effective communications; drafting Requests for Proposals; completing grant applications; overseeing annual audits; and for ensuring all related State/Federal contractor requirements and grant demands are met. Responsible for supervision of all office and administrative staff, house managers, and clinical director. Currently overseeing the building of a new wellness center for the organization.

2018 – 2019 Contract Administrator/Assistant Director, Contracts and Procurement Unit

State of New Hampshire, Department of Health and Human Services (DHHS), 129 Pleasant Street, Concord, NH 03301

Responsibilities included day-to-day supervision of a staff of 16 contract specialists, including assigning work projects, and performing all human resource functions. Worked closely with legal counsel in the preparation and review of Requests for Proposals/Information/Grant Applications (RFPs/RIFs/RGAs); Memoranda of Understanding (MOUs); service contracts; amendments; licensing and nondisclosure agreements; providing guidance on contract language, State rules, laws, and policies; ensuring compliance with state and federal grant requirements, HIPAA requirements, and IT security; facilitating vendor negotiation meetings, staff trainings; participating in special projects including contracts process improvements, implementation of e-Procurement (Strategic Sourcing and Contract Management) modules, and LEAN project management.

2014-2017 Director, Division of Procurement and Support Services (P&SS)

State of New Hampshire, Department of Administrative Services, 25 Capitol Street, Concord, NH 03301

Responsibilities included directing nine areas encompassing approximately 45 employees within the Bureau of Purchase & Property; the Bureau of Graphic Services; the Surplus Food Distribution program for the NH School Lunch Program; the State and Federal Surplus Property programs at White Farm; as well as the State's Real Property; Fleet; Recycling; Merchant Card, and Procurement (PCard) programs.

Duties included reviewing requests for bid/proposal (RFBs/RFPs); drafting/review of statewide commodity and service contracts, MOUs, SLAs, SaaS agreements, etc.; providing oversight of internal/external audits; working closely with the State's legal teams to apply rules and laws, and to interpret language related to the activities within the Division; updating Division policies and procedures; working closely with the Department of Information Technology (DoIT) on statewide IT initiatives such as credit card acceptance by agencies, implementation of a new ERP/POS system at the NH Liquor Commission, upgrades to the State's financial and time systems, etc.; contract negotiations; right-to-know requests; vendor protests/hearings; approving purchase orders; preparation/oversight of Division budgets; LEAN project executive sponsor, and providing legislative input as needed. Assisted in drafting procurement and ethics language for the Senate bill which later became RSA 21-G:37.

2006-2014 Purchasing Manager/Contract Specialist

University System of New Hampshire, Purchasing & Contract Services Dept., 11 Brook Way, Durham, NH 03824

Responsibilities included purchasing and contract administration for large dollar projects at the various USNH institutions. Duties included preparing formal requests for information/proposals/bids (RFI/RFP/RFBs); conducting site inspections; vendor negotiations; assuring compliance with USNH, state, and federal policies and requirements for procurement; overseeing insurance requirements and mitigating risk to the USNH institutions; assisting with internal/external audits; and supervision of support staff. Worked closely with the USNH senior contract officer and legal counsel to draft, review and negotiate UNH/USNH contract documents.

2000-2006 Purchasing Agent

University System of New Hampshire, Purchasing & Contract Services Dept., 11 Brook Way, Durham, NH 03824

Responsibilities included purchasing and contract administration of commodities and services for all four USNH institutions, including information technology and office equipment; printing; motor vehicles; and independent contractors. Conducted campus-wide purchasing training; sourcing; site inspections; pre-proposal meetings and bid openings; contract negotiations; and processed purchase orders. Was the "green" buying specialist for UNH.

EDUCATION

2003-2006 Plymouth State University, Plymouth, New Hampshire

Received Master of Business Administration (MBA) degree in Spring 2006.

1984-1988 Hawthorne College, Antrim, New Hampshire

Graduated cum laude in April 1988 with a Bachelor of Science degree in Business Administration and a minor in Psychology. President of Student Council 1987-1988.

CERTIFICATION

Received designation as **Certified Purchasing Manager (C.P.M.)** through the Institute for Supply Management (ISM) in July 2009. **Certified Nonprofit Executive (CNE)** 2021.

TECHNICAL SKILLS

Experienced in utilizing the following software and databases: Microsoft Office 365; SharePoint, Access; SCT Banner (Oracle); Lawson/Infor NH First (Oracle), Unimarket ERP, and CutePDF, WITS, and MMIS. Current Notary Public.

OTHER

Have previously published magazine articles related to sports and the environment.

REFERENCES

Available upon request.

Gabriella E. Olhava, LADC

RELATED EXPERIENCE

Hope on Haven Hill

May 2019-Present

Residential Case Manager

May 2018-August 2018

- Provide intensive case management and connect women to local recovery resources
- Support residents in applying for state benefits, housing applications and insurance
- Provide education on life skills, time management and scheduling
- Participate in weekly clinical reviews and provide input on client care

Abi's Place Case Manager

August 2018-Novemeber 2020

- Conduct weekly house meetings and support in conflict resolution/ team building
- Sustain a running record of client information, services provided, and payments completed
- Coordinate events, groups and activities between the house and community
- Create and update policies, house expectations and weekly agendas
- Submit and maintain certification as a nationally recognized recovery home through NH Coalition of Recovery Residences
- Ensure safety by installing and monitoring security cameras and facilitating Urine Drug Screens

Clinical Case Manager

May 2020- July 2021

- Organize, facilitate, and conduct admissions into all programs (Residential, IOP, Sober Living)
- Complete phone screens to collect information and determine eligibility into programs
- Participate in weekly clinical meetings to discuss client charts and provide input
- Maintain a case load for individuals substance use counseling and meet weekly
- Comply with confidentiality and uphold 42. CFR Part 2.
- Attend educational trainings to follow licensure towards being a Licensed Drug and Alcohol Counselor
- Active member in HHH's Safety Committee, Events Committee, Quality Assurance Committee and Clinical Team
- Complete and update weekly treatment plans and review with clients
- Complete American Society for Addiction Medicine (ASAM) Assessment to determine level of care placement
- Connect clients to local recovery resources and encourage positive community supports

Residential Clinician

July 2021-Septemebr 2022

- Complete and update weekly treatment plans
- Manage a clinical caseload of 4 residential clients
- Provide clinical services such as intake/diagnostic evaluations, case evaluations, and crisis interventions for all HHH program clients (residential, IOP, OP, etc.).
- Provide individual and group counseling to women participating in the residential program with an emphasis on relapse prevention and healthy coping skills.
- Treat co-occurring disorders using evidence-based practices in individual, group, and family formats.

Residential Programs Manager

September 2022-July 2024

- Ensuring that Abi's Place and HHH Residential Treatment Program are operating per licensing and state contract requirements, and NHCORR.
- Development of policies and procedures, as well as updating policies and procedures as needed, to ensure we are in compliance with licensing and state contract requirements and remaining prepared for state inspections at all times.
- Responsible for providing support to clients as needed and participate in Clinical Reviews.
- Responsible to oversee that all staff have been properly trained across shift and participate in the hiring and supervision of all RSS staff.
- Responsible for weekly supervision meetings with Lead CRSW/RSS Supervisor(s), Abi's House Manager, and Nurse Manager.

Associate Director

- Work closely with Operations and Clinical Directors on invoices for the agency, as well as client insurance billing to ensure the process is effective and timely.
- Work closely with Executive and Operations Directors to prepare the annual operating budget, comparing actual to projected budget for approval from the Board of Directors.
- Responds to emergency situations with competence and composure.

- Support risk management and participate in programs concerning resident and staff safety.
- Possess an understanding of human resources, employee performance improvement plans and corrective action policies, management of staff payroll and employee benefit programs.
- Write and support reports on the program for management and for funders.
- Communicate with funders as outlined in funding agreements.
- Report evaluation findings to the Executive Director and recommend changes to enhance the program, as appropriate.

July 2024- Present

Homeless Center for Strafford County- Rochester, NH

August 2018-May 2019

Professional Intern/ Case manager

- Participate in Grant writing, fund development, shelter management, interactions with local welfare officers
- Guide conflict resolution between residents and plan individual goals by sharing and discussing available resources
- Evaluate client information and determine appropriate degree in which the shelter can serve the client
- Participate in collection of housing and saving payments from residents
- Sustain a running record of client information, services provided, and payments completed
- Create a living document using Google Drive for the entire organization to improve communication with staff
- Maintain professional working relationships with area agencies to communicate client applications and evaluations

LEADERSHIP AND PROFESSIONAL AFFILIATIONS

Leadership Seacoast

Board Member

February 2024- Present

EDUCATION AND CERTIFICATIONS

University of New Hampshire - Durham, NH

Bachelor of Science: Social Work

May 18th, 2019

Walden University

Masters in Public Administration

August 2024

Specialization in Nonprofit Management and Leadership

Narcan Certification

November 15th, 2019

NH Recovery Coach Certification

May 2019

Cognitive Behavior Therapy

June 2020

CPR, AED, and Basic First Aid

November 20th, 2020

Certified Clinical Trauma Professional Intensive Training Course

January 2021

Licensed Alcohol and Drug Counselor

July 2021

Dialectical Behavioral Therapy

September 2022

Crisis Prevention Institute (CPI)

September 2022

Nationally Certified Car Seat Technician

December 2024

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:

Hope on Haven Hill

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Kerry Norton, RN	Executive Director	\$34,500.00	\$115,000.00
Lisa Pollard	Operations Director	\$31,394.00	\$104,648.00
Beth O'Dell	Clinical Director	\$29,039.00	\$96,796.00
Gabriella O'hava	Associate Director	\$26,418.00	\$88,060.00
		\$0.00	\$0.00
		\$0.00	\$0.00



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

48

Lori A. Weaver
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

August 28, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed in **Bold** below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by extending the completion dates from September 29, 2023 to June 30, 2025 and increasing the total price limitation by \$15,331,072 from \$15,703,407 to \$31,034,479 and, effective September 29, 2023, upon Governor and Council approval. 62.33% Federal Funds. 11.68% General Funds. 25.99% Other Funds (Governor's Commission).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, amended on March 23, 2022, item #35, and most recently amended on December 21, 2022, item #29.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$1,052,232	\$360,596	\$1,412,828
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$180,000	\$593,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$490,666	\$320,000	\$810,666

Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061- B001	Statewide	\$1,303,516	\$1,118,145	\$2,421,661
Families in Transition (Formerly known as: FIT/NHNH, Inc.) (Manchester, NH)	157730- B001	Statewide	\$2,960,216	\$1,750,000	\$4,710,216
Grafton County New Hampshire (North Haverhill, NH)	177397- B003	Statewide	\$464,325	\$850,000	\$1,314,325
Headrest (Lebanon, NH)	175226- B001	Statewide	\$805,107	\$710,000	\$1,515,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119- B001	Statewide	\$1,589,409	\$1,372,175	\$2,961,584
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204- B001	Statewide	\$4,715,348	\$7,325,156	\$12,040,504
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292- B001	Statewide	\$1,346,066	\$1,345,000	\$2,691,066
		Total:	\$15,703,407	\$15,331,072	\$31,034,479

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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 to extend the expiration date and increase funding for the Contractors to continue providing substance use treatment services.

While insurance payments, including Medicaid, cover some of the cost of treating individuals, it does not cover the overall cost of providing treatment services. Through a cost-reimbursement model, these providers will be reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administrative costs. These funds also fill in the gaps for when individuals are uninsured or underinsured.

Approximately 3,574 individuals will be served during State Fiscal Years 2024 and 2025.

The Contractors will continue to provide a comprehensive range of treatment services accessible statewide. These services encompass individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, and high and low intensity residential treatment services. Additionally, specialized residential services and integrated medications for substance use disorders are also provided. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services funded providers looks at all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subsection 1.1. of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) year and nine (9) months of the four (4) years available.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual, but also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s TI083464, TI084659, TI083955, TI085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s TI083326 and TI085759, and TBD.

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

Respectfully submitted,



Lori A. Weaver
Commissioner

**05-95-92-820510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

Belonging Medical
Group

334662-B001

PO 1084542

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	92058501	\$280,618	\$0	\$280,618
2024-Q1	074-500589	Welfare Assistance	92058501	\$66,320	\$0	\$66,320
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
Sub-total				\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO 1084957

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance		\$470,179	\$0	\$470,179
2024-Q1	074-500589	Welfare Assistance		\$40,498	\$0	\$40,498
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$7,390	\$7,390
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$9,853	\$9,853
Sub-total				\$814,632	\$17,243	\$831,875

Cheshire Medical
Center/Dartmouth

155405-B001

PO 1083175

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance		\$59,496	\$0	\$59,496
2024-Q1	074-500589	Welfare Assistance		\$13,122	\$0	\$13,122
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$24,613	\$24,613
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$32,818	\$32,818
Sub-total				\$132,633	\$57,431	\$190,064

CC of
Nashua/Greater

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance		\$99,174	\$0	\$99,174
2024-Q1	074-500589	Welfare Assistance		\$29,806	\$0	\$29,806
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$43,758	\$43,758
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$58,343	\$58,343

Sub-total				\$157,124	\$102,101	\$259,225
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Dismas Home 290061-B001		PO 1083177				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance		\$344,159	\$0	\$344,159
2024-Q1	074-500589	Welfare Assistance		\$13,981	\$0	\$13,981
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$42,857	\$42,857
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$57,143	\$57,143
Sub-total				\$494,934	\$100,000	\$594,934

Families in Transition 157730-B001		PO 1083185				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance		\$362,283	\$0	\$362,283
2024-Q1	074-500589	Welfare Assistance		\$13,047	\$0	\$13,047
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$67,629	\$67,629
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$90,173	\$90,173
Sub-total				\$518,444	\$157,802	\$676,246

Grafton City 177397-B003		PO 1088987				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance		\$69,395	\$0	\$69,395
2024-Q1	074-500589	Welfare Assistance		\$14,827	\$0	\$14,827
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$116,231	\$116,231
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$154,974	\$154,974
Sub-total				\$148,854	\$271,205	\$420,059

Headrest, Inc. 175226-B001		PO 1083186				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance		\$43,917	\$0	\$43,917
2024-Q1	074-500589	Welfare Assistance		\$10,390	\$0	\$10,390
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$74,376	\$74,376
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$99,168	\$99,168
Sub-total				\$80,370	\$173,544	\$253,914

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance		\$332,570	\$0	\$332,570
2024-Q1	074-500589	Welfare Assistance		\$10,965	\$0	\$10,965
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$182,368	\$182,368
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$243,158	\$243,158
Sub-total				\$486,437	\$425,526	\$911,963

Manchester Alcohol
Rehab Center, 177204-B001

PO 1083184

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance		\$234,976	\$0	\$234,976
2024-Q1	074-500589	Welfare Assistance		\$50,208	\$0	\$50,208
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,006,113	\$1,006,113
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,341,484	\$1,341,484
Sub-total				\$452,125	\$2,347,597	\$2,799,722

Southeastern NH
Alcohol & Drug 155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance		\$36,020	\$0	\$36,020
2024-Q1	074-500589	Welfare Assistance		\$7,696	\$0	\$7,696
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$142,522	\$142,522
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$190,029	\$190,029
Sub-total				\$77,858	\$332,551	\$410,409
SUB TOTAL GOV COMM				\$3,926,205	\$3,985,000	\$7,911,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0

2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance		\$126,091	\$0	\$126,091
2024-Q1	074-500589	Welfare Assistance		\$27,811	\$0	\$27,811
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$52,530	\$52,530
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$70,039	\$70,039
Sub-total				\$281,095	\$122,569	\$403,664

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance		\$210,590	\$0	\$210,590
2024-Q1	074-500589	Welfare Assistance		\$63,305	\$0	\$63,305
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$93,385	\$93,385
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$124,514	\$124,514
Sub-total				\$333,542	\$217,899	\$551,441

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance		\$133,325	\$0	\$133,325
2024-Q1	074-500589	Welfare Assistance		\$29,631	\$0	\$29,631
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance		\$766,463	\$0	\$766,463
2024-Q1	074-500589	Welfare Assistance		\$168,206	\$0	\$168,206
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$62,013	\$62,013
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$82,684	\$82,684
Sub-total				\$1,496,763	\$144,697	\$1,641,460

Grafton Cty

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance		\$147,071	\$0	\$147,071
2024-Q1	074-500589	Welfare Assistance		\$31,424	\$0	\$31,424
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$248,055	\$248,055
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$330,740	\$330,740
Sub-total				\$315,471	\$578,795	\$894,266

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance		\$93,078	\$0	\$93,078
2024-Q1	074-500589	Welfare Assistance		\$22,021	\$0	\$22,021
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$103,851	\$103,851
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$138,469	\$138,469
Sub-total				\$170,337	\$242,320	\$412,657

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance		\$108,764	\$0	\$108,764
2024-Q1	074-500589	Welfare Assistance		\$23,239	\$0	\$23,239
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$73,651	\$73,651
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$98,202	\$98,202
Sub-total				\$236,172	\$171,853	\$408,025

Manchester Alcohol
Rehab Center.

State Fiscal Year	Class/Account	Title		Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance		\$497,996	\$0	\$497,996
2024-Q1	074-500589	Welfare Assistance		\$106,407	\$0	\$106,407
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,452,076	\$1,452,076
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,936,101	\$1,936,101
Sub-total				\$958,208	\$3,388,177	\$4,346,385

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance		\$76,338	\$0	\$76,338
2024-Q1	074-500589	Welfare Assistance		\$16,311	\$0	\$16,311
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$171,541	\$171,541
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$228,721	\$228,721
Sub-total				\$165,008	\$400,262	\$565,270
SUB TOTAL CLINICAL				\$4,210,778	\$5,266,572	\$9,477,350

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance		\$118,800	\$0	\$118,800
2024-Q1	074-500589	Welfare Assistance		\$30,000	\$0	\$30,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$147,151	\$147,151
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$196,202	\$196,202
Sub-total				\$237,600	\$343,353	\$580,953

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$436,348	\$436,348

2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$581,797	\$581,797
Sub-total				\$554,400	\$1,018,145	\$1,572,545

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance		\$420,381	\$0	\$420,381
2024-Q1	074-500589	Welfare Assistance		\$91,728	\$0	\$91,728
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$620,358	\$620,358
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$827,143	\$827,143
Sub-total				\$945,009	\$1,447,501	\$2,392,510

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$126,058	\$126,058
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$168,078	\$168,078
Sub-total				\$554,400	\$294,136	\$848,536

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance		\$433,400	\$0	\$433,400
2024-Q1	074-500589	Welfare Assistance		\$107,800	\$0	\$107,800
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$332,055	\$332,055
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$442,741	\$442,741
Sub-total				\$866,800	\$774,796	\$1,641,596

Manchester Alcohol Rehab Center.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance		\$1,402,500	\$0	\$1,402,500
2024-Q1	074-500589	Welfare Assistance		\$328,300	\$0	\$328,300
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$681,164	\$681,164
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$908,218	\$908,218
Sub-total				\$2,805,000	\$1,589,382	\$4,394,382

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance		\$551,600	\$0	\$551,600
2024-Q1	074-500589	Welfare Assistance		\$137,200	\$0	\$137,200
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$262,366	\$262,366
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$349,821	\$349,821
Sub-total				\$1,103,200	\$612,187	\$1,715,387
SUB TOTAL SOR				\$7,066,409	\$6,079,500	\$13,145,909

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$375,000	\$0	\$375,000
2024-Q1	074-500589	Welfare Assistance		\$125,015	\$0	\$125,015
Sub-total				\$500,015	\$0	\$500,015
Grand Total All				<u>\$15,703,407</u>	<u>\$15,331,072</u>	<u>\$31,034,479</u>

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Hope on Haven Hill, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021, (Item #30), as amended on March 23, 2022, (Item #35), and as amended on December 21, 2022, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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

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

June 30, 2025

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

\$2,961,584

3. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:

1. This Agreement is funded by:

- 1.1. 9.093%, Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded October 1, 2020, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI083464, which are only effective from the contract effective date through September 30, 2022; and as awarded October 1, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI084659, which are effective through September 30, 2023; and as awarded February 15, 2023 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.959 FAIN TI085821, which are effective through September 30, 2024; and ALN 93.959 FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.

- 1.2. 55.430%, Federal funds from the State Opioid Response Grant, as awarded September 30, 2021, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA # 93.788, FAIN TI083326, which are only effective from the contract effective date through September 29, 2022, and as awarded September 23, 2022, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing # 93.788, FAIN H79TI085759, which are only effective from September 30, 2022 through September 29, 2023; and SOR 3B, ALN 93.788, FAIN TBD, are anticipated to be available effective 9/30/2023, pending the receipt of the Notice of Award from SAMHSA; and ALN 93.788, FAIN TBD, anticipated to be available effective

DS
HN

9/30/2024, pending the receipt of the Notice of Award from SAMHSA.

- 1.3. 4.684% General funds.
- 1.4. 30.793% Other funds (Governor's Commission).
4. Modify Exhibit C, Amendment #1, Payment Terms, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-16, Residential Services Budget.
 - 3.1. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting.
 - 3.2. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-16, Residential Services Budget is received from the Department prior to submitting invoices for payment.
 - 3.3. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 4, to read:
 4. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than October 20, 2023, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 4.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2023 through June 30, 2024, as follows:
 - 4.1.1. Exhibit C-9, Women's Services Budget
 - 4.1.2. Exhibit C-10, Amendment #1, Transitional Living Program Budget
 - 4.1.3. Exhibit C-11, Enhanced Services Budget
 - 4.1.4. Exhibit C-12, Residential Services Budget
6. Modify Exhibit C, Amendment #1, Payment Terms, Section 5, to read:
 5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days prior to June 30, 2024, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-13, Women's Services Budget
 - 5.1.2. Exhibit C-14, Transitional Living Program Budget
 - 5.1.3. Exhibit C-15, Enhanced Services Budget
 - 5.1.4. Exhibit C-16, Residential Services Budget
7. Modify Exhibit C, Amendment #1, Payment Terms, Section 6, to read:
 6. Reserved.

DS
LN

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 29, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

8/25/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Hope on Haven Hill, Inc.

DocuSigned by:

Kerry Norton

Name: Kerry Norton

Title: Executive Director

8/25/2023

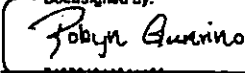
Date

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

OFFICE OF THE ATTORNEY GENERAL

8/27/2023

Date

DocuSigned by:

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

ARC

29



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH**

Lori A. Shibleyette
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by increasing the total price limitation by \$4,229,499 from \$11,473,908 to \$15,703,407 with no change to the contract completion dates of September 29, 2023, effective retroactive to September 30, 2022, upon Governor and Council approval. 65.88% Federal Funds, 9.12% General Funds, 25.00% Other Funds (Governor's Commission Fund).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, and most recently amended on March 23, 2022, item #35.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
<i>Belonging Medical Group, PLLC (Hanover, NH)</i>	334662-B001	Statewide	\$562,794	\$0	\$562,794
<i>Bridge Street Recovery, LLC (Bennington, NH)</i>	341988-B001	Statewide	\$933,432	\$118,800	\$1,052,232
<i>The Cheshire Medical Center (Keene, NH)</i>	155405-B001	Statewide	\$413,728	\$0	\$413,728
<i>Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)</i>	154112-B001	Statewide	\$190,666	\$300,000	\$490,666
<i>Dismas Home of New Hampshire, Inc. (Manchester, NH)</i>	290061-B001	Statewide	\$1,026,316	\$277,200	\$1,303,516
<i>Families in Transition (Formerly known as: FIT/NHNNH, Inc.) (Manchester, NH)</i>	157730-B001	Statewide	\$2,591,432	\$368,784	\$2,960,216

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

Grafton County New Hampshire (North Haverhill, NH)	177397 -B003	Statewide	\$464,325	\$0	\$464,325
Headrest (Lebanon, NH)	175226 -B001	Statewide	\$527,907	\$277,200	\$805,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119 -B001	Statewide	\$1,156,009	\$433,400	\$1,589,409
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204 -B001	Statewide	\$2,812,833	\$1,902,515	\$4,715,348
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292 -B001	Statewide	\$794,466	\$551,600	\$1,346,066
		Total:	\$11,473,908	\$4,229,499	\$16,703,407

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

See attached fiscal details.

EXPLANATION

The Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding effective September 30, 2022. The Department needed additional time to finalize the amendments and funding details. This request is **Retroactive** to align with the federal effective date of funding. This request is **Sole Source** because the scopes of services are being amended and funds are being added.

The purpose of this request is twofold: to increase funding for the Contractors to continue providing and to expand substance use treatment services; and to modify the scopes of service to align with the services provided by each Contractor.

The funding increase is for those Contractors, currently receiving federal State Opioid Response funding, to support people in need of residential treatment services. The Contractors will continue providing substance use disorder treatment and recovery support services to New Hampshire residents with current or a history of Opioid Use Disorder or Stimulant Use Disorder. Additionally, Greater Nashua Mental Health will receive increased funding in order to expand hours, implement family treatment services and provide case management and peer recovery support to adolescents, and Manchester Alcoholism Rehabilitation Center will receive increased funding to increase capacity for individuals being served at the American Society of Addiction Medicine (ASAM) 3.7 Level of Care. The Contractors that only provide outpatient services did not receive increased funding.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

The Department modified the scopes of service to: clarify contractor responsibilities related to Improving Government Performance and Results Act (GPRA) collection for those Contractors that currently receive federal State Opioid Response funding; reflect the expansion of services for Greater Nashua Mental Health and Manchester Alcoholism Rehabilitation Center; and to reflect the reduction of 39 transitional living beds to 25 beds for Families in Transition. The organization recently closed its transitional living program for men.

Approximately 1,547 individuals will be served during State Fiscal Year 2023 through Quarter 1 of State Fiscal Year 2024.

The Contractors will continue to provide an array of treatment services with statewide access, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory and medically monitored withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medications for substance use disorders. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers looks at all collected data, including demographic and outcome data, to ensure:

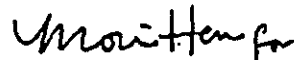
- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. Research shows that treatment wait times increase the risk of overdoses; both fatal and non-fatal. Any delay in receiving treatment or recovery supports is not high quality healthcare, and primarily impacts the individual, but has potential consequences for families and communities as well, such as increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464 and T1084659, and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

Belonging Medical
Group

334662-B001

PO TBD

PO 1084542

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-5005851#	Community Grants	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	\$280,618	\$0	\$280,618
2024	074-500589	Welfare Assistance	\$66,320	\$0	\$66,320
Sub-total			\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO TBD

PO 1084957

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance	\$470,179	\$0	\$470,179
2024	074-500589	Welfare Assistance	\$40,498	\$0	\$40,498
Sub-total			\$814,632	\$0	\$814,632

Cheshire Medical
Center/Dartmouth

155405-B001

PO TBD

PO 1083175

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance	\$59,496	\$0	\$59,496
2024	074-500589	Welfare Assistance	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of
Nashua/Greater

154112-B001

PO TBD

PO 1083753

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	\$27,174	\$72,000	\$99,174
2024	074-500589	Welfare Assistance	\$5,806	\$24,000	\$29,806
Sub-total			\$61,124	\$96,000	\$157,124

Dismas Home

290061-B001

PO TBD

PO 1083177

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	\$344,159	\$0	\$344,159

2024	074-500589	Welfare Assistance	\$13,981	\$0	\$13,981
Sub-total			\$494,934	\$0	\$494,934

Families in Transition 157730-B001

PO TBD

PO 1083185

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	\$13,047	\$0	\$13,047
Sub-total			\$518,444	\$0	\$518,444

Grafton Cty 177397-B003

PO TBD

PO 1083176

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc.

175226-B001

PO TBD

PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance	\$43,917	\$0	\$43,917
2024	074-500589	Welfare Assistance	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill 275119-B001

PO TBD

PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	\$332,570	\$0	\$332,570
2024	074-500589	Welfare Assistance	\$10,965	\$0	\$10,965
Sub-total			\$486,437	\$0	\$486,437

Manchester Alcohol
Rehab Center, 177204-B001

PO TBD

PO 1083184

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance	\$234,976	\$0	\$234,976
2024	074-500589	Welfare Assistance	\$50,208	\$0	\$50,208

Sub-total			\$452,125	\$0	\$452,125
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Southeastern NH
Alcohol & Drug

155292-B001

PO TBD

PO 1083180

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$3,830,205	\$96,000	\$3,926,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0

2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0
2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance	\$126,091	\$0	\$126,091
2024	074-500589	Welfare Assistance	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	\$57,590	\$153,000	\$210,590
2024	074-500589	Welfare Assistance	\$12,305	\$51,000	\$63,305
Sub-total			\$129,542	\$204,000	\$333,542

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	\$168,206	\$0	\$168,206

Sub-total			\$1,496,763	\$0	\$1,496,763
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Grafton Cty

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance	\$93,078	\$0	\$93,078
2024	074-500589	Welfare Assistance	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance	\$497,996	\$0	\$497,996
2024	074-500589	Welfare Assistance	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH.
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008

SUB TOTAL CLINICAL		\$4,006,778	\$204,000	\$4,210,778
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05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance	\$30,000	\$88,800	\$118,800
2024	074-500589	Welfare Assistance	\$0	\$30,000	\$30,000
Sub-total			\$118,800	\$118,800	\$237,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000

Sub-total			\$277,200	\$277,200	\$554,400
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Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	\$143,325	\$277,056	\$420,381
2024	074-500589	Welfare Assistance	\$0	\$91,728	\$91,728
Sub-total			\$576,225	\$368,784	\$945,009

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000
Sub-total			\$277,200	\$277,200	\$554,400

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	\$107,800	\$325,600	\$433,400
2024	074-500589	Welfare Assistance	\$0	\$107,800	\$107,800
Sub-total			\$433,400	\$433,400	\$866,800

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance	\$328,300	\$1,074,200	\$1,402,500
2024	074-500589	Welfare Assistance	\$0	\$328,300	\$328,300
Sub-total			\$1,402,500	\$1,402,500	\$2,805,000

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	\$137,200	\$414,400	\$551,600
2024	074-500589	Welfare Assistance	\$0	\$137,200	\$137,200
Sub-total			\$551,600	\$551,600	\$1,103,200

SUB TOTAL SOR		\$3,636,925	\$3,429,484	\$7,066,409
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)				

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$375,000	\$375,000
2024	074-500589	Welfare Assistance	\$0	\$125,015	\$125,015
Sub-total			\$0	\$500,015	\$500,015
Grand Total All			<u>\$11,473,908</u>	<u>\$4,229,499</u>	<u>\$15,703,407</u>

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**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH**

Lori A. Sibblaste
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 14, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by decreasing the total price limitation by \$192,012 from \$11,665,920 to \$11,473,908 with no change to the contract completion dates of September 29, 2023, effective upon Governor and Council approval. 54.745% Federal Funds. 11.873% General Funds. 33.382% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794	\$0	\$562,794	O: 10/13/21 #30
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744	(\$328,312)	\$933,432	O: 10/13/21 #30
The Cheshire Medical Center	155405-B001	Statewide	\$413,728	\$0	\$413,728	O: 10/13/21 #30
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666	\$0	\$190,666	O: 10/13/21 #38C
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316	\$375,000	\$1,026,316	O: 10/13/21 #30
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432	\$375,000	\$2,591,432	O: 10/13/21 #30

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Grafton County New Hampshire	177397- B003	Statewide	\$464,325	\$0	\$464,325	O: 10/13/21 #30
Headrest	175226- B001	Statewide	\$527,907	\$0	\$527,907	O: 10/13/21 #30
Hope on Haven Hill, Inc.	275119- B001	Statewide	\$781,009	\$375,000	\$1,156,009	O: 10/13/21 #30
Manchester Alcoholism Rehabilitation Center	177204- B001	Statewide	\$3,801,533	(\$988,700)	\$2,812,833	O: 10/13/21 #30
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292- B001	Statewide	\$794,466	\$0	\$794,466	O: 10/13/21 #30
Total:			\$11,665,920	(\$192,012)	\$11,473,908	

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to clarify requirements related to staffing and coordination of care; to attach Exhibit L, ASAM End User Agreement; to clarify payment terms for all Contractors; to update terms specific to 42 CFR Part 2, substance use treatment confidentiality regulations within the Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement; to revise the funding allocations for Bridge Street Recovery and for the Manchester Alcoholism Rehabilitation Center; and to increase funding to Contractors with transitional living programs.

The clarified staffing requirements will allow Contractors to hire and utilize Licensed Supervisors, in accordance with the original requirements of the related Request for Proposals (RFP) for these services. The original contracts referred to the position as a Licensed Clinical Supervisor based on a specific type of license issued by the New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals, which is not required under these contracts. The Licensed Supervisor is equally qualified to the Licensed Clinical Supervisor to provide supervision services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

Additional language around coordination of care will require Contractors to use a Department-approved referral system to connect individuals to health and social services providers as needed.

Exhibit L, ASAM End User Agreement, which details policy regarding Contractors' promotion or marketing of the American Society of Addiction Medicine (ASAM) criteria or utilization of language related to ASAM levels of care, will ensure Contractor compliance with ASAM requirements relative to utilization of such language. Should the Governor and Council not authorize this request, Contractors that market or promote their utilization of ASAM criteria or levels of care will be out of compliance with the End User Agreement Policy required by ASAM.

The clarified detailed payment process for all Contractors will ensure compliance with federal funding requirements. Should Governor and Council not authorize this request, Contractors that receive State Opioid Response funding through these agreements may not be able to accurately invoice for program-related expenses, which may put the Department in violation of federal funding agreements.

Revising the funding allocation for Bridge Street Recovery is necessary because the initial funding award amount for the organization was based their provision of multiple services under this agreement. The Contractor has chosen to only provide Transitional Living (TLP) Services under this agreement, resulting in the funding decrease.

Revising the funding allocation for the Manchester Alcoholism Rehabilitation Center is necessary because the initial funding award amount for Manchester Alcoholism Rehabilitation Center was based on the number of licensed beds available at its facilities for services within this scope of work. The Contractor has chosen to reduce the number of licensed beds available for these services, resulting in a decrease in funding. The types of services available through Manchester Alcoholism Rehabilitation Center remain unchanged.

The funding made available by the decrease will be utilized for a future procurement, for substance use disorder residential and outpatient treatment and recovery services for the general public, as well as for pregnant and parenting women. The new procurement will serve approximately 450 individuals. Should the Governor and Council not authorize this request, the Department will not be able to utilize this funding for the new procurement to address known service gaps, including in the Greater Nashua Area.

Adding funding to Contractors with transitional living programs is necessary, due to the increasing lack of affordable housing and increasing acuity of substance use disorders in the state, exacerbated by the COVID-19 pandemic. Individuals with substance use disorders have a greater need for stable, affordable housing, where they can continue to receive treatment services. Transitional living programs are not covered by Medicaid, and these funds will be used to provide this service to the most vulnerable individuals; individuals who have an income below 400% of the poverty level; are residents of NH or experiencing homelessness in NH; and who are in need of ongoing substance use disorder treatment in a safe and sober environment.

Contractors will continue to provide an array of treatment and recovery support services with statewide access, ensuring individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery. Approximately 7000 individuals will continue to be served over the next two (2) years through all 11 contracts.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers will look at all collected data, including the demographic and outcome data collected from the Web Information Technology System (WITS). This will help to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on American Society of Addiction Medicine (ASAM) Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve Initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is not exercising its option to renew at this time.

Area served: Statewide

Source of Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA 93.959 FAIN T1083464 and State Opioid Response Grant, CFDA # 93.788, FAIN T1083326.

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

Respectfully submitted,



Lori A. Shibiñette
Commissioner

SUD Tx Financial Detail - Amendment #1

05-03-02-020510-33020000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334802-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$69,199	\$148,837	\$218,036
2023	074-500585	Community Grants	\$89,960	\$190,636	\$280,616
2024	074-500585	Community Grants	\$21,261	\$45,039	\$66,320
Sub-total			\$180,420	\$382,374	\$562,794

Bridge Street Recovery, LLC		341950-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$138,976	\$166,076	\$305,053
2023	074-500585	Community Grants	\$188,920	\$281,250	\$470,170
2024	074-500585	Community Grants	\$40,408	\$0	\$40,408
Sub-total			\$368,408	\$447,226	\$815,632

Center/Dartmouth Hitchcock Keene		155405-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500585	Community Grants	\$59,496	\$0	\$59,496
2024	074-500585	Community Grants	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of Nashua/Greater Nashua Mental Health		154112-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500585	Community Grants	\$27,174	\$0	\$27,174
2024	074-500585	Community Grants	\$5,806	\$0	\$5,806
Sub-total			\$61,124	\$0	\$61,124

Headstart, Inc.	173220-B001	PO TBD	PO TBD	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Revised Modified Budget
2022	074-500565	Community Grants	\$20,063	\$20,063
2023	074-500565	Community Grants	\$43,917	\$43,917
2024	074-500565	Community Grants	\$10,390	\$10,390
Sub-total			\$20,370	\$20,370

Craton City	177387-B003	PO TBD	PO TBD	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Revised Modified Budget
2022	074-500565	Community Grants	\$24,632	\$24,632
2023	074-500565	Community Grants	\$29,393	\$29,393
2024	074-500565	Community Grants	\$14,827	\$14,827
Sub-total			\$148,854	\$148,854

Farmers by Transition	157730-B001	PO TBD	PO TBD	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Revised Modified Budget
2022	074-500565	Community Grants	\$190,021	\$143,114
2023	074-500565	Community Grants	\$271,691	\$202,283
2024	074-500565	Community Grants	\$26,106	\$13,047
Sub-total			\$215,818	\$110,444

Church Home	290081-B001	PO TBD	PO TBD	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Revised Modified Budget
2022	074-500565	Community Grants	\$43,044	\$120,794
2023	074-500565	Community Grants	\$22,909	\$244,150
2024	074-500565	Community Grants	\$13,901	\$13,901
Sub-total			\$110,034	\$134,934

Hope on Haven Hill		275119-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$49,152	\$93,750	\$142,902
2023	074-500585	Community Grants	\$51,320	\$281,250	\$332,570
2024	074-500585	Community Grants	\$10,965	\$0	\$10,965
Sub-total			\$111,437	\$375,000	\$486,437

Manchester Alcohol Rehab Center, Easter Seals, Femur Center		177204-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500585	Community Grants	\$234,976	\$0	\$234,976
2024	074-500585	Community Grants	\$50,208	\$0	\$50,208
Sub-total			\$452,125	\$0	\$452,125

Southeastern NH Alcohol & Drug Abuse Services		155292-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500585	Community Grants	\$36,020	\$0	\$36,020
2024	074-500585	Community Grants	\$7,606	\$0	\$7,606
Sub-total			\$77,658	\$0	\$77,658
SUM TOTAL GOV COMM			\$2,246,979	\$1,573,226	\$3,820,205

05-05-02-020310-333440000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500563	Community Grants	\$146,657	(\$146,657)	\$0
2023	074-500563	Community Grants	\$190,636	(\$190,636)	\$0
2024	074-500563	Community Grants	\$45,059	(\$45,059)	\$0
Sub-total			\$382,374	(\$382,374)	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$290,305	(\$290,305)	\$0
2023	074-500583	Community Grants	\$400,404	(\$400,404)	\$0
2024	074-500583	Community Grants	\$85,829	(\$85,829)	\$0
Sub-total			\$776,538	(\$776,538)	\$0

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$127,193	\$0	\$127,193
2023	074-500583	Community Grants	\$126,091	\$0	\$126,091
2024	074-500583	Community Grants	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$59,647	\$0	\$59,647
2023	074-500583	Community Grants	\$57,590	\$0	\$57,590
2024	074-500583	Community Grants	\$12,305	\$0	\$12,305
Sub-total			\$129,542	\$0	\$129,542

Dames Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500585	Community Grants	\$133,325	\$0	\$133,325
2024	074-500585	Community Grants	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$418,437	\$148,657	\$567,094
2023	074-500585	Community Grants	\$375,805	\$190,658	\$566,463
2024	074-500585	Community Grants	\$123,147	\$43,058	\$166,206
Sub-total			\$1,114,389	\$382,374	\$1,496,763

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500585	Community Grants	\$147,071	\$0	\$147,071
2024	074-500585	Community Grants	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,236	\$0	\$55,236
2023	074-500585	Community Grants	\$93,078	\$0	\$93,078
2024	074-500585	Community Grants	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$104,169	\$0	\$104,169
2023	074-500583	Community Grants	\$108,764	\$0	\$108,764
2024	074-500583	Community Grants	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol Rehab Center,
Ester 862A, Farnum Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$353,605	\$0	\$353,605
2023	074-500583	Community Grants	\$497,996	\$0	\$497,996
2024	074-500583	Community Grants	\$108,407	\$0	\$108,407
Sub-total			\$959,208	\$0	\$959,208

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$72,359	\$0	\$72,359
2023	074-500583	Community Grants	\$70,336	\$0	\$70,336
2024	074-500583	Community Grants	\$18,311	\$0	\$18,311
Sub-total			\$165,006	\$0	\$165,006
SUB TOTAL CLINICAL			\$4,783,316	(\$776,538)	\$4,006,778

05-65-62-820510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 6/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$88,600	\$0	\$88,600
2023	074-500583	Community Grants	\$30,000	\$0	\$30,000
Sub-total			\$118,600	\$0	\$118,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500585	Community Grants	\$143,325	\$0	\$143,325
Sub-total			\$576,225	\$0	\$576,225

Heedrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500585	Community Grants	\$107,800	\$0	\$107,800
Sub-total			\$433,400	\$0	\$433,400

Manchester Alcohol Rehab Center,
Easter Bash, Parnum Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,793,400	(\$719,200)	\$1,074,200
2023	074-500585	Community Grants	\$597,900	(\$268,500)	\$329,400
Sub-total			\$2,391,300	(\$987,700)	\$1,403,600

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500585	Community Grants	\$137,200	\$0	\$137,200
Sub-total			\$551,600	\$0	\$551,600
SUB TOTAL SOR			\$4,625,625	(1938,700)	\$3,686,925
Grand Total All			\$11,462,920	(\$182,012)	\$11,473,808

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Lori A. Shlabinette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 15, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into contracts with the Contractors listed below in an amount not to exceed \$11,475,254 for Substance Use Disorder Treatment and Recovery Support Services, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through September 29, 2023. 66.66% Federal Funds. 14.00% General Funds. 19.44% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Contract Amount
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744
The Cheshire Medical Center	155405-B001	Statewide	\$413,728
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432
Grafton County New Hampshire	177397-B003	Statewide	\$464,325
Headrest	175226-B001	Statewide	\$527,907
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466
		Total:	\$11,475,254

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to provide Substance Use Disorder Treatment and Recovery Supports Services statewide to New Hampshire residents who have income below 400% of the Federal Poverty Level, and are uninsured or underinsured.

The Contractors will provide statewide access to an array of treatment services, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medication assisted treatment. The Contractors will ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which will increase the ability of individuals to achieve and maintain recovery. The Contractors will also assist eligible individuals with enrolling in Medicaid while receiving treatment, and the Department will serve as the payer of last resort.

Approximately 7,000 individuals will receive services over the next two years.

The Department will monitor services through monthly, quarterly, and annual reporting to ensure the Contractors:

- Provide services that reduce the negative impacts of substance misuse.
- Make continuing care, transfer and discharge decisions based on American Society of Addiction Medicine (ASAM) criteria.
- Treat individuals using Evidence Based Practices and follow best practices.
- Achieve initiation, engagement, and retention goals as required by the Department.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 20, 2021 through August 19, 2021. The Department received twelve (12) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached. This request represents ten (10) of twelve (12) contracts for Substance Use Disorder Treatment and Recovery Supports Services. The Department anticipates presenting two (2) additional contracts at a future Governor and Executive Council meeting for approval.

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

Should the Governor and Council not authorize this request, individuals in need of Substance Use Disorder Treatment and Recovery Supports Services may not receive the treatment, tools, and education required to enhance and sustain recovery that, in some cases, prevents untimely deaths.

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA
93.959 FAIN TI083464 and State Opioid Response Grant, CFDA # 93.788, FAIN TI083326.

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

Respectfully submitted,

Dec. Signed by:

Lori A. Shabinette

LCAS2504125473...

Lori A. Shabinette
Commissioner

05-95-02-820510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HMS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100%
Other Funds)

Belonging Medical Group		334882-8001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$89,189
2023	102-500731	Contracts for Prog Svc	\$89,951
2024	102-500731	Contracts for Prog Svc	\$21,261
Sub-total			\$180,421

Bridge Street Recovery, LLC		341988-8001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$136,879
2023	102-500731	Contracts for Prog Svc	\$188,928
2024	102-500731	Contracts for Prog Svc	\$40,498
Sub-total			\$366,405

Center/Dartmouth Hitchcock Keano		155405-8001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$60,015
2023	102-500731	Contracts for Prog Svc	\$59,496
2024	102-500731	Contracts for Prog Svc	\$13,122
Sub-total			\$132,633

CC of Nashua/Greater Nashua
Mental Health

154112-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

290081-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$43,044
2023	102-500731	Contracts for Prog Svc	\$82,809
2024	102-500731	Contracts for Prog Svc	\$13,881
Sub-total			\$119,834

Families in Transition

157730-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$198,022
2023	102-500731	Contracts for Prog Svc	\$271,691
2024	102-500731	Contracts for Prog Svc	\$58,108
Sub-total			\$525,818

Grafton City		177397-B003	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$84,632
2023	102-500731	Contracts for Prog Svc	\$69,395
2024	102-500731	Contracts for Prog Svc	\$14,827
Sub-total			\$148,854

Harbor Care		188574-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.		175228-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$26,063
2023	102-500731	Contracts for Prog Svc	\$43,918
2024	102-500731	Contracts for Prog Svc	\$10,390
Sub-total			\$80,372

Hope on Haven Hill		275119-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$49,152
2023	102-500731	Contracts for Prog Svc	\$51,320
2024	102-500731	Contracts for Prog Svc	\$10,865
Sub-total			\$111,437

**Manchester Alcohol Rehab Center,
Easter Seals, Forum Center**

177204-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$166,941
2023	102-500731	Contracts for Prog Svc	\$234,977
2024	102-500731	Contracts for Prog Svc	\$50,208
Sub-total			\$452,125

**Southeastern NH Alcohol & Drug
Abuse Services**

155292-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$34,142
2023	102-500731	Contracts for Prog Svc	\$38,020
2024	102-500731	Contracts for Prog Svc	\$7,698
Sub-total			\$77,858
SUB TOTAL GOV COMM			\$2,195,857

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL
FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$146,657
2023	102-500731	Contracts for Prog Svc	\$190,858
2024	102-500731	Contracts for Prog Svc	\$45,059
Sub-total			\$382,373

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$290,305
2023	102-500731	Contracts for Prog Svc	\$400,404
2024	102-500731	Contracts for Prog Svc	\$85,829
Sub-total			\$776,539

**Center/Danmouth-Hatchcock
Keene**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$127,193
2023	102-500731	Contracts for Prog Svc	\$126,092
2024	102-500731	Contracts for Prog Svc	\$27,811
Sub-total			\$281,095

**CC of Nashua/Greater Nashua
Mental Health**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$91,226
2023	102-500731	Contracts for Prog Svc	\$133,325
2024	102-500731	Contracts for Prog Svc	\$29,631
Sub-total			\$254,182

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$415,437
2023	102-500731	Contracts for Prog Svc	\$575,805
2024	102-500731	Contracts for Prog Svc	\$123,147
Sub-total			\$1,114,389

Grafton, City

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$136,977
2023	102-500731	Contracts for Prog Svc	\$147,071
2024	102-500731	Contracts for Prog Svc	\$31,424
Sub-total			\$315,471

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Hoodrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$55,237
2023	102-500731	Contracts for Prog Svc	\$93,078
2024	102-500731	Contracts for Prog Svc	\$22,021
Sub-total			\$170,335

Hope on Haven HBI

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$104,189
2023	102-500731	Contracts for Prog Svc	\$108,784
2024	102-500731	Contracts for Prog Svc	\$23,239
Sub-total			\$236,172

**Manchester Alcohol Rehab Center,
Easter Seals Family Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$353,805
2023	102-500731	Contracts for Prog Svc	\$497,998
2024	102-500731	Contracts for Prog Svc	\$108,407
Sub-total			\$959,210

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$72,359
2023	102-500731	Contracts for Prog Svc	\$78,338
2024	102-500731	Contracts for Prog Svc	\$18,311
Sub-total			\$169,008
SUB TOTAL CLINICAL			\$4,653,772

05-95-92-920610-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$88,800
2023	102-500731	Contracts for Prog Svc	\$30,000
Sub-total			\$118,800

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$432,900
2023	102-500731	Contracts for Prog Svc	\$143,325
Sub-total			\$576,225

Harbor Cero

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Hope on Haven HO

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$325,600
2023	102-500731	Contracts for Prog Svc	\$107,600
Sub-total			\$433,400

**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$1,793,400
2023	102-500731	Contracts for Prog Svc	\$597,600
Sub-total			\$2,391,200

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$414,400
2023	102-500731	Contracts for Prog Svc	\$137,200
Sub-total			\$551,600
SUB TOTAL SOR			\$4,825,625
Grand Total All			<u>\$11,475,254</u>

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

Project ID #: RFP-2022-80AS-01-SUBST
Project Title: Substance Use Disorder Treatment and Recovery Support Services

	Maximum Points Available	Belonging Medical Group, PLLC	Bridge Street Recovery, LLC	Cheshire Medical Center	Deans Home of New Hampshire, Inc.	Manchester Alcoholic Rehabilitation Center	PT/NNH, Inc.	Grafton County New Hampshire	Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	Harbor Home	Westcrest	Hops on Heaven Hill, Inc.	South Eastern New Hampshire Alcohol & Drug Abuse Services
Technical													
Qualifications (Q1)	50	40	25	47	37	50	50	43	48	50	50	50	50
Experience (Q2)	50	45	25	48	35	45	50	45	50	50	50	45	48
ASAM (Q3)	20	20	11	8	20	15	20	10	20	20	9	20	20
Knowledge (Q4)	20	20	13	5	20	13	20	15	20	20	10	20	18
Staffing (Q5)	30	15	7	8	23	21	14	21	12	8	7	14	8
Collaboration & Wraparound (Q6)	45	45	25	15	45	24	45	37	40	45	40	40	20
Staffing Plan (Q7)	15	13	13	4	10	12	13	13	13	13	10	14	4
Subtotal - Technical	230	198	119	135	190	160	212	184	203	205	175	203	168
Cost													
4.2.1.1. Budget Sheet	70	63	30	63	63	48	60	63	60	63	58	65	62
4.2.1.2. Staffing	30	25	29	25	25	28	28	30	25	25	28	30	28
Subtotal - Cost	100	88	59	88	88	76	88	93	85	88	86	95	90
TOTAL POINTS	330	286	178	223	278	256	300	277	288	289	262	298	258

Bidder Name	
1	Sara Cleveland
2	Paula Hoffman
3	Laurie Heath
4	
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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and South Eastern New Hampshire Alcohol and Drug Abuse Services ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021 (Item #30), amended on March 23, 2022 (Item #35), December 21, 2022 (Item #29), and most recently amended on September 20, 2023 (Item #48) the Contractor agreed to provide certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,244,757
3. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B – Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B-1, Operational Requirements – Amendment #1, by replacing it in its entirety with Exhibit B-1, Operational Requirements - Amendment #4, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 75.34% Federal Funds
 - 1.1.1. 15.87% from the Substance Use Prevention and Treatment Block Grant, as awarded by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.959, on:
 - 1.1.1.1. October 1, 2020, FAIN TI083464.
 - 1.1.1.2. October 1, 2021, FAIN TI084659.
 - 1.1.1.3. February 15, 2023, FAIN TI085821.
 - 1.1.1.4. February 20, 2024, FAIN B08T1087053.
 - 1.1.1.5. DATE, FAIN TBD, pending the receipt of the Notice of Award from SAMHSA; and
 - 1.1.2. 59.47% from the State Opioid Response Grant, as awarded by SAMHSA, on September 30, 2021, FAIN T1083326, effective through September 29, 2022;
 - 1.1.2.1. September 23, 2022, FAIN H79T1085759.
 - 1.1.2.2. September 24, 2024, FAIN T1087843.
 - 1.1.2.3. DATE, FAIN TBD, pending the receipt of the Notice of Award from

South Eastern New Hampshire
Alcohol and Drug Abuse Services

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Date

SAMHSA.

- 1.2. 8.10% General Funds; and
 - 1.3. 16.56% Other Funds (Governor's Commission).
6. Modify Exhibit C, Payment Terms, Amendment #1, Section 3, to read:
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-12, Residential Services Budget, Amendment #4. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting. The Contractor shall:
 - 3.1. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-12, Residential Services Budget, Amendment #4, is received from the Department prior to submitting invoices for payment; and
 - 3.2. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
7. Modify Exhibit C, Payment Terms, Amendment #1, Section 5, to read:
5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days after Governor and Executive Council approval, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-7, SUD Treatment Services Budget, Amendment # 4.
 - 5.1.2. Exhibit C-8, Residential Services Budget, Amendment #4.
8. Modify Exhibit C, Amendment #1, Payment Terms, Section 20, Audits, to read:
20. Audits
- 20.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 20.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
 - 20.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
 - 20.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 20.2. 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.
 - 20.2.1. 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.

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- 20.3. 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.
 - 20.4. 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.
 - 20.5. 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.
 - 20.6. 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.
- 6. Add Exhibit C-9, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 - 7. Add Exhibit C-10, Residential Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 - 8. Add Exhibit C-11, SUD Treatment Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
 - 9. Add Exhibit C-12, Residential Services Budget, Amendment #4, which is attached hereto and incorporated by reference herein

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

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

State of New Hampshire
Department of Health and Human Services

4/7/2025

Date

DocuSigned by:

Katja S. Fox

ED9D05B04C63442

Name: Katja S. Fox

Title:

Director

South Eastern New Hampshire
Alcohol and Drug Abuse Services

4/4/2025

Date

DocuSigned by:

Jonathan Cheyne

0FBD2C4FECCF477...

Name: Jonathan Cheyne

Title:

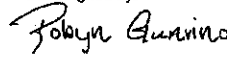
Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

4/16/2025

Date

DocuSigned by:

748734844941460

Name: Robyn Guarino

Title:

Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide Substance Use Disorder (SUD) treatment and recovery support services that:
 - 1.1.1. Assist individuals with:
 - 1.1.1.1. Stopping or reducing substance misuse;
 - 1.1.1.2. Improving social functioning, and physical and mental health; and
 - 1.1.1.3. Reducing risk for recurrence of substance misuse;
 - 1.1.2. Focus on strengths and resilience of individuals and families;
 - 1.1.3. Are culturally sensitive and relevant to individuals served;
 - 1.1.4. Promote person-centered and self-directed approaches to care; and
 - 1.1.5. Are trauma informed and designed to acknowledge the impact of violence and trauma on individuals' lives and the importance of addressing trauma in treatment.
- 1.2. The Contractor shall comply with all requirements in Exhibit B-1, Operational Requirements, Amendment #4, as applicable.
- 1.3. For the purposes of this Agreement, all references to:
 - 1.3.1. Business days shall mean Monday through Friday and excluding state and federal holidays.
 - 1.3.2. Calendar days or days shall mean Monday through Sunday, including state and federal holidays.
 - 1.3.3. Business hours shall mean Monday through Friday from 8:00 AM to 5:00 PM, excluding state and federal holidays.

2. Population Served

- 2.1. The Contractor shall ensure services are provided to individuals who:
 - 2.1.1. Are age 12 years or older, or under age 12 with signed consent from a parent or legal guardian;
 - 2.1.2. Have been diagnosed by:
 - 2.1.2.1. A professional licensed by the state of NH acting within the scope of their license or
 - 2.1.2.2. An unlicensed counselor who:
 - 2.1.2.2.1. Is working toward licensure and is in, at least, the second year of an accredited graduate clinical program;
 - 2.1.2.2.2. Is serving in a clinical internship with the Contractor for services provided within this Agreement;

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**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

- 2.1.2.2.3. Is under the supervision of a professional licensed by the state of NH, who is acting within the scope of their license, to act as a supervisor of an unlicensed individual; and
- 2.1.2.2.4. Has completed the required coursework for licensure, as required by:
 - 2.1.2.2.4.1. NH Board of Alcohol and Other Drug Use Providers;
 - 2.1.2.2.4.2. NH Board of Mental Health Practice; or
 - 2.1.2.2.4.3. NH Board of Psychology; and
- 2.1.3. Meet the American Society of Addiction Medicine Criteria published in October 2013 or later, (ASAM), for the services provided under this Agreement.
- 2.2. The Contractor shall provide services under this Agreement to individuals who are residents of, or unhoused in, NH; who meet the eligibility requirements identified above; and who are uninsured or whose insurance does not cover SUD treatment.
- 2.3. The Contractor may provide services to specialty populations, as determined by the Substance Abuse and Mental Health Services Administration (SAMHSA), including:
 - 2.3.1. Pregnant and parenting individuals;
 - 2.3.2. Individuals with a history of injection drug use;
 - 2.3.3. Individuals with co-occurring substance use and mental health disorders;
 - 2.3.4. Individuals with, or at risk of tuberculosis;
 - 2.3.5. Individuals under the age of 18;
 - 2.3.6. Racial and ethnic minorities; and
 - 2.3.7. Individuals identifying as LGBTQI+.
- 2.4. The Contractor shall ensure consent for services is obtained from individuals receiving services aged 12 and older, or the parent or legal guardian of an individual receiving services who is under the age of 12, in accordance with NH RSA 318-B:12-a and 42 CFR Part 2, prior to providing services.
- 2.5. The Contractor shall ensure individuals under 18 years of age are not denied services due to:
 - 2.5.1. The parent's inability and/or unwillingness to pay the service fee(s); or
 - 2.5.2. The minor's decision to receive confidential services, pursuant to NH RSA 318-B:12-a.
- 2.6. The Contractor shall not deny services to individuals who:
 - 2.6.1. Receive medication for SUD (MSUD), from other service providers, including the individual's primary care provider;
 - 2.6.2. Have co-occurring mental health disorders; or

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Contractor Initials

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South Eastern New Hampshire
Alcohol and Drug Abuse Services

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Date

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

- 2.6.3. Are taking prescribed medications, regardless of the class of medication.
- 2.7. The Contractor shall enroll eligible individuals in the following order of priority:
 - 2.7.1. Pregnant individuals who inject drugs;
 - 2.7.2. Pregnant individuals;
 - 2.7.2.1. If the Contractor is unable to admit a pregnant individual to the needed level of care within 24 hours, the Contractor shall:
 - 2.7.2.1.1. Assist the individual with identifying alternative providers and accessing services with these providers, which includes referrals for prenatal care and actively reaching out to identify providers on the behalf of the individual; and
 - 2.7.2.1.2. Provide interim services within 48 hours of the level of care determination until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider. The Contractor shall ensure interim services include:
 - 2.7.2.1.2.1. A minimum of one (1), 60-minute, individual or group outpatient session per week;
 - 2.7.2.1.2.2. Recovery support services, as appropriate; and
 - 2.7.2.1.2.3. Daily calls to the individual to assess and respond to any emergent needs.
 - 2.7.3. Individuals with dependent children;
 - 2.7.4. Individuals with a history of injection drug use;
 - 2.7.4.1. If the Contractor is unable to admit an individual with a history of injection drug use within 14 days of the individual applying for services, the Contractor shall provide and document interim services until the appropriate level of care becomes available at either the Contractor's agency or an alternative provider; and
 - 2.7.5. Individuals who require priority admission at the request of the Department.
- 2.8. The Contractor shall report information related to priority populations to the Department, in a format approved by the Department, on a monthly basis.

3. Scope of Services

3.1. Clinical Services

- 3.1.1. The Contractor shall adhere to their organization's clinical care manual that includes policies and procedures related to all clinical services provided, including, but not limited to screening, assessment, progress notes, continuing care decisions, and discharge.

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

- 3.1.2. The Contractor shall develop and implement written policies and procedures governing its operation and all services provided through this Agreement.
- 3.1.3. The Contractor shall ensure staff are trained on all policies and procedures, which are reviewed and revised annually.
- 3.1.4. The Contractor shall provide the following SUD treatment services to eligible individuals, based on the ASAM 2013 criteria. If using ASAM 2023 criteria, the Contractor must follow guidance outlined by ASAM 2023 for the equivalent levels of care:
 - 3.1.4.1. **Individual Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.2. **Group Outpatient Treatment** as defined as ASAM Level 1, which includes up to eight (8) clinical service hours per week.
 - 3.1.4.3. **Intensive Outpatient Treatment** as defined as ASAM Level 2.1, which includes nine (9) to 19 clinical service hours per week.
 - 3.1.4.4. **Low-Intensity Residential Treatment** as defined as ASAM Level 3.1, which includes nine (9) to 19 clinical service hours per week. The Contractor shall ensure a minimum total of 28 beds are available for this level of care.
 - 3.1.4.5.
- 3.1.5. The Contractor shall ensure clinical services are provided separately for youth and adults, unless otherwise approved by the Department. The Contractor shall ensure:
 - 3.1.5.1. Youth and adults do not share the same residency space; and
 - 3.1.5.2. Communal spaces such as kitchens, group rooms, and recreation are used at separate times.
- 3.1.6. The Contractor shall ensure all residential programs maintain a daily shift change log documenting significant events and behaviors of which subsequent shift should be made aware.

3.2. Interim Services

- 3.2.1. The Contractor shall offer interim services to all individuals waiting for clinical services and ensure interim services include, but are not limited to:
 - 3.2.1.1. Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
 - 3.2.1.2. Referral for HIV or TB treatment services, if necessary.
 - 3.2.1.3. Individual and/or group counseling on the effects of alcohol and other drug use.
 - 3.2.1.4. Relapse prevention and recovery support services.

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**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

3.3. Infectious Diseases

3.3.1. Human Immunodeficiency Virus

3.3.1.1. The Contractor shall conduct an HIV/AIDS screening upon an individual's admission to treatment. The Contractor shall ensure the screening includes:

- 3.3.1.1.1. The provision of information;
- 3.3.1.1.2. Risk assessment; and
- 3.3.1.1.3. Intervention and risk reduction education.

3.3.2. Tuberculosis

3.3.2.1. The Contractor shall directly, or through arrangements with other public or non-profit private entities, routinely make the following TB services available to each individual receiving SUD treatment services:

- 3.3.2.1.1. Counseling with respect to TB;
- 3.3.2.1.2. Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual; and
- 3.3.2.1.3. Providing for or referring the individuals infected by mycobacteria TB for appropriate medical evaluation and treatment.

3.3.2.2. The Contractor shall refer individuals, who are denied admission to the program on the basis of lack of capacity, to other providers of TB services.

3.3.2.3. The Contractor shall implement infection control procedures consistent with procedures established by the Department to prevent the transmission of TB, which include:

- 3.3.2.3.1. Screening patients and identifying individuals who are at high risk of becoming infected;
- 3.3.2.3.2. Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2; and
- 3.3.2.3.3. Providing case management to ensure individuals receive services.

3.3.2.4. The Contractor shall report all individuals with active TB, as required by State law and in accordance with Federal and State confidentiality requirements, including NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR part 2.

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
EXHIBIT B – Amendment #4**

3.4. Intake

- 3.4.1. The Contractor shall complete an intake screening for all individuals requesting services. The Contractor shall:
- 3.4.1.1. Communicate directly with the individual within two (2) business days from the date the individual initially contacts the Contractor for services. The Contractor shall ensure communication includes contact that is:
 - 3.4.1.1.1. Face-to-face, in person;
 - 3.4.1.1.2. Face-to-face, virtually and/or electronically; or
 - 3.4.1.1.3. By telephone; and
 - 3.4.1.2. Complete an initial intake screening for the individual within two (2) business days from the date of the first direct contact, utilizing the Social Detox Screen within the Department-provided record system, or another social detox screening tool, as well as the ASAM Immediate Needs Profile, to determine the probability of the individual having a SUD and an estimate of the appropriate ASAM level of care.
- 3.4.2. The Contractor shall document the results of the screening in Department-provided record system for the individuals receiving services through this Agreement.
- 3.4.3. The Contractor shall assess income of each individual receiving services through this Agreement using the Fee Determination Form in Department-provided record system to determine the individual's cost share of service fees. The Contractor shall ensure:
- 3.4.3.1. Individuals with an income of at least 139% of the federal poverty level are subject to a percentage of the cost share;
 - 3.4.3.2. Individuals with an income at or above 400% of the federal poverty guidelines are subject to the entire cost share;
 - 3.4.3.3. The income assessment is administered within two (2) business days from the date of initial contact for services and reassessed minimum of monthly thereafter; and
 - 3.4.3.4. Each income assessment and/or reassessment are signed by the individual and kept in the individual's record.
- 3.4.4. The Contractor shall ensure all attempts to contact the individual are documented in the individual's record or call log.

3.5. Clinical Evaluation

- 3.5.1. The Contractor shall use clinical evaluations, conducted and completed by a licensed counselor, or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2, to make level of care determinations and to develop initial treatment plans. The Contractor shall ensure clinical evaluations include:

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- 3.5.1.1. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5 TR) diagnostic information;
- 3.5.1.2. Complete biopsychosocial information; and
- 3.5.1.3. A recommendation for an ASAM level of care that is completed by the Contractor, or by a referring agency less than 30 days prior to the individual's admission to the Contractor's SUD treatment program.
- 3.5.2. The Contractor shall ensure any changes to ASAM dimensions that occurred after the completion of the accepted evaluation are recorded in the individual's record within 72 hours after admission to residential treatment or three (3) sessions for any outpatient levels of care, whichever is later.
- 3.5.3. The Contractor shall complete a new clinical evaluation for the individual, prior to admission, if:
 - 3.5.3.1. More than 30 days have passed since the referring provider completed the evaluation;
 - 3.5.3.2. The evaluation was conducted and completed by someone other than a licensed counselor, or unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;
 - 3.5.3.3. The evaluation did not include DSM 5 TR diagnostic information and a recommendation for a specific ASAM level of care; or
 - 3.5.3.4. An individual presents for admission to services without a completed evaluation.
- 3.5.4. If the Contractor is unable to complete the evaluation prior to admission due to geographic or other barriers, the Contractor shall assist the individual with accessing an evaluation through their local NH The Doorways program (Doorway/s), or other appropriate provider.
- 3.5.5. The Contractor shall provide SUD treatment services at the appropriate ASAM level of care, as determined by the individual's clinical evaluation, unless:
 - 3.5.5.1. The individual chooses to receive a service with a lower intensity ASAM level of care; or
 - 3.5.5.2. The service with the indicated ASAM level of care is unavailable at the time the level of care is determined; in which case the individual may choose:
 - 3.5.5.2.1. A service with a lower intensity ASAM level of care;
 - 3.5.5.2.2. To be placed on the waitlist until a service with the assessed ASAM level of care becomes available; or
 - 3.5.5.2.3. To be referred to another agency in the individual's service area that provides service with the indicated ASAM level of care.

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- 3.5.6. If the level of care recommended by the clinical evaluation is available, and the individual is admitted to a different level of care, the Contractor shall document the reasoning for the admittance in the individual's record.

3.6. Waitlists

- 3.6.1. The Contractor shall maintain a waitlist of all individuals waiting for SUD treatment services under this Agreement and shall follow the requirements in Exhibit B-1, Amendment #4, of this Agreement regarding waitlists.
- 3.6.2. The Contractor shall track the wait time for individuals to receive services from the date of initial contact to the date the individual first received SUD services, other than the evaluation described above.
- 3.6.3. The Contractor shall provide the following reports to the Department upon request:
- 3.6.3.1. The average wait time for all individuals, by the type of service and payer source for all services; and
- 3.6.3.2. The average wait time for priority populations, identified in Section 2.3, by the type of service and payer source for the services.

3.7. Assistance Enrolling in Insurance Programs

- 3.7.1. The Contractor shall assist individuals, and/or their parents or legal guardians, who are unable to secure the financial resources necessary for initial entry into a SUD treatment program, to obtain other potential sources of payment within 14 days of admission, including enrollment in public or private insurance.
- 3.7.2. The Contractor shall document assistance provided with securing financial resources, or the individuals' refusal of assistance, in the individual's service record.
- 3.7.3. The Contractor shall track the length of time taken to enroll pregnant individuals in Medicaid and shall report that information to the Department upon request.

3.8. Use of Evidence-Based Practices

- 3.8.1. The Contractor shall ensure all services in this Agreement are provided:
- 3.8.1.1. Using evidence-based practices; as demonstrated by meeting one of the following criteria:
- 3.8.1.1.1. The service is included as an evidence-based mental health and substance misuse intervention in the SAMHSA Evidence-Based Practices Resource Center;
- 3.8.1.1.2. The service is published in a peer-reviewed journal and has been found to have positive effects; or
- 3.8.1.1.3. The service is based on a theoretical perspective that has validated research; and

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3.8.1.2. In accordance with:

3.8.1.2.1. ASAM Criteria;

3.8.1.2.2. SAMHSA Treatment Improvement Protocols; and

3.8.1.2.3. SAMHSA Technical Assistance Publications.

3.8.2. The Contractor shall assess all individuals for risk of self-harm at all phases of treatment, including, initial contact; screening, intake, initial clinical evaluation/assessment, admission; and discharge.

3.8.3. The Contractor shall provide on-going assessments of mental health symptoms for individuals receiving services when and where clinically appropriate. The Contractor shall ensure mental health assessments are administered at the time of clinical evaluation/assessment and upon discharge, at a minimum.

3.8.4. The Contractor shall assess all individuals for withdrawal risk, when clinically appropriate, and at initial contact, screening, intake, initial clinical evaluation/assessment, and admission.

3.9. Treatment Planning

3.9.1. The Contractor shall ensure individualized treatment plans are completed for all individuals admitted for services, including transitional living services. The Contractor shall ensure all initial treatment plans:

3.9.1.1. Are completed by a licensed counselor; or an unlicensed counselor under the supervision of a licensed counselor, as identified in Section 2.1.2;

3.9.1.2. Are based on clinical evaluation data that addresses problems in all ASAM domains, justifying the individual's admittance to the current level of care;

3.9.1.3. Are completed within 72 hours of admission to any residential level of care, and within three (3) sessions to any outpatient level of care;

3.9.1.4. Identifies and documents:

3.9.1.4.1. The individual's strengths and resources for achieving goals and objectives;

3.9.1.4.2. Referrals to outside agencies for the purpose of achieving a specific goal or objective when the service cannot be provided through this Agreement;

3.9.1.5. Include:

3.9.1.5.1. The individual's involvement in identifying, developing, and prioritizing goals, objectives, and action steps;

3.9.1.5.2. Treatment plan goals, objectives, and action steps written in terms that are S.M.A.R.T., which are

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- 3.9.1.5.2.1. Specific, clearly defining what shall be done;
 - 3.9.1.5.2.2. Measurable, including clear criteria for progress and completion;
 - 3.9.1.5.2.3. Attainable, within the individual's ability to achieve;
 - 3.9.1.5.2.4. Realistic, the resources are available to the individual; and
 - 3.9.1.5.2.5. Timely, something that needs to be completed within a stated period for completion that is reasonable;
- 3.9.1.6. Are signed by the individual and the counselor, agreeing to the treatment plan; or if applicable, documentation of the individual's refusal to sign the treatment plan; and
- 3.9.1.7. If the individual is receiving services via telehealth only, the individual's verbal agreement to the treatment plan is documented in the individual's service record.
- 3.9.2. The Contractor shall collaborate with the individual receiving services to review their treatment plan, at the following minimum intervals, as identified by ASAM:
 - 3.9.2.1. All ASAM Level 1 programs: Every six (6) clinical sessions or every six (6) weeks, whichever is less frequent;
 - 3.9.2.2. ASAM Level 2.1 programs: Every 14 days;
 - 3.9.2.3. ASAM Level 2.5, Level 3.5, and Level 3.7 programs: Every seven (7) days;
 - 3.9.2.4. ASAM Level 3.1: Every 30 days; and
 - 3.9.2.5. Transitional living services: Every 30 days.
- 3.9.3. The Contractor shall amend treatment plans for all ASAM levels of care, and transitional living services, when:
 - 3.9.3.1. Changes are made in any ASAM domain;
 - 3.9.3.2. Goals have been met and problems have been resolved; or
 - 3.9.3.3. New goals and new problems have been identified.
- 3.9.4. The Contractor shall ensure treatment plan amendments for all ASAM levels of care and transitional living services, or the progress note associated with an amendment, include a justification for:
 - 3.9.4.1. Continued treatment at the current level of care;
 - 3.9.4.2. Transfer from one level of care to another within the same agency; or

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3.9.4.3. Discharge from treatment at the agency.

3.9.5. The Contractor shall ensure the justification includes a minimum of one (1) of the following three (3) ASAM Continuing Service Criteria for continuing services:

3.9.5.1. Continuing Service Criteria A: The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue working toward treatment goals;

3.9.5.2. Continuing Service Criteria B: The individual is not yet making progress but has the capacity to resolve their issues. The individual is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue working toward treatment goals; or

3.9.5.3. Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care which the individual is receiving treatment is the least intensive level at which the individual's problems can be addressed effectively.

3.9.6. The Contractor shall ensure any treatment plan amendments are signed by the individual and the counselor, agreeing to the updates; or if applicable, documentation of the individual's refusal to sign the treatment plan; and if the individual is receiving services via telehealth only, documentation of the individual's verbal agreement to the treatment plan.

3.9.7. The Contractor shall track the individual's progress relative to specific goals and objectives in progress notes.

3.10. Coordination of Care

3.10.1. The Contractor shall utilize the Department's designated Closed Loop Referral system to connect individuals to health and social service providers, as appropriate.

3.10.2. The Contractor shall ensure all coordination of care activities are compliant with state and federal laws and rules, including but not limited to NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2.

3.10.3. The Contractor shall refer individuals to, and coordinate the individual's care with, other providers and document the coordination, or individual's refusal of the coordination, in the individual's service record. The Contractor shall ensure referrals include:

3.10.3.1. Primary care providers. If the individual does not have a primary care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;

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- 3.10.3.2. Behavioral health care providers when serving individuals with co-occurring substance use and mental health disorders. If the individual does not have a behavioral health care provider, the Contractor shall make an appropriate referral to one and coordinate care with that provider;
- 3.10.3.3. MSUD as clinically appropriate, including medications for alcohol use disorder (AUD). The Contractor shall track the percentage of individuals with a diagnosis of AUD who were offered a referral to MSUD, and report the percentage to the Department on a quarterly basis; and
- 3.10.3.4. Peer recovery support providers. If the individual does not have a peer recovery support provider, or the Contractor does not provide peer support services, the Contractor shall make an appropriate referral to one and coordinate care with that provider.
- 3.10.4. The Contractor shall coordinate individual services with the Department's Doorway contractors, as appropriate, including:
 - 3.10.4.1. Ensuring timely admission of individuals to services;
 - 3.10.4.2. Completing initial clinical evaluations as needed; and
 - 3.10.4.3. Referring individuals to Doorway services when the Contractor cannot admit an individual for services within 48 hours.
- 3.10.5. The Contractor shall coordinate with the NH Ryan White CARE Program, for individuals identified as at risk of or with HIV/AIDS.
- 3.10.6. The Contractor shall coordinate with other social service agencies engaged with the individual, as applicable, which may include but are not limited to the NH Division for Children, Youth, and Families and Probation and Parole.
- 3.10.7. The Contractor shall clearly document when the individual refuses any referrals or care coordination in the individual's service record.
- 3.10.8. The Contractor shall not prohibit individuals from receiving services under this Agreement when an individual does not consent to information sharing.
- 3.10.9. The Contractor shall notify individuals who consent to information sharing that they have the ability to rescind the consent at any time without any impact on services provided under the awarded contract.
- 3.11. Transfer or Discharge
 - 3.11.1. The Contractor shall identify the reason for transfer or discharge in the Program Enrollment section of the Department-provided record system, for each individual entered into the Department-provided record system, at the time of transfer or discharge from the program.
 - 3.11.2. The Contractor shall ensure the counselor updates the ASAM assessment and amends the treatment plan when transferring an individual from one level of care to another within the same agency or when discharging the individual to another treatment provider.

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- 3.11.3. The Contractor shall complete a transfer or discharge summary when an individual is being transferred to another level of care within the agency or discharged from treatment at the contracted agency. The Contractor shall ensure the transfer or discharge summary addresses all ASAM domains, including the process of transfer planning at the time of the individual's intake to the program, including transitional living services, and includes:
- 3.11.3.1. Dates of admission, discharge, or transfer.
 - 3.11.3.2. Reason for admission.
 - 3.11.3.3. The individual's psychosocial substance misuse history and legal history.
 - 3.11.3.4. A summary of the individual's progress toward treatment goals.
 - 3.11.3.5. The individual's DSM 5 diagnosis and summary, to include other assessment testing completed during treatment.
 - 3.11.3.6. A summary of the individual's physical and mental health condition at the time of discharge.
 - 3.11.3.7. A continuing care plan, including all ASAM domains, with specific information regarding referrals or further treatment.
 - 3.11.3.8. The dated signature of the counselor completing the summary.
 - 3.11.3.9. At least one (1) of the following four (4) ASAM Transfer/Discharge Criteria and how the individual meets the requirement, including transitional living services:
 - 3.11.3.9.1. Transfer/Discharge Criteria A: The patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated.
 - 3.11.3.9.2. Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated;
 - 3.11.3.9.3. Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit their ability to resolve their problem(s). Treatment at a

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qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or

3.11.3.9.4. Transfer/Discharge Criteria D: The patient has experienced an intensification of their problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care.

3.11.4. The Contractor shall ensure the discharge or transfer summary is completed no later than seven (7) days following an individual's discharge or transfer.

3.11.5. The Contractor shall discharge an individual from the Department-provided record system when they are no longer receiving services at the agency. The Contractor shall close the Episode in the Department-provided record system even if the individual is expected to return at a future date, including, after completing treatment at a different agency. The time frames for discharge from the Department-provided record system are as follows:

3.11.5.1. Individuals receiving outpatient services (individual outpatient, intensive outpatient, and partial hospitalization program), who have not received services in the past thirty (30) days shall be discharged by day 30. Upon the individual's return to treatment a new episode of care shall be started and all standard admission steps must be taken.

3.11.5.2. Individuals receiving residential services, who have not received services in the past 48 hours shall be discharged.

3.11.6. The Contractor shall ensure a new episode of care is started and all standard admission steps are completed for individuals returning for services after being discharged.

3.12. Individual and Group Education

3.12.1. The Contractor shall offer all individuals receiving services under this Agreement individual or group education on prevention, treatment, and nature of:

3.12.1.1. SUD;

3.12.1.2. Relapse prevention;

3.12.1.3. Hepatitis C Virus (HCV);

3.12.1.4. HIV;

3.12.1.5. Sexually Transmitted Diseases (STDs);

3.12.1.6. Infectious diseases associated with injection drug use;

3.12.1.7. Individual and/or group counseling for individuals of childbearing age, regardless of gender, on the effects of alcohol and other drug

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use on a fetus; and

3.12.1.8. The relationship between nicotine use and substance use with other mental health disorders, if the individual uses nicotine.

3.12.2. The Contractor shall ensure that all individuals are screened at intake and discharge for tobacco use, treatment needs and referral to the NH QuitLine, as part of treatment planning.

3.12.3. The Contractor shall maintain an outline of each educational session provided.

3.13. Tobacco-Free Environment

3.13.1. The Contractor shall ensure all facilities where services under this Agreement are provided are nicotine-free environments by having policies and procedures that apply to all staff, individuals receiving services, and visitors, that include but are not limited to:

3.13.1.1. Prohibiting smoking of any nicotine product, the use of oral tobacco products or "spit" tobacco, and the use of electronic devices, including vaping devices;

3.13.1.2. Prohibiting the use of nicotine products within the Contractor's facilities at any time;

3.13.1.3. Prohibiting the use of nicotine in any Contractor-owned vehicle;

3.13.1.4. Whether or not the use of nicotine products is prohibited outside of the facility on the grounds. If use of nicotine products is allowed outside of the facility on the grounds, the Contractor shall ensure:

3.13.1.4.1. Designated smoking area(s) are located a minimum of 20 feet from the main entrance;

3.13.1.4.2. All materials used for smoking in the designated area, including cigarette butts and matches, are extinguished and disposed of in appropriate containers;

3.13.1.4.3. Periodic cleanup of the designated smoking area is scheduled and completed as scheduled and/or needed; and

3.13.1.4.4. If the designated smoking area is not properly maintained, it shall be eliminated at the discretion of the Contractor; and

3.13.1.5. Prohibiting nicotine use in personal vehicles when transporting individuals on authorized business.

3.13.2. The Contractor shall ensure the nicotine -free environment policy is included in employee, individual, and visitor orientations and posted in the Contractor's facilities and vehicles.

3.13.3. The Contractor shall not use nicotine use, in and of itself, as grounds for

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discharging individuals from the services being provided under this Contract.

4. Electronic Record System

- 4.1. The Contractor shall use the Department-provided electronic health record system (EHRS) to record contact with individuals within three (3) days, unless otherwise stated in the guidance document(s). The Contractor shall utilize the Department-provided EHRS to record all NH Bureau of Drug & Alcohol Services (BDAS) individual interactions, including:
 - 4.1.1. Determining individual eligibility;
 - 4.1.2. Reporting all data that is used to calculate and analyze National Outcome Measures; and
 - 4.1.3. Providing other information as required by the Department.
- 4.2. The Contractor shall provide the individual with the Department-provided EHRS information acknowledgement form and obtain the individual's signature on that form at the time of admission to treatment, prior to providing services.
- 4.3. The Contractor shall ensure information for individuals refusing to sign the information acknowledgement is not entered into the EHRS and the Contractor shall contact the Department to establish alternative reporting and billing procedures.
- 4.4. The Contractor shall ensure services are provided to individuals who refuse to sign the information acknowledgement, despite not being able to enter that individual into the state provided EHRS. The Contractor shall:
 - 4.4.1. Establish a policy to document individual activity elsewhere;
 - 4.4.2. Obtain Department approval of the established policy;
 - 4.4.3. Notify the Department of each individual's refusal; and
 - 4.4.4. Ensure the Department has access to records as requested.
- 4.5. The Contractor shall ensure the Department-provided EHRS is only used for individuals who are in a program that is funded by, or under the oversight of, the Department. The Contractor may use Department-provided EHRS to enter information for services not covered by this Agreement. Training may be provided by the contracted agency, with prior approval of the content by the Department, if the following conditions apply:
 - 4.5.1. The Department has approved the Contractors' use of the Department-provided EHRS for this purpose;
 - 4.5.2. The Contractor utilized the state provided EHRS for this purpose; and
 - 4.5.3. The Contractor does not have an alternative EHRS available for use.
- 4.6. The Contractor shall cease using the Department-provided EHRS for services not covered by this Agreement no later than 6/30/2027 and shall thereafter use a separate EHRS.
- 4.7. The Contractor shall cease utilizing the Department-provided EHRS if an individual

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obtains funding from another source while in treatment, unless otherwise approved by the Department. Individuals who are in a program that is funded by or under the oversight of the Department include:

- 4.7.1. Individuals receiving Department -funded SUD treatment services,
- 4.7.2. Individuals receiving services from Impaired Driver Care Management Programs; and
- 4.7.3. Individuals receiving services from Impaired Driver Service Providers, regardless of funding source.
- 4.8. The Contractor may use their own EHRS, in addition to the Department-provided EHRS, to record and track other data not collected in the state provided EHRS, only if the Department is allowed access to the electronic health records (EHR) upon request, for services provided under this Agreement.
- 4.9. The Contractor shall record that an individual has been discharged when the individual has completed a treatment episode in the state provided EHRS.
- 4.10. The Contractor shall follow all the instructions and requirements in the most current user guide for the EHRS, as provided by the Department.
- 4.11. The Contractor shall agree to and follow the Information Security Requirements in Exhibit K.

5. Telehealth

- 5.1. The Contractor may deliver outpatient services via telehealth through secure telecommunication technology, when clinically appropriate and within the Contractor's scopes of practice, as documented in the individual's treatment plan. The Contractor acknowledges and agrees that:
 - 5.1.1. Telehealth services may be rendered from a remote site, other than the Contractor's facility, or a remote site, approved by the Contractor;
 - 5.1.2. Confidentiality and privacy protections apply to all telehealth services, under the same laws that protect the confidentiality of in-person services; and
 - 5.1.3. The use of public facing applications, such as Facebook Live, Twitch, TikTok, or other similar video communication applications, is prohibited.
- 5.2. The Contractor shall ensure telehealth complies with all security and privacy components identified in Exhibit K, DHHS Information Security Requirements. The Contractor shall ensure:
 - 5.2.1. Individual's informed consent to using the telecommunication technology is received and kept on file;
 - 5.2.2. A provider is present with the individual(s) during the use of telecommunication technology;
 - 5.2.3. Only authorized users have access to any individually identifiable personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), or electronic PHI (ePHI) that is shared or available through the telecommunication technology;

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- 5.2.4. Secure end-to-end communication of data is implemented, including all communication of ePHI remaining in the United States; and
- 5.2.5. A system of monitoring the communications containing ePHI is implemented to prevent accidental or malicious breaches.
- 5.3. The Contractor shall adhere to all relevant state and federal regulations regarding telehealth not identified in the contract, including regulations regarding face-to-face services.

6. Staffing

- 6.1. The Contractor shall meet the following minimum staffing requirements, or request a waiver to the requirements, to provide the scope of work in this Agreement. Staffing levels must include:
 - 6.1.1. A minimum of one (1) licensed supervisor, as identified in Section 2.1.2;
 - 6.1.2. Staffing ratios for the following:
 - 6.1.2.1. Individual Counseling: The ratio of individuals receiving services to licensed and unlicensed counselors, as identified in Section 2.1.2.1, who provide counseling to individuals on an individual basis in any ASAM level of care should be based on the following:
 - 6.1.2.1.1. Clinician's ability to provide appropriate, effective, and evidence-based treatment to individuals within the setting;
 - 6.1.2.1.2. Type of treatment provided;
 - 6.1.2.1.3. Composition of the individual population; and
 - 6.1.2.1.4. Availability of auxiliary services;
 - 6.1.2.2. SUD Treatment Groups: No more than 12 individuals with one licensed counselor or unlicensed counselor, as identified in Section 2.1.2, present or no more than 16 individuals when that counselor is joined by a second licensed counselor, unlicensed counselor, CRSW or uncertified recovery support worker;
 - 6.1.2.3. Recovery Support Groups: No more than 12 individuals with one (1) NH CRSW present or no more than 16 individuals when that CRSW is joined by a second CRSW, or uncertified CRSW, licensed or unlicensed counselor, as identified in Section 2.1.2; and
 - 6.1.2.4. Milieu/Line Staff in Residential Treatment Programs: Ratios must be based upon the needs of the individuals, and the staff's ability to ensure individual health, safety and well-being. The Contractor shall ensure a minimum of one (1) floating Milieu/Line staff member able to move between common areas to observe individuals is present at all times, when the space is occupied by individuals.

- 6.2. The Contractor shall actively seek to fill any open positions. Temporary ^{DS} Staffing

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shortages are allowable, but not encouraged. Any temporary staffing shortages must be reported to Department in the quarterly contract compliance reports, as detailed in Section 9.7, and Contractor must be actively working to recruit new staff.

- 6.3. The Contractor shall notify Department in writing within one (1) month of hire when a new Administrator, Clinical Director, Executive Director, or any staff person essential to delivering this scope of services is hired to work in the program(s). The Contractor shall provide a copy of the resume of the employee, which clearly indicates the staff member is employed by the Contractor, with the new hire notification.
- 6.4. The Contractor shall notify the Department in writing within 14 calendar days, when there is not sufficient staffing to perform all required services for more than one (1) month.
- 6.5. The Contractor shall have policies and procedures related to student interns that address minimum coursework, experience and core competencies for interns having direct contact with individuals served by this Agreement.
- 6.6. The Contractor shall ensure student interns complete training on ethics, information security and confidentiality practices for handling PHI and SUD treatment records as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2, as approved by the Department, prior to beginning their internship:
- 6.7. The Contractor shall ensure attendance of all required training for interns is documented in the interns' records and shall provide a list that includes the intern's name, dates or attendance and topics of training to the Department, as requested.
- 6.8. The Contractor shall ensure the health, safety, and well-being of all individuals in areas where individuals congregate, including common areas, group rooms and classrooms.
- 6.9. The Contractor shall ensure written policies, required under this Agreement, are available for Department review, as requested.
- 6.10. The Contractor may request a waiver from the Department, in writing, for staffing requirements, if the requirements are inappropriate for the services provided, under this Agreement. The Contractor shall provide both clinical and safety justifications to the Department for approval when requesting exemption from any of the staffing requirements in this Agreement.
- 6.11. The Contractor shall ensure no licensed supervisor, as identified in Section 2.1.2.1, shall supervise more than 12 staff unless the Department has approved an alternative supervision plan.
- 6.12. The Contractor shall provide ongoing clinical supervision that occurs at regular intervals, is documented in all staff members' records, and meets the requirements of the individuals' license(s) or certification(s).
- 6.13. The Contractor shall provide training to all staff providing SUD services under this Agreement on the following topics. The training:

- 6.13.1. Must include the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities; professional boundaries and power dynamics; and appropriate information security and confidentiality practices for handling PHI and substance use

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- disorder treatment records, as safeguarded by NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2;
- 6.13.2. May be provided by the Contractor with prior content approval from the Department; and
- 6.13.3. Must be completed within 60 days of hire and annually thereafter.
- 6.14. The Contractor shall provide in-service training to all staff providing SUD services under this Agreement within 15 days of the contract effective date or the staff person's employment start date, if the staff member started work after the contract effective date, and annually thereafter. The Contractor shall ensure in-service training topics are as follows:
- 6.14.1. Contract requirements;
- 6.14.2. Policies and procedures provided by the Department;
- 6.14.3. HCV;
- 6.14.4. HIV; and
- 6.14.5. TB.
- 6.15. The Contractor shall ensure staff attendance of all required training is documented in the staff members' records and shall provide a list of trained staff that includes dates and topics of training, to the Department, as requested.
- 7. Provisions Applicable to Contractors Receiving State Opioid Response (SOR) Funding**
- 7.1. SOR Guidelines:**
- 7.1.1. The Contractor shall establish formal information sharing and referral agreements with the Doorways in compliance with all applicable confidentiality laws, including 42 CFR Part 2 in order to receive payments for services funded with SOR resources.
- 7.1.2. The Contractor shall ensure all referrals of individuals to the Doorways are completed and documented in the individuals file, and available to the Department, as requested and as needed, for payment of invoices for services provided through SOR-funded initiatives.
- 7.1.3. The Contractor shall ensure individuals receiving services rendered from SOR funds have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD).
- 7.1.4. The Contractor shall coordinate ongoing care for individuals with documented history, or current diagnoses, of OUD or StimUD, receiving services rendered from SOR funds, with the Doorways, and in accordance with 42 CFR Part 2.
- 7.1.5. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, provide, or treat patients with marijuana. The Contractor shall ensure:
- 7.1.5.1. Treatment in this context includes the treatment of opioid^{us} use disorder;

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- 7.1.5.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders; and
- 7.1.5.3. This marijuana restriction applies to all subcontracts and memorandums of understanding that receive SOR funding.
- 7.1.6. If the Contractor is providing MSUD, the Contractor shall do so only with FDA-approved MSUD, which includes:
 - 7.1.6.1. Methadone; and
 - 7.1.6.2. Buprenorphine products including:
 - 7.1.6.2.1. Single-entity buprenorphine products;
 - 7.1.6.2.2. Buprenorphine/naloxone tablets;
 - 7.1.6.2.3. Buprenorphine/naloxone films; and
 - 7.1.6.2.4. Buprenorphine/naloxone buccal preparations.
- 7.1.7. If the Contractor is providing medical withdrawal management services that are supported by SOR funds, the Contractor shall do so only when the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 7.1.8. If the Contractor wishes to distribute Fentanyl test strips, the Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 7.1.8.1. Internal policies for the distribution of Fentanyl strips;
 - 7.1.8.2. Distribution methods and frequency; and
 - 7.1.8.3. Other key data as requested by the Department.
- 7.1.9. If the Contractor provides recovery housing, or refers individuals to recovery housing, the Contractor shall ensure any individuals receiving financial aid for the recovery housing, utilizing SOR funds, are in a facility that:
 - 7.1.9.1. Aligns with national industry standards; and
 - 7.1.9.2. Is registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with the New Hampshire Administrative Rules, He-A 305, Voluntary Registry for Recovery Houses.
- 7.1.10. The Contractor shall accept individuals on MSUD and facilitate access to MSUD on-site, or through referrals, for all individuals supported with SOR funds, as clinically appropriate.
- 7.1.11. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 7.1.12. The Contractor shall ensure individuals who rescind consent to information

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sharing with the Doorway do not receive any additional services utilizing SOR funding.

- 7.1.13. The Contactor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

7.2. Government Performance Results Act

- 7.2.1. The Contractor shall administer, or coordinate the administration of, the Government Performance Results Act (GPRA) of 1993 and the GPRA Modernization Act of 2010 required initial interview and associated follow-ups at six (6) months and discharge for all individuals with a diagnosed OUD or StimUD receiving program services.

- 7.2.2. The Contractor shall provide or coordinate ongoing follow-up and support of individuals engaged in services until a discharge GPRA interview is completed. The Contractor shall ensure:

- 7.2.2.1. Contact with each individual is attempted during a time when the individual would normally be available. Contact must be made in person, by telephone, or by an alternative method approved by the Department, according to the following guidelines:

7.2.2.1.1. If the first contact attempt is not successful, a second contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the first attempt;

7.2.2.1.2. If the second contact attempt is not successful, a third contact attempt must be made no sooner than two (2) business days and no later than three (3) business days after the second attempt;

- 7.2.2.2. Each successful contact must include:

7.2.2.2.1. Inquiries on the status of each individual's recovery and experience with their external service provider;

7.2.2.2.2. Identification of individual needs;

7.2.2.2.3. Assistance to the individual to address identified needs; and

7.2.2.2.4. Early intervention for individuals who have resumed use;

- 7.2.2.3. When the aforementioned follow-up interview results in a determination that the individual is at risk of self-harm, the Contractor must proceed in alignment with their crisis response policies and procedure; and

- 7.2.2.4. All efforts to contact individuals are clearly documented in a manner approved by the Department.

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- 7.2.3. The Contractor shall ensure the GPRA interviews are attempted at the following intervals:
 - 7.2.3.1. At the time of intake or no later than seven (7) calendar days after the Individual enters into treatment services;
 - 7.2.3.2. No later than six (6) months post intake into treatment services. The window for this interview opens five (5) months after the intake interview; and
 - 7.2.3.3. Upon discharge from the initially referred service.
- 7.2.4. The Contractor shall ensure completed GPRA data is entered into the Department determined administrative software, at a minimum of the following intervals:
 - 7.2.4.1. At the time of intake or no later than seven (7) calendar days after the GPRA interview is conducted;
 - 7.2.4.2. Six (6) months post intake into Doorway services; and
 - 7.2.4.2.1. Upon discharge from the initially referred service.
- 7.2.5. The Contractor shall document any loss of contact in the Department-approved administrative software system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.
- 7.2.6. The Contractor shall ensure contingency management strategies are utilized to increase engagement in follow-up GPRA interviews. Contingency management strategies may include but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview. The Contractor must ensure gift cards do not exceed \$30 in value and are not used to incentivize participation in treatment.

8. Reporting Requirements within the Department-provided record system

- 8.1. The Contractor shall report individual demographic data in the Department-provided record system for all individuals in section 2.2 of this Agreement as specified in the current Department-provided record system User Guide.
- 8.2. The Contractor shall report individual National Outcome Measures (NOMS) data in the Department-provided record system for all individuals receiving services under this Agreement, as follows:
 - 8.2.1. All individuals at admission; and
 - 8.2.2. All individuals upon discharge.
- 8.3. The Contractor shall report all data for individuals receiving services under this Agreement that are necessary for calculation of the following performance measures in the Department-provided record system, and as specified in its User Guide:
 - 8.3.1. Initiation: Percentage of individuals accessing services within 14 days of initial contact;
 - 8.3.2. Engagement: Percentage of individuals receiving three (3) or more ^{DS}eligible

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- services within 34 days of screening;
- 8.3.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of screening;
- 8.3.4. Treatment Completion: Percentage of individuals completing treatment; and
- 8.3.5. National Outcome Measures:
- 8.3.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use on the date of discharge compared to the date of first service;
- 8.3.5.2. Increase in/no change in the number of individuals employed or in school on the date of the last service compared to the date of the first service;
- 8.3.5.3. Reduction in/no change in the number of individuals arrested in past 30 days from the date of the first service to the date of the last service;
- 8.3.5.4. Increase in/no change in the number of individuals that have stable housing at the date of the last service compared to the date of the first service; and
- 8.3.5.5. Increase in/no change in the number of individuals participating in community support services at the date of the last service compared to the date of the first service.
- 8.4. The Contractor shall report all other data, as specified in the Department-provided record system User Guide, to support the Department's analysis and reporting on demographics, performance, services and other factors as determined by the Department and in a format specified by the Department.
- 8.5. The Contractor shall report the number of individuals with an alcohol use disorder who were referred for MSUD, as described in Section 3.10.3.3., to the Department on a quarterly basis.
- 8.6. The Contractor shall complete monthly contract compliance reporting no later than the 10th day of the month following the reporting month in a format determined, and as requested, by the Department.
- 8.7. The Contractor shall submit quarterly contract compliance reporting no later than the 10th day of following month in a format determined, and as requested, by the Department.
- 8.8. The Contractor shall notify the Department in writing of all contact with law enforcement as soon as possible, and no more than 24 hours following the incident.
- 8.9. The Contractor shall notify the Department in writing of all media contacts as soon as possible, and no more than 24 hours following the incident.
- 8.10. The Contractor shall report sentinel events in accordance with RSA 126-A:4,IV
- 8.11. The Contractor shall refer to the current Department-provided record system User Guide for guidance on NOMS and other data reporting requirements.

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9. Performance Measures

9.1. Contract performance shall be measured to evaluate service quality and efficacy in mitigating negative impacts of substance misuse, including but not limited to the opioid epidemic and associated overdoses. The following performance measures will be used by the Department to evaluate selected contractor performance:

- 9.1.1. Initiation: Percentage of individuals accessing services within 14 days;
- 9.1.2. Engagement: Percentage of individuals receiving three (3) or more eligible services within 34 days of admission to the appropriate level of care;
- 9.1.3. Retention: Percentage of individuals receiving six (6) or more eligible services within 60 days of admission to the appropriate level of care;
- 9.1.4. Treatment completion: Percentage of individuals completing treatment; and
- 9.1.5. NOMS, as detailed in Section 9.3: The percentage of individuals out of all individuals discharged improved in at least three (3) out of five (5) of the following NOMS outcome criteria:
 - 9.1.5.1. Reduction in/no change in the frequency of both alcohol and other drug substance use at discharge compared to the period of 7 days before and the date of first service during an episode of care (or previous episode of care for individuals referred for services from a different DEPARTMENT contracted SUD treatment provider);
 - 9.1.5.2. Increase in/no change in number of individuals employed or in school on the date of last service compared to first service;
 - 9.1.5.3. Reduction in/no change in number of individuals arrested in past 30 days from date of first service to date of last service;
 - 9.1.5.4. Increase in/no change in number of individuals that have stable housing at last service compared to first service; and
 - 9.1.5.5. Increase in/no change in number of individuals participating in community support services at last service compared to first service.

9.2. The Contractor shall meet or exceed baseline performance requirements as determined by the Department.

- 9.2.1. The Department will actively and regularly collaborate with the Contractor to develop a performance improvement structure that will enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.2.2. The Department may identify expectations for active and regular collaboration, including key performance measures, in this Agreement. Where applicable, the Contractor must collect and share data with the Department, as requested, and in a format specified, by the Department.

9.3. The Contractor shall participate in all quality improvement activities, as directed and requested by the Department, including, but not limited to:

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- 9.3.1. Electronic and in-person individual record reviews.
- 9.3.2. Site visits.
- 9.3.3. Training and technical assistance activities.
- 9.4. The Contractor shall monitor and manage the utilization rates of its services at all ASAM levels of care to ensure services are offered at a consistently high quality throughout the term of the contract. To maintain a consistently high quality of service and adequate capacity for SUD treatment and recovery support services statewide, the Contractor shall actively monitor its capacity, staffing levels, and resources to consistently and evenly deliver these services.
- 9.5. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.6. The Contractor shall participate in quarterly meetings with the Department to ensure compliance with the contractual requirements.
- 9.7. The Contractor may be required to provide other key data and metrics to the Department, including individual-level demographic, performance, and service data.

10. Audit Requirements

- 10.1. The Contractor is required to submit an annual financial audit to the Department if any of the following conditions exist:
 - 10.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 10.1.3. Condition C - The Contractor is a public company and required by the U.S. Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 10.2. If Condition A exists, the Contractor must submit an annual **single audit** performed by an independent Certified Public Accountant (CPA) to the Department 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.
- 10.3. If Condition B or Condition C exists, the Contractor must submit an annual **financial audit** performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.

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- 10.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor must be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 10.6. In the event that the Contractor undergoes an audit by the Department, the Contractor agrees to provide a corrective action plan to the Department within thirty (30) days from the date of the final findings that addresses any and all findings.
- 10.7. The Contractor must ensure the corrective action plan uses SMART (specific, measurable, achievable, relevant, and time-bound) goals and objectives, and includes:
- 10.7.1. The action(s) that shall be taken to correct each deficiency;
 - 10.7.2. The action(s) that shall be taken to prevent the reoccurrence of each deficiency;
 - 10.7.3. The specific steps and timeline for implementing the actions above;
 - 10.7.4. The plan for monitoring to ensure that the actions above are effective; and
 - 10.7.5. How and when the Contractor shall report to the Department on progress on implementation and effectiveness.

11. Background Checks

- 11.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
- 11.1.1. 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;
 - 11.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 11.1.3. 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.

12. Confidential Data

- 12.1. 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.
- 12.2. 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.

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The Contractor must provide attestations upon Department request.

13. Privacy Impact Assessment

- 13.1. 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:
- 13.1.1. How PII is gathered and stored;
 - 13.1.2. Who will have access to PII;
 - 13.1.3. How PII will be used in the system;
 - 13.1.4. How individual consent will be achieved and revoked; and
 - 13.1.5. Privacy practices.
- 13.2. 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.

14. Department Owned Devices, Systems and Network Usage

- 14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
- 14.1.1. 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;
 - 14.1.2. 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;
 - 14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 14.1.4. 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;
 - 14.1.5. Only use equipment, software, or subscription(s) authorized by the

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Contractor Initials

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Department's Information Security Office or designee;

- 14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
- 14.1.7. 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."
- 14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
- 14.1.9. Agree when utilizing the Department's email system:
 - 14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".
 - 14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and
 - 14.1.9.3. 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."
- 14.1.10. 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:
 - 14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
 - 14.1.10.2. 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.
 - 14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.
- 14.1.11. 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.

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- 14.1.12. 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.

15. Contract End-of-Life Transition Services

15.1. General Requirements

- 15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- 15.1.2. 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.
- 15.1.3. 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.
- 15.1.4. 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.
- 15.1.5. 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.
- 15.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and

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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.

15.2. Completion of Transition Services

- 15.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of 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 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 15.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

15.3. Disagreement over Transition Services Results

- 15.3.1. 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 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.

16. Exhibits Incorporated

- 16.1. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.
- 16.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 16.3. 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 I, Business Associate Agreement, which has been executed by the parties.

17. Additional Terms

17.1. Impacts Resulting from Court Orders or Legislative Changes

- 17.1.1. 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.

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

- 17.2.1. The Contractor must submit:

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- 17.2.1.1. 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.
- 17.2.1.2. A written attestation, within 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 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
- 17.2.1.3. 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 12 months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

17.3. Credits and Copyright Ownership

- 17.3.1. 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."
- 17.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 17.3.3. 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.
- 17.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

17.4. Operation of Facilities: Compliance with Laws and Regulations

- 17.4.1. 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

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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.

17.5. Eligibility Determinations

- 17.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 17.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

18. Records

- 18.1. The Contractor must keep records that include, but are not limited to:
 - 18.1.1. 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.
 - 18.1.2. 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.
 - 18.1.3. 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.
 - 18.1.4. Medical records on each patient/recipient of services.
- 18.2. 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.

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- 18.3. 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.

19. Maintenance of Fiscal Integrity (Contracts/Amendments)

- 19.1. The Contractor must submit the following financial statements to the Department within 30 calendar days after the end of each month:
- 19.1.1. Balance Sheet for the Contractor's entire organization including all related parties;
 - 19.1.2. Year-to-date Profit and Loss Statement for the Contractor's entire organization that includes, for all related parties:
 - 19.1.2.1. All revenue sources and expenditures; and
 - 19.1.2.2. A budget column allowing for budget to actual analysis;
 - 19.1.3. Year-to-date Profit and Loss Statement for the Program funded under this Agreement that includes:
 - 19.1.3.1. All revenue sources and all related expenditures for the Program; and
 - 19.1.3.2. A budget column allowing for budget to actual analysis; and
 - 19.1.4. Year-to-date Cash Flow Statement for the Contractor's entire organization including all related parties.
- 19.2. The Contractor must ensure all financial statements are prepared based on the accrual method of accounting and include all the Contractor's total revenues and expenditures, whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 19.3. The Contractor's fiscal integrity will be evaluated by the Department using the following Formulas and Performance Standards:
- 19.3.1. Days of Cash on Hand:
 - 19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.
 - 19.3.1.2. Formula: Cash, cash equivalents and short-term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.
 - 19.3.1.3. Performance Standard: The Contractor must have enough cash and cash equivalents to cover expenditures for a minimum of 30 calendar days with no variance allowed.

19.3.2. Current Ratio:

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- 19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.
- 19.3.2.2. Formula: Total current assets divided by total current liabilities.
- 19.3.2.3. Performance Standard: The Contractor must maintain a minimum current ratio of 1.5:1 with 10% variance allowed.
- 19.3.3. Debt Service Coverage Ratio:
 - 19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.
 - 19.3.3.2. Definition: The ratio of net income to the year-to-date debt service.
 - 19.3.3.3. Formula: Net Income plus depreciation/amortization expense plus interest expense divided by year-to-date debt service (principal and interest) over the next twelve (12) months.
 - 19.3.3.4. Source of Data: The Contractor's monthly financial statements identifying current portion of long-term debt payments (principal and interest).
 - 19.3.3.5. Performance Standard: The Contractor must maintain a minimum standard of 1.2:1 with no variance allowed.
- 19.3.4. Net Assets to Total Assets:
 - 19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.
 - 19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.
 - 19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.
 - 19.3.4.4. Source of Data: The Contractor's monthly financial statements.
 - 19.3.4.5. Performance Standard: The Contractor must maintain a minimum ratio of .30:1, with a 20% variance allowed.
- 19.3.5. Operating Surplus:
 - 19.3.5.1. Rationale: The Contractor requires a surplus for fiscal sustainability including covering short-term and long-term liabilities.
 - 19.3.5.2. Definition and Formula: The difference between operating revenue and operating expenses.
 - 19.3.5.3. Source of Data: The Contractor's Year-to-Date financial statements.

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- 19.3.5.4. Performance Standard: The Contractor must maintain an operating surplus.
- 19.4. If the Contractor does not meet either:
 - 19.4.1. The Days of Cash on Hand Performance Standard and the Current Ratio Performance Standard for two (2) consecutive months; or
 - 19.4.2. The Operating Surplus Performance Standard for three (3) consecutive months; or
 - 19.4.3. Three (3) or more of any of the Performance Standards for one (1) month, or any one (1) Performance Standard for three (3) consecutive months, then the Contractor must:
 - 19.4.3.1. Meet with Department staff to explain the reasons that the Contractor has not met the standards; and/or
 - 19.4.3.2. Submit a comprehensive corrective action plan within 30 calendar days of receipt of notice from the Department.
- 19.5. The Contractor must update and submit the corrective action plan to the Department, at least every 30 calendar days, until compliance is achieved. The Contractor must:
 - 19.5.1. Provide additional information to ensure continued access to services as requested by the Department and ensure requested information is submitted to the Department in a timeframe agreed upon by both parties.
- 19.6. The Contractor must inform the Department by phone and by email within 24 hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement with the Department.



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Operational Requirements

1. Requirements for Organizational or Program Changes

- 1.1. The Contractor shall provide written notification to the Department no later than 30 days prior to changes in ownership, mergers, asset sales for more than half of the company's assets, sale of a controlling share of the company's voting securities, change of more than 50% of the board of directors, physical location, or name.
- 1.2. The Contractor shall submit a copy of the certificate of amendment from the New Hampshire Secretary of State with the effective date of the change to the Department, when there is a change of the ownership, physical location, or name of the organization.

2. Inspections, Enforcement, Remedies, & Plans of Correction

- 2.1. The Contractor shall comply with all provisions of this Agreement and submit any requested changes, including service provision and/or number of beds provided, in writing, to the Department for review and approval. All Department approved changes, with the exception of adjusting budget line items as described in Exhibit C, must be approved by the Governor and Executive Council through a contract amendment, as required by paragraph 18, Amendment, of the General Provisions, Form P-37.
- 2.2. The Contractor shall allow any Department representative to be admitted on the premises, at any time, to inspect the facility; all programs and services provided through this Agreement; and any records required by this Agreement.
- 2.3. Notwithstanding paragraph 8, Event of Default, and paragraph 9, Termination, of the General Provisions, Form P-37, the Contractor shall be issued a notice of deficiencies when the Department determines that the Contractor is not in compliance with contract requirements. The notice of deficiencies will identify each deficiency and the specific proposed remedy(ies), which may include, but are not limited to:
 - 2.3.1. The requirement of the Contractor to develop and submit a Plan of Correction (POC) to the Department within 21 days of receipt of a notice of deficiencies, for review and acceptance. The Contractor shall ensure the POC:
 - 2.3.1.1. Achieves compliance with contract requirements;
 - 2.3.1.2. Addresses all deficiencies and deficient practices as cited in the notice of deficiencies;
 - 2.3.1.3. Mitigates the likelihood of a new violation of contract requirements as a result of implementation of the POC; and
 - 2.3.1.4. Provides specific and discrete project goals for POC completion, including, but not limited to:
 - 2.3.1.4.1. Steps to be taken to correct each deficiency.
 - 2.3.1.4.2. Measures that will be put in place.
 - 2.3.1.4.3. System changes to be made to ensure that the deficiency does not recur.
 - 2.3.1.4.4. The date by which each deficiency will be corrected.

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- 2.3.2. A Department-directed POC, specifying the corrective action steps to be taken by the Contractor. The Contractor will receive a department-directed POC with the notice of deficiencies when:
 - 2.3.2.1. Deficiencies were identified during an inspection that require immediate corrective action to protect the health and safety of the individuals receiving services or staff providing services.
 - 2.3.2.2. The original POC is not submitted within 21 days of the date of the written notification of deficiencies;
 - 2.3.2.3. The revised POC from Section 2.4.1 is rejected by the Department; or
 - 2.3.2.4. The POC is not implemented by the completion date identified in the Department-accepted POC.
- 2.4. The Department shall notify the Contractor of the reasons for rejection of the POC, if the POC is not accepted. The Contractor shall:
 - 2.4.1. Develop and submit a revised POC within 21 days of the date of the written notification of POC rejections.
 - 2.4.2. Ensure the revised POC complies with POC standards identified above.
- 2.5. The Contractor shall, upon request, admit and allow the Department access to the premises and records related to the Department-accepted and/or Department-directed POC, after the completion date identified in the POC, in order to verify the implementation of the POC, which may include, but are not limited to:
 - 2.5.1. Review of materials submitted by the Contractor;
 - 2.5.2. Follow-up inspection; or
 - 2.5.3. Review of compliance during the next scheduled inspection.

3. Duties and Responsibilities

- 3.1. The Contractor shall monitor, assess, and improve, as necessary, the quality of care and service provided to individuals on an ongoing basis.
- 3.2. The Contractor shall provide for the necessary qualified personnel, facilities, equipment, and supplies for the safety, maintenance and operation of the Contractor.
- 3.3. The Contractor shall employ an administrator responsible for the day-to-day operations of services provided in this Agreement. The Contractor shall:
 - 3.3.1. Maintain a current job description and minimum qualifications for the administrator, including the administrator's authority and duties; and
 - 3.3.2. Establish, in writing, a chain of command that sets forth the line of authority for the operation of the Contractor, the staff position(s) to be delegated, and the authority and responsibility to act in the administrator's behalf when the administrator is absent.
- 3.4. The Contractor shall ensure the following documents are posted in a public area:
 - 3.4.1. A copy of the Contractor's policies and procedures relative to the implementation of rights and responsibilities for individuals receiving services,

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- including confidentiality per NH RSA 172:8-a, NH RSA 318-B:12, and 42 CFR Part 2; and
- 3.4.2. The Contractor's plan for fire safety, evacuation, and emergencies, identifying the location of, and access to all fire exits.
 - 3.5. The Contractor or any employee shall not falsify any documentation or provide false or misleading information to the Department.
 - 3.6. The Contractor shall comply with all conditions of warnings and administrative remedies issued by the Department, and all court orders.
 - 3.7. The Contractor shall follow the required procedures for the care of the individuals, as specified by the United States Centers for Disease Control and Prevention "Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings", November 2023, for residential programs, if the Contractor accepts an individual who is known to have a disease reportable under NH Administrative Rule He-P 301, or an infectious disease.
 - 3.8. The Contractor shall comply with state and federal regulations on confidentiality, including provisions outlined in 42 CFR 2.13, RSA 172:8-a, and RSA 318-B:12.
 - 3.9. The Contractor shall develop policies and procedures regarding the release of information contained in individual service records, in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), and RSA 318-B:12.
 - 3.10. The Contractor shall ensure all records relating to services provided through this Agreement are legible, current, accurate, and available to the Department during an inspection or investigation.
 - 3.11. The Contractor shall ensure service site(s) are accessible to individuals with a disability, using Americans with Disabilities Act accessibility and barrier free guidelines per 42 U.S.C. 12131 et seq. The Contractor shall ensure service sites include:
 - 3.11.1. A reception area separate from living and treatment areas;
 - 3.11.2. A private space for personal consultation, charting, treatment and social activities, as applicable;
 - 3.11.3. Secure storage of active and closed confidential individual records; and
 - 3.11.4. Separate and secure storage of toxic substances.
 - 3.12. The Contractor shall establish a code of ethics for staff that includes a mechanism for reporting unethical conduct.
 - 3.13. The Contractor shall develop, implement, and maintain specific policies, including:
 - 3.13.1. Rights, grievance, and appeals policies and procedures for individuals receiving services;
 - 3.13.2. Progressive discipline, leading to administrative discharge;
 - 3.13.3. Reporting and appealing staff grievances;
 - 3.13.4. Alcohol and other drug use while in treatment;

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- 3.13.5. Individual and employee smoking that are in compliance with Exhibit B, Scope of Services;
- 3.13.6. Drug-free workplace policy and procedures, including a requirement for the filing of written reports of actions taken in the event of staff misuse of alcohol or other drugs;
- 3.13.7. Holding an individual's possessions;
- 3.13.8. Secure storage of staff medications;
- 3.13.9. Medication belonging to individuals receiving services;
- 3.13.10. Urine specimen collection, as applicable, that:
 - 3.13.10.1. Ensures collection is conducted in a manner that preserves individual privacy as much as possible; and
 - 3.13.10.2. Minimizes falsification;
- 3.13.11. Safety and emergency procedures on:
 - 3.13.11.1. Medical emergencies;
 - 3.13.11.2. Infection control and universal precautions, including the use of protective clothing and devices;
 - 3.13.11.3. Reporting injuries;
 - 3.13.11.4. Fire monitoring, warning, evacuation, and safety drill policy and procedures; and
 - 3.13.11.5. Emergency closings.
- 3.13.12. The Contractor shall develop, implement and maintain procedures for:
 - 3.13.12.1. Protection of individual records that govern use of records, storage, removal, conditions for release of information, and compliance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); and
 - 3.13.12.2. Quality assurance and improvement.

4. Collection of Fees

- 4.1. The Contractor shall maintain procedures regarding collections from individuals for fees, co-insurance payments, cost-shares, private or public insurance, and other payers responsible for the individual's finances; and
- 4.2. The Contractor shall provide the individual, and the individual's guardian, agent, or personal representative, with a listing of all known applicable charges and identify what care and services are included in the charge at the time of screening and admission.

5. Screening and Denial of Services

- 5.1. The Contractor shall maintain a record of all individual screenings, including:
 - 5.1.1. The individual's name and/or unique identifier;
 - 5.1.2. The individual's referral source;

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- 5.1.3. The date of initial contact from the individual or referring agency;
- 5.1.4. The date of screening; and
- 5.1.5. The result of the screening, including the reason for denial of services if applicable.
- 5.2. The Contractor shall record all referrals to and coordination with New Hampshire's The Doorways program and other interim services, or the reason that the referral was not made, for any individual who is placed on a waitlist. The Contractor shall:
 - 5.2.1. Record all contact with the individual between screening and removal from the waitlist; and
 - 5.2.2. Record the date the individual was removed from the waitlist and the reason for removal.
- 5.3. In the instance an individual requesting services is denied service(s), the Contractor shall:
 - 5.3.1. Inform the individual of the reason for the denial of service(s); and
 - 5.3.2. Assist the individual in identifying and accessing appropriate available treatment.
- 5.4. The Contractor shall not deny services to an individual solely because the individual:
 - 5.4.1. Previously left treatment against the advice of staff;
 - 5.4.2. Relapsed from an earlier treatment;
 - 5.4.3. Is on any class of medications, including but not limited to opiates or benzodiazepines; or
 - 5.4.4. Has been diagnosed with a mental health disorder.
- 5.5. The Contractor shall report on denial of services to individuals at the request of the Department.
- 6. **Staffing Requirements**
 - 6.1. The Contractor shall develop current job descriptions for all staff, including contracted staff, volunteers, and student interns, which includes:
 - 6.1.1. Job title;
 - 6.1.2. Physical requirements of the position;
 - 6.1.3. Education and experience requirements of the position;
 - 6.1.4. Duties of the position;
 - 6.1.5. Positions supervised; and
 - 6.1.6. Title of immediate supervisor.
 - 6.2. The Contractor shall develop and implement policies regarding criminal background checks of prospective employees, which includes, but is not limited to:
 - 6.2.1. Requiring a prospective employee to sign a release to allow the Contractor to conduct a criminal record check.

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- 6.2.2. Requiring the administrator or designee to obtain and review criminal record checks from the New Hampshire Department of Safety for each prospective employee.
- 6.2.3. Ensuring criminal record check standards are reviewed to ensure the health, safety, or well-being of individuals; violation of shall be reason for non-selection for employment, including the following:
 - 6.2.3.1. Felony convictions in this or any other state;
 - 6.2.3.2. Convictions for sexual assault, other violent crime, assault, fraud, abuse, neglect or exploitation; and
 - 6.2.3.3. Findings by the Department or any administrative agency in this or any other state for assault, fraud, abuse, neglect or exploitation or any person; and
- 6.2.4. Waiver of the criminal background check, granted by the Department, for good cause shown.
- 6.3. The Contractor shall ensure all staff, which includes contracted staff, meet the educational, experiential, and physical qualifications of the position as listed in their job description. The Contractor shall ensure staff:
 - 6.3.1. Do not violate the criminal background standards established by 7.2.3 above, unless waived by the Department for good cause shown;
 - 6.3.2. Are licensed, registered or certified as required by state statute and as applicable;
 - 6.3.3. Receive an orientation within the first three (3) days of work or prior to direct contact with individuals, which includes:
 - 6.3.3.1. The Contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct;
 - 6.3.3.2. The Contractor's policies on the rights, responsibilities, and complaint procedures for individuals receiving services;
 - 6.3.3.3. Federal and state confidentiality requirements;
 - 6.3.3.4. Grievance procedures;
 - 6.3.3.5. Job duties, responsibilities, policies, procedures, and guidelines;
 - 6.3.3.6. Topics covered by both the administrative and personnel manuals;
 - 6.3.3.7. The Contractor's infection prevention program;
 - 6.3.3.8. The Contractor's fire, evacuation, and other emergency plans which outline the responsibilities of staff in an emergency; and
 - 6.3.3.9. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161-F:46 and RSA 169-C:29; and
 - 6.3.4. Sign and date documentation that they have taken part in an orientation as described above;

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- 6.3.5. Complete a mandatory annual in-service education, which includes a review of all elements described above.
- 6.4. The Contractor shall ensure, prior to having contact with individuals receiving services, that employees and contracted employees:
 - 6.4.1. Submit proof of a physical examination or a health screening conducted not more than 12 months prior to employment which shall include at a minimum the following:
 - 6.4.1.1. The name of the examinee;
 - 6.4.1.2. The date of the examination;
 - 6.4.1.3. Whether or not the examinee has a contagious illness or any other illness that would affect the examinee's ability to perform their job duties;
 - 6.4.1.4. Results of a 2-step TB test, Mantoux method or other method approved by the Centers for Disease Control; and
 - 6.4.1.5. The dated signature of the licensed health practitioner;
 - 6.4.2. Be allowed to work while waiting for the results of the second step of the TB test when the results of the first step are negative for TB; and
 - 6.4.3. Comply with the requirements of the Centers for Disease Control Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, if the person has either a positive TB test, or has had direct contact or potential for occupational exposure to Mycobacterium TB through shared air space with persons with infectious TB.
- 6.5. The Contractor shall ensure employees, contracted employees, volunteers and independent Contractors who have direct contact with individuals who have a history of TB, or a positive skin test, have a TB symptomatology screening test.
- 6.6. The Contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee, student intern, volunteer, and contracted staff, which includes, but is not limited to:
 - 6.6.1. A completed application for employment or a resume;
 - 6.6.2. Identification data;
 - 6.6.3. The education and work experience of the employee;
 - 6.6.4. A copy of the current job description or agreement, signed by the individual, that identifies the:
 - 6.6.4.1. Position title;
 - 6.6.4.2. Qualifications and experience; and
 - 6.6.4.3. Duties required by the position;
 - 6.6.5. Written verification that the person meets the Contractor's qualifications for the assigned job description, such as school transcripts, certifications and licenses as applicable;

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- 6.6.6. A signed and dated record of orientation as required above;
- 6.6.7. A copy of each current New Hampshire license, registration or certification in a relevant health care field and CPR certification, if applicable;
- 6.6.8. Records and results of screening for communicable diseases as required above;
- 6.6.9. Written performance appraisals for each year of employment including description of any corrective actions, supervision, or training determined by the person's supervisor to be necessary;
- 6.6.10. Documentation of annual in-service education, as required above, that includes dates of completion and signatures of staff;
- 6.6.11. Information as to the general content and length of all continuing education or educational programs attended;
- 6.6.12. A signed statement acknowledging the receipt of the Contractor's policy setting forth the individual's rights and responsibilities, confidentiality requirements, training, and implementation of the policy;
- 6.6.13. A statement, which shall be signed at the time the initial offer of employment, and is then executed annually thereafter, stating that the individual:
 - 6.6.13.1. Does not have a felony conviction in this or any other state;
 - 6.6.13.2. Has not been convicted of a sexual assault, other violent crime, assault, fraud, abuse, neglect, or exploitation, or poses a threat to the health, safety or well-being of any individual; and
 - 6.6.13.3. Has not had a finding by the Department, or any other administrative agency in NH, or any other state, for assault, fraud, abuse, neglect or exploitation of any person; and
- 6.6.14. Documentation of the criminal records check and any waivers, as applicable.
- 6.7. An individual need not re-disclose any of the matters in the criminal background check if the documentation is available and the Contractor has previously reviewed the material and has been granted a waiver by the Department, so that the individual can continue employment.

7. Clinical Supervision of Unlicensed Counselors

- 7.1. The Contractor shall ensure all unlicensed counselors providing treatment, education and/or recovery support services; and all uncertified CRSWs, are under the direct supervision of a licensed supervisor.
- 7.2. The Contractor shall ensure no licensed supervisor supervises more than 12 unlicensed staff, unless the Department has approved an alternative supervision plan.
- 7.3. The Contractor shall ensure unlicensed counselors receive a minimum of one (1) hour of supervision for every 40 hours of direct contact with individuals receiving services;
- 7.4. The Contractor shall ensure supervision is provided on an individual or group basis, or both, depending upon the employees' needs, experience and skill levels;
- 7.5. The Contractor shall ensure supervision includes:

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- 7.5.1. Review of case records;
 - 7.5.2. Observation of interactions with individuals receiving services;
 - 7.5.3. Skill development; and
 - 7.5.4. Review of case management activities;
 - 7.6. The Contractor shall ensure supervisors maintain a log of the supervision date, duration, content and who was supervised by whom; and
 - 7.7. The Contractor shall ensure staff who are licensed or certified shall receive supervision in accordance with the requirements of their licensure.
- 8. Orientation for Individuals Receiving Services**
 - 8.1. The Contractor shall conduct an orientation for individuals receiving services upon admission to program, either individually or by group, that includes:
 - 8.1.1. Rules, policies, and procedures of the program and facility;
 - 8.1.2. Requirements for successfully completing the program;
 - 8.1.3. The administrative discharge policy and the grounds for administrative discharge;
 - 8.1.4. All applicable laws regarding confidentiality, including the limits of confidentiality and mandatory reporting requirements; and
 - 8.1.5. Requiring the individual to sign and date a receipt that the orientation was conducted.
- 9. Progress notes**
 - 9.1. The Contractor shall ensure progress notes are completed for each individual, group, family treatment, or education session.
 - 9.2. The Contractor shall ensure progress notes include, but are not limited to:
 - 9.2.1. Data, including self-report, observations, interventions, current issues/stressors, functional impairment, interpersonal behavior, motivation, and progress, as applicable, as they relate to the current treatment plan;
 - 9.2.2. Assessments, including progress, evaluation of any interventions, and any obstacles or barriers; and
 - 9.2.3. Plans, including tasks to be completed between sessions and objectives for the next session.
- 10. Discharge**
 - 10.1. The Contractor shall discharge an individual from a program for the following reasons:
 - 10.1.1. Program completion or transfer based on changes in the individual's functioning relative to the American Society of Addiction Medicine Criteria published in October 2013, (ASAM);
 - 10.1.2. Program termination, including:
 - 10.1.2.1. Administrative discharge;

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- 10.1.2.2. Non-compliance with the program; and
- 10.1.2.3. The individual leaving the program before completion against advice of treatment staff;
- 10.1.3. The individual is inaccessible, due to reasons that may include incarceration or hospitalization.
- 10.2. The Contractor shall forward copies of all the relevant patient and treatment information to a receiving provider when discharging an individual to another treatment provider, upon receiving a signed release of confidential information from the individual seeking treatment.
- 10.3. The Contractor shall ensure the counselor and case manager meet with the individual prior to discharge or transfer to establish a continuing care plan. The Contractor shall ensure the continuing care plan:
 - 10.3.1. Includes recommendations for continuing care in all ASAM domains;
 - 10.3.2. Addresses the use of self-help groups including, when indicated, facilitated self-help; and
 - 10.3.3. Assists the individual in making contact with other agencies or services.
- 10.4. The Contractor shall ensure the counselor documents, in the individual's service record, if and why the meeting described above could not take place.
- 10.5. The Contractor shall ensure individuals receiving services through this Agreement are only administratively discharged for the following reasons:
 - 10.5.1. The individual's behavior on program premises is abusive, violent, or illegal;
 - 10.5.2. The individual is non-compliant with prescription medications;
 - 10.5.3. Clinical staff documents therapeutic reasons for discharge, which may include the individual's continued use of illicit drugs or an unwillingness to follow appropriate clinical interventions; or
 - 10.5.4. The individual violates program rules in a manner that is consistent with the Contractor's progressive discipline policy.
- 10.6. The Contractor shall ensure individuals are offered the opportunity to create a continuing care plan to receive services at another substance use treatment agency, prior to being administratively discharged.

11. Individual Service Record System

- 11.1. The Contractor shall implement a comprehensive system in paper and/or electronic format to maintain service records for each individual receiving services. The Contractor shall ensure service records are:
 - 11.1.1. Organized into related sections with entries in chronological order;
 - 11.1.2. Easy to read and understand;
 - 11.1.3. Complete, containing all the relevant client information;
 - 11.1.4. In compliance with all applicable confidentiality laws, including 42 CFR Part 2 and Exhibit K, DHHS Information Security Requirements;

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- 11.1.5. Up-to-date, including notes on the most recent contact interactions; and
- 11.1.6. Accessible to the Department upon request.

12. Medication Services

- 12.1. The Contractor shall ensure no administration of medications, including physician samples, occur except by a licensed medical practitioner working within their scope of practice.
- 12.2. The Contractor shall ensure all prescription medications brought by an individual to the program are in their original containers and legibly display the following information:
 - 12.2.1. The individual's name;
 - 12.2.2. The medication name and strength;
 - 12.2.3. The prescribed dose;
 - 12.2.4. The route of administration;
 - 12.2.5. The frequency of administration; and
 - 12.2.6. The date ordered.
- 12.3. The Contractor shall ensure any change or discontinuation of prescription medications includes a written order from a licensed practitioner.
- 12.4. The Contractor shall ensure all prescription medications, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be kept on the individual's person or stored in the individual's room, are stored as follows:
 - 12.4.1. All medications are kept in a storage area that is:
 - 12.4.1.1. Locked and accessible only to authorized personnel;
 - 12.4.1.2. Organized to allow correct identification of each individual's medication(s);
 - 12.4.1.3. Illuminated in a manner sufficient to allow reading of all medication labels; and
 - 12.4.1.4. Equipped to maintain medication at the proper temperature;
 - 12.4.2. Schedule II controlled substances, as defined by RSA 318-B:1-b, are kept in a separately locked compartment within the locked medication storage area and accessible only to authorized personnel.
- 12.5. The Contractor shall ensure medication belonging to staff members are only accessible to staff members and are stored separately from medications belonging to individuals receiving services.
- 12.6. The Contractor shall ensure over-the-counter medications brought into the program by individuals receiving services are:
 - 12.6.1. In original, unopened containers;
 - 12.6.2. Are stored in accordance with this Exhibit B-1section 13.4.1;
 - 12.6.3. Are marked with the name of the individual using the medication; and

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- 12.6.4. Are taken in accordance with the directions on the medication container or as ordered by a licensed practitioner.
- 12.7. The Contractor shall ensure all medications self-administered by an individual, with the exception of nitroglycerin, epi-pens, and rescue inhalers, which may be taken by the individual without supervision, are supervised by the program staff. The Contractor shall ensure staff:
 - 12.7.1. Remind the individual to take the correct dose of their medication at the correct time;
 - 12.7.2. May open the medication container but do not physically handle the medication itself in any manner;
 - 12.7.3. Remain with the individual to observe them taking the prescribed dose and type of medication; and
 - 12.7.4. Document each medication taken in an individual's medication log, which includes:
 - 12.7.4.1. The medication name, strength, dose, frequency and route of administration;
 - 12.7.4.2. The date and the time the medication was taken;
 - 12.7.4.3. The signature or identifiable initials of the staff supervising the consumption of the medication by the individual receiving services; and
 - 12.7.4.4. The reason for any medication refused or omitted, as applicable.
- 12.8. The Contractor shall ensure the individual's medication log is included in the individual's record and any remaining medication is taken with the individual upon their discharge.

13. Notice of Rights for Individuals Receiving Services

- 13.1. The Contractor shall ensure programs inform individuals of their rights in clear, understandable language and format, both verbally and in writing. The Contractor shall ensure:
 - 13.1.1. Applicants for services are informed of their rights to evaluations and access to treatment;
 - 13.1.2. Individuals are advised of their rights upon entry into any program and annually thereafter; and
 - 13.1.3. Initial and annual notifications of individual rights are documented in the individual's record.
- 13.2. The Contractor shall ensure every program within the service delivery system posts a notice of the individual rights, per Section 14.2.3 below, as follows:
 - 13.2.1. The notice is continually posted in an area accessible by all;
 - 13.2.2. The notice is presented in clear, understandable language and forms; and
 - 13.2.3. Each program and residence has, on the premises, complete copies of the rules pertaining to individual rights that are available for individual review.^{PS}

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14. Fundamental Rights of Individuals Receiving Services

- 14.1. The Contractor shall ensure no individual receiving treatment for a substance use disorder is deprived of any legal right to which all citizens are entitled solely by reason of that person's admission to the treatment services system.

15. Personal Rights

- 15.1. The Contractor shall ensure individuals, who are applicants for services or are receiving services, are treated by program staff with dignity and respect at all times.
- 15.2. The Contractor shall ensure individuals are free from abuse, neglect and exploitation which may include, but is not limited to:
- 15.2.1. Freedom from any verbal, non-verbal, mental, physical, or sexual abuse or neglect;
- 15.2.2. Freedom from the intentional use of physical force except the minimum force necessary to prevent harm to the individual or others; and
- 15.2.3. Freedom from personal or financial exploitation.
- 15.3. The Contractor shall ensure individuals receiving services retain the right to privacy.



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16. Client Confidentiality

- 16.1. The Contractor shall comply with the confidentiality requirements in 42 CFR part 2.
- 16.2. The Contractor shall ensure copies of individual service records for the individual, attorney or other authorized person are available at no charge for the first 25 pages and not more than \$0.25 per page thereafter, after review of the record.
- 16.3. The Contractor shall ensure, if a minor age 12 or older is treated for substance use disorders without parental consent as authorized by RSA 318:B12-a:
 - 16.3.1. The minor's signature alone authorizes a disclosure; and
 - 16.3.2. Any disclosure to the minor's parents or guardians requires a signed authorization to release.

17. Grievances of Individuals Receiving Services

- 17.1. The Contractor shall ensure individuals receiving services have the right to complain about any matter, including any alleged violation of a right afforded by this Exhibit B-1 or by any state or federal law or rule.
- 17.2. The Contractor shall ensure any person has the right to complain or bring a grievance on behalf of an individual or a group of individuals.

18. Treatment Rights

- 18.1. The Contractor shall ensure individuals receiving services have the right to adequate and humane treatment, including:
 - 18.1.1. The right of access to treatment including:
 - 18.1.1.1. The right to evaluation to determine an individual's need for services and to determine which programs are most suited to provide the services needed; and
 - 18.1.1.2. The right to provision of necessary services when those services are available, subject to the admission and eligibility policies and standards of each program; and
 - 18.1.2. The right to quality treatment including:
 - 18.1.2.1. Services provided in keeping with evidence-based clinical and professional standards applicable to the individuals and programs providing the treatment and to the conditions for which the individual is being treated;
 - 18.1.3. The right to receive services in such a manner as to promote the individual's full participation in the community;
 - 18.1.4. The right to receive all services or treatment to which an individual is entitled in accordance with the time frame set forth in the individual's treatment plan;
 - 18.1.5. The right to an individual treatment plan developed, reviewed and revised to address the individual's own goals;

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- 18.1.6. The right to receive treatment and services contained in an individual treatment plan designed to provide opportunities for the individual to participate in meaningful activities in the communities in which the individual lives and works;
- 18.1.7. The right to service and treatment in the least restrictive alternative or environment necessary to achieve the purposes of treatment, including programs which least restrict:
 - 18.1.7.1. Freedom of movement; and
 - 18.1.7.2. Participation in the community, while providing the level of support needed by the individual;
- 18.1.8. The right to be informed of all significant risks, benefits, side effects, and alternative treatment and services, and to give consent to any treatment, placement, or referral following an informed decision such that:
 - 18.1.8.1. Whenever possible, the consent shall be given in writing; and
 - 18.1.8.2. In all other cases, evidence of consent shall be documented by the program and shall be witnessed by at least one person;
- 18.1.9. The right to refuse to participate in any form of experimental treatment or research;
- 18.1.10. The right to be fully informed of one's own diagnosis and prognosis;
- 18.1.11. The right to voluntary placement, including the right to:
 - 18.1.11.1. Seek changes in placement, services or treatment at any time; and
 - 18.1.11.2. Withdraw from any form of voluntary treatment or from the service delivery system;
- 18.1.12. The right to services which promote independence, including services directed toward:
 - 18.1.12.1. Eliminating, or reducing as much as possible, the individual's needs for continued services and treatment; and
 - 18.1.12.2. Promoting the ability of the individuals to function at their highest capacity and as independently as possible;
- 18.1.13. The right to refuse medication and treatment;
- 18.1.14. The right to referral for medical care and treatment including, if needed, assistance in finding such care in a timely manner;
- 18.1.15. The right to consultation and second opinion including:
 - 18.1.15.1. At the individual's own expense, the consultative services of private physicians, psychologists, LADCs, and other health practitioners; and
 - 18.1.15.2. Granting to such health practitioners reasonable access to the individual, as required by Section 19.1.15, in programs and allowing such practitioners to make recommendations to

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programs regarding the services and treatment provided by the programs;

- 18.1.16. The right, upon request, to have one or more of the following present at any treatment meeting requiring an individual's participation and informed decision-making, including guardian, representative, attorney, family member, advocate, or consultant; and
- 18.1.17. The right to freedom from restraint including the right to be free from seclusion and physical, mechanical, or pharmacological restraint, unless the individual is at risk of self-harm or harm to others.
- 18.2. The Contractor shall ensure no treatment professional is required to administer treatment contrary to such professional's clinical judgment.
- 18.3. The Contractor shall ensure programs maximize the decision-making authority of the individual.
- 18.4. The Contractor shall ensure the following provisions apply to individuals for whom a guardian has been appointed by a court:
 - 18.4.1. The guardian and all individuals involved in the provision of services are made aware of the individual's views, preferences and aspirations;
 - 18.4.2. A guardian only makes decisions that are within the scope of the powers set forth in the guardianship order issued by the court;
 - 18.4.3. The program requests a copy of the guardianship order from the guardian;
 - 18.4.4. The order is kept in the individual's record at the program;
 - 18.4.5. If any issues arise relative to the provision of services and supports which are outside the scope of the guardian's decision-making authority as set forth in the guardianship order, the individual's choice and preference relative to those issues prevail unless the guardian's authority is expanded by the court to include those issues;
 - 18.4.6. A program takes steps that are necessary to prevent a guardian from exceeding the decision-making authority granted by the court including:
 - 18.4.6.1. Reviewing with the guardian the limits on their decision-making authority; and
 - 18.4.6.2. Bringing the matter to the attention of the court that appointed the guardian, if necessary;
 - 18.4.7. The guardian acts in a manner that furthers the best interests of the individual;
 - 18.4.8. In acting in the best interests of the individual, the guardian takes the views, preferences, and aspirations of the individual into consideration;
 - 18.4.9. The program takes steps that are necessary to prevent a guardian from acting in a manner that does not further the best interests of the individual and, if necessary, brings the matter to the attention of the court that appointed the guardian; and

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18.4.10. In the event that there is a dispute between the program and the guardian, the program informs the guardian of their right to bring the dispute to the attention of the court that appointed the guardian.

19. Termination of Services

- 19.1. The Contractor shall terminate an individual from services if the individual:
 - 19.1.1. Endangers or threatens to endanger other individuals or staff, or engages in illegal activity on the property of the program;
 - 19.1.2. Is no longer benefiting from the service(s) provided;
 - 19.1.3. Cannot agree with the Contractor on a mutually acceptable course of treatment;
 - 19.1.4. Refuses to pay for the services received despite having the financial resources to do so; or
 - 19.1.5. Refuses to apply for benefits that could cover the cost of the services received despite the fact that the individual is or may be eligible for benefits.
- 19.2. The Contractor shall ensure termination does not occur unless the program has given both written and verbal notice to the individual and individual's guardian, if any, that:
 - 19.2.1. Identifies the effective date of termination;
 - 19.2.2. Lists the clinical or managerial reasons for termination; and
 - 19.2.3. Explains the individual's right to appeal and the appeals process.
- 19.3. The Contractor shall document in the service record of an individual who has been terminated that:
 - 19.3.1. The individual has been notified of the termination; and
 - 19.3.2. The termination has been approved by the program administrator.
- 19.4. The Contractor shall ensure policies governing individual behavior within a residential treatment program are developed, implemented, and available to the Department as requested. The Contractor shall ensure:
 - 19.4.1. Individuals are informed of any house policies upon admission to the residence.
 - 19.4.2. House policies are posted and such policies shall conform with this section.
 - 19.4.3. House policies are periodically reviewed for compliance with this section in connection with quality assurance site visits.
 - 19.4.4. Development of policies and procedures allowing searches for alcohol and illicit drugs to be conducted:
 - 19.4.4.1. Upon the individual's admission to the program; and
 - 19.4.4.2. If probable cause exists, including such proof as:
 - 19.4.4.2.1. A positive test showing presence of alcohol or illegal drugs; or
 - 19.4.4.2.2. Showing physical signs of intoxication or withdrawal.

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20. State and Federal Requirements

- 20.1. If there is any error, omission, or conflict in the requirements listed below, the applicable federal, state, and local regulations, rules and requirements shall take precedence. The requirements specified below are provided herein to improve the Contractor's compliance.
- 20.2. The Contractor shall assist the individual in finding and engaging in a service, which may include, but is not limited to, helping the individual locate an appropriate provider, referring individuals to the needed service provider, setting up appointments for individuals with those providers, and assisting the individual with attending appointments with the service provider(s).
- 20.3. The Contractor agrees to the following state and federal requirements for all programs in this Contract as follows:
 - 20.3.1. Within seven (7) days of reaching 90% capacity, the program shall notify the Department that 90% capacity has been reached.
 - 20.3.2. The program admits each individual who requests and is in need of treatment for intravenous drug use not later than:
 - 20.3.2.1. 14 days after making the request; or
 - 20.3.2.2. 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program.
 - 20.3.3. The program has established a waitlist that includes a unique patient identifier for each injection drug user seeking treatment, including individuals receiving interim services while awaiting admission.
 - 20.3.4. The program has a mechanism that enables it to:
 - 20.3.4.1. Maintain contact with individuals awaiting admission;
 - 20.3.4.2. Admit or transfer waiting list individuals at the earliest possible time to an appropriate treatment program within a service area that is reasonable to the individual; and
 - 20.3.4.3. The program takes individuals awaiting treatment off the waiting list only when one of the following conditions exist:
 - 20.3.4.3.1. Individuals cannot be located for admission into treatment; or
 - 20.3.4.3.2. Individuals refuse treatment
 - 20.3.5. The program includes activities to encourage individuals in need of treatment services to undergo treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method.
 - 20.3.6. The program has procedures for:

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- 20.3.6.1. Selecting, training, and supervising outreach workers.
- 20.3.6.2. Contacting, communicating, and following up with individuals at high-risk of substance misuse, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements.
- 20.3.6.3. Promoting awareness among people who inject drugs about the relationship between injection drug use and communicable diseases.
- 20.3.6.4. Recommending steps to prevent communicable diseases.
- 20.3.7. The program does not expend Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to provide inpatient hospital substance use disorder services, except in cases when each of the following conditions is met:
 - 20.3.7.1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.
 - 20.3.7.2. The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential program.
 - 20.3.7.3. A physician makes a determination that the following conditions have been met:
 - 20.3.7.3.1. The primary diagnosis of the individual is substance use disorder and the physician certifies that fact;
 - 20.3.7.3.2. The individual cannot be safely treated in a community-based, non-hospital, residential program;
 - 20.3.7.3.3. The service can be reasonably expected to improve the person's condition or level of functioning;
 - 20.3.7.3.4. The hospital-based substance use disorder program follows national standards of substance use disorder professional practice; and
 - 20.3.7.3.5. The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in community-based, non-hospital, residential program.)
- 20.3.8. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
- 20.3.9. The program does not expend SAPT Block Grant funds to satisfy and requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- 20.3.10. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.

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- 20.3.11. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- 20.3.12. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- 20.3.13. The program does not expend SAPT Block Grant funds to provide treatment services in penal or corrections institutions of the State.
- 20.3.14. The program uses the SAPT Block Grant as the "payment of last resort" for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
 - 20.3.14.1. Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
 - 20.3.14.2. Secure payments from individuals for services in accordance with their ability to pay.
- 20.3.15. The Contractor shall comply with all relevant state and federal laws such as, but not limited to:
 - 20.3.15.1. The Contractor shall, upon the direction of the Department, provide court-ordered evaluations and charge a sliding rate fee based on the scale in Exhibit C, Payment Terms. The Contractor shall then submit the court-ordered evaluation to the authorized requestor and shall, upon the direction of the Department, offer treatment to those individuals.
 - 20.3.15.2. The Contractor shall comply with the legal requirements governing human subjects research when considering research, including research conducted by student interns, using individuals served by this contract as subjects. Contractors must inform and receive the Department's approval prior to initiating any research involving subjects or participants related to this contract. The Department reserves the right, at its sole discretion, to reject any such human subject research requests.

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Exhibit C-9, SUD Treatment Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: South Eastern New Hampshire Alcohol and Drug Abuse Services

SUD Treatment &
Budget Request for: Recovery Support Svs

Service: SUD Svs

Budget Period: 7/1/25-6/30/26

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 354,269.00	\$ 56,071.00	\$ 410,370.00	\$ 283,299.00	\$ 52,071.00	\$ 335,370.00	\$ 71,000.00	\$ 4,000.00	\$ 75,000.00
2. Employees Benefits	\$ 56,869.00	\$ 14,379.00	\$ 71,248.00	\$ 43,869.00	\$ 14,379.00	\$ 58,248.00	\$ 13,000.00	\$ -	\$ 13,000.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ 3,203.00	\$ 3,203.00	\$ -	\$ 3,203.00	\$ 3,203.00	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ 17,628.00	\$ 17,628.00	\$ -	\$ 17,628.00	\$ 17,628.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 801.00	\$ -	\$ 801.00	\$ 801.00	\$ -	\$ 801.00	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 769.00	\$ 318.00	\$ 1,087.00	\$ 769.00	\$ 318.00	\$ 1,087.00	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 40,820.00	\$ -	\$ 40,820.00	\$ 40,420.00	\$ -	\$ 40,420.00	\$ 500.00	\$ -	\$ 500.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 4,876.00	\$ -	\$ 4,876.00	\$ 4,376.00	\$ -	\$ 4,376.00	\$ 500.00	\$ -	\$ 500.00
Postage	\$ 258.00	\$ -	\$ 258.00	\$ 258.00	\$ -	\$ 258.00	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 12,405.00	\$ 12,405.00	\$ -	\$ 12,405.00	\$ 12,405.00	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 1,104.00	\$ 1,104.00	\$ -	\$ 1,104.00	\$ 1,104.00	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 618.00	\$ -	\$ 618.00	\$ 618.00	\$ -	\$ 618.00	\$ -	\$ -	\$ -
12. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - House	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Billing Services - Insurances	\$ 18,762.00	\$ -	\$ 18,762.00	\$ 17,762.00	\$ -	\$ 17,762.00	\$ 1,000.00	\$ -	\$ 1,000.00
Transportation for Clients	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Current Expenses - Interest and Bank Fees	\$ -	\$ 773.00	\$ 773.00	\$ -	\$ 773.00	\$ 773.00	\$ -	\$ -	\$ -
State Licensing Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 478,172.00	\$ 105,879.00	\$ 584,051.00	\$ 392,172.00	\$ 101,879.00	\$ 494,051.00	\$ 86,000.00	\$ 4,000.00	\$ 90,000.00

Indirect As A Percent of Direct

22.1%

Indirect as a percent of direct (funded by DHHS only)

4.65%

Exhibit C-10, Residential Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: South Eastern New Hampshire Alcohol and Drug Abuse Services

Budget Request for: SUD Treatment & Recovery Support Svs

Service: Residential Svs

Budget Period: 7/1/25-6/30/26

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 919,675.00	\$ 332,599.00	\$ 1,252,274.00	\$ 449,675.00	\$ 281,599.00	\$ 731,274.00	\$ 470,000.00	\$ 51,000.00	\$ 521,000.00
2. Employee Benefits	\$ 95,070.00	\$ 38,228.00	\$ 133,298.00	\$ 38,070.00	\$ 32,228.00	\$ 70,298.00	\$ 57,000.00	\$ 6,000.00	\$ 63,000.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ 3,093.00	\$ 3,093.00	\$ -	\$ 3,093.00	\$ 3,093.00	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ 33,618.00	\$ 33,618.00	\$ -	\$ 33,618.00	\$ 33,618.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 4,635.00	\$ -	\$ 4,635.00	\$ 4,635.00	\$ -	\$ 4,635.00	\$ -	\$ -	\$ -
Office	\$ 1,442.00	\$ 4,939.00	\$ 6,381.00	\$ 1,442.00	\$ 4,939.00	\$ 6,381.00	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ 2,459.00	\$ 2,459.00	\$ -	\$ 2,459.00	\$ 2,459.00	\$ -	\$ -	\$ -
7. Occupancy	\$ 69,826.00	\$ 26,851.00	\$ 96,677.00	\$ 14,826.00	\$ 26,851.00	\$ 41,677.00	\$ 55,000.00	\$ -	\$ 55,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 5,412.00	\$ 1,857.00	\$ 7,269.00	\$ 4,912.00	\$ 1,557.00	\$ 6,469.00	\$ 500.00	\$ 300.00	\$ 800.00
Postage	\$ -	\$ 727.00	\$ 727.00	\$ -	\$ 727.00	\$ 727.00	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 16,605.00	\$ 16,605.00	\$ -	\$ 16,605.00	\$ 16,605.00	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 19,394.00	\$ 19,394.00	\$ -	\$ 19,394.00	\$ 19,394.00	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 5,088.00	\$ 5,088.00	\$ -	\$ 5,088.00	\$ 5,088.00	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 6,180.00	\$ -	\$ 6,180.00	\$ 6,180.00	\$ -	\$ 6,180.00	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - House	\$ 21,161.00	\$ -	\$ 21,161.00	\$ 3,161.00	\$ -	\$ 3,161.00	\$ 18,000.00	\$ -	\$ 18,000.00
Supplies - Food	\$ 57,368.00	\$ -	\$ 57,368.00	\$ 53,368.00	\$ -	\$ 53,368.00	\$ 4,000.00	\$ -	\$ 4,000.00
Billing Services - Insurances	\$ 66,522.00	\$ -	\$ 66,522.00	\$ 60,522.00	\$ -	\$ 60,522.00	\$ 6,000.00	\$ -	\$ 6,000.00
Transportation for Clients	\$ 3,605.00	\$ -	\$ 3,605.00	\$ 2,905.00	\$ -	\$ 2,905.00	\$ 700.00	\$ -	\$ 700.00
Current Expenses - Interest and Bank Fees	\$ -	\$ 4,230.00	\$ 4,230.00	\$ -	\$ 4,230.00	\$ 4,230.00	\$ -	\$ -	\$ -
State Licensing Fees	\$ -	\$ 1,298.00	\$ 1,298.00	\$ -	\$ 1,298.00	\$ 1,298.00	\$ -	\$ -	\$ -
TOTAL	\$ 1,252,396.00	\$ 490,986.00	\$ 1,743,382.00	\$ 639,696.00	\$ 433,686.00	\$ 1,073,382.00	\$ 612,700.00	\$ 57,300.00	\$ 670,000.00

Indirect As A Percent of Direct

39.2%

Indirect as a percent of direct (funded by DHHS only)

9%

Exhibit C-11, SUD Treatment Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: South Eastern New Hampshire Alcohol and Drug Abuse Services

Budget Request for: SUD Treatment & Recovery Support Svcs

Service: SUD Svcs

Budget Period: 7/1/26-6/30/27

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 364,928.00	\$ 57,763.00	\$ 422,691.00	\$ 293,928.00	\$ 53,753.00	\$ 347,681.00	\$ 71,000.00	\$ 4,000.00	\$ 75,000.00
2. Employee Benefits	\$ 58,575.00	\$ 14,810.00	\$ 73,385.00	\$ 46,575.00	\$ 14,810.00	\$ 60,385.00	\$ 13,000.00	\$ -	\$ 13,000.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ 3,299.00	\$ 3,299.00	\$ -	\$ 3,299.00	\$ 3,299.00	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ 18,155.00	\$ 18,155.00	\$ -	\$ 18,155.00	\$ 18,155.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 825.00	\$ -	\$ 825.00	\$ 825.00	\$ -	\$ 825.00	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 792.00	\$ 328.00	\$ 1,120.00	\$ 792.00	\$ 328.00	\$ 1,120.00	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 42,148.00	\$ -	\$ 42,148.00	\$ 41,648.00	\$ -	\$ 41,648.00	\$ 500.00	\$ -	\$ 500.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 5,022.00	\$ -	\$ 5,022.00	\$ 4,522.00	\$ -	\$ 4,522.00	\$ 500.00	\$ -	\$ 500.00
Postage	\$ 266.00	\$ -	\$ 266.00	\$ 266.00	\$ -	\$ 266.00	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 12,777.00	\$ 12,777.00	\$ -	\$ 12,777.00	\$ 12,777.00	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 1,137.00	\$ 1,137.00	\$ -	\$ 1,137.00	\$ 1,137.00	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 637.00	\$ -	\$ 637.00	\$ 637.00	\$ -	\$ 637.00	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - House	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Billing Services - Insurances	\$ 19,325.00	\$ -	\$ 19,325.00	\$ 18,325.00	\$ -	\$ 18,325.00	\$ 1,000.00	\$ -	\$ 1,000.00
Transportation for Clients	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Current Expenses - Interest and Bank Fees	\$ -	\$ 796.00	\$ 796.00	\$ -	\$ 796.00	\$ 796.00	\$ -	\$ -	\$ -
State Licensing Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 492,518.00	\$ 109,055.00	\$ 601,573.00	\$ 406,518.00	\$ 105,055.00	\$ 511,573.00	\$ 86,000.00	\$ 4,000.00	\$ 90,000.00

Indirect As A Percent of Direct

22.1%

Indirect As A Percent
of Direct (DHHS
funded only)

5%

4/4/2023

Exhibit C-12, Residential Services Budget, Amendment #4

New Hampshire Department of Health and Human Services

Provider Name: South Eastern New Hampshire Alcohol and Drug Abuse Services

SUD Treatment &
Budget Request for: Recovery Support Svs

Service: Residential Svs

Budget Period: 7/1/26-6/30/27

Line Item	Total Program Cost			Contractor Share / Match/Third Party Payee			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 947,265.00	\$ 342,577.00	\$ 1,289,842.00	\$ 477,265.00	\$ 291,577.00	\$ 768,842.00	\$ 470,000.00	\$ 51,000.00	\$ 521,000.00
2. Employee Benefits	\$ 97,922.00	\$ 39,375.00	\$ 137,297.00	\$ 40,922.00	\$ 33,375.00	\$ 74,297.00	\$ 57,000.00	\$ 6,000.00	\$ 63,000.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ 3,186.00	\$ 3,186.00	\$ -	\$ 3,186.00	\$ 3,186.00	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ 34,627.00	\$ 34,627.00	\$ -	\$ 34,627.00	\$ 34,627.00	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 4,774.00	\$ -	\$ 4,774.00	\$ 4,774.00	\$ -	\$ 4,774.00	\$ -	\$ -	\$ -
Office	\$ 1,485.00	\$ 5,087.00	\$ 6,572.00	\$ 1,485.00	\$ 5,087.00	\$ 6,572.00	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ 2,533.00	\$ 2,533.00	\$ -	\$ 2,533.00	\$ 2,533.00	\$ -	\$ -	\$ -
7. Occupancy	\$ 71,921.00	\$ 27,657.00	\$ 99,578.00	\$ 16,921.00	\$ 27,657.00	\$ 44,578.00	\$ 55,000.00	\$ -	\$ 55,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,826.00	\$ 2,213.00	\$ 6,039.00	\$ 3,326.00	\$ 1,913.00	\$ 5,239.00	\$ 500.00	\$ 300.00	\$ 800.00
Postage	\$ -	\$ 479.00	\$ 479.00	\$ -	\$ 479.00	\$ 479.00	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 17,103.00	\$ 17,103.00	\$ -	\$ 17,103.00	\$ 17,103.00	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 19,976.00	\$ 19,976.00	\$ -	\$ 19,976.00	\$ 19,976.00	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 5,241.00	\$ 5,241.00	\$ -	\$ 5,241.00	\$ 5,241.00	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 6,365.00	\$ -	\$ 6,365.00	\$ 6,365.00	\$ -	\$ 6,365.00	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - House	\$ 21,796.00	\$ -	\$ 21,796.00	\$ 3,796.00	\$ -	\$ 3,796.00	\$ 18,000.00	\$ -	\$ 18,000.00
Supplies - Food	\$ 59,089.00	\$ -	\$ 59,089.00	\$ 55,089.00	\$ -	\$ 55,089.00	\$ 4,000.00	\$ -	\$ 4,000.00
Billing Services - Insurances	\$ 68,516.00	\$ -	\$ 68,516.00	\$ 62,516.00	\$ -	\$ 62,516.00	\$ 6,000.00	\$ -	\$ 6,000.00
Transportation for Clients	\$ 3,713.00	\$ -	\$ 3,713.00	\$ 3,013.00	\$ -	\$ 3,013.00	\$ 700.00	\$ -	\$ 700.00
Current Expenses - Interest and Bank Fees	\$ -	\$ 4,357.00	\$ 4,357.00	\$ -	\$ 4,357.00	\$ 4,357.00	\$ -	\$ -	\$ -
State Licensing Fees	\$ -	\$ 1,337.00	\$ 1,337.00	\$ -	\$ 1,337.00	\$ 1,337.00	\$ -	\$ -	\$ -
TOTAL	\$ 1,288,174.00	\$ 505,748.00	\$ 1,793,922.00	\$ 676,474.00	\$ 448,449.00	\$ 1,123,922.00	\$ 612,700.00	\$ 57,300.00	\$ 670,000.00

Indirect As A Percent of Direct

39.3%

Indirect As A Percent of
Direct (DHHS funded
only)

9%

State of New Hampshire

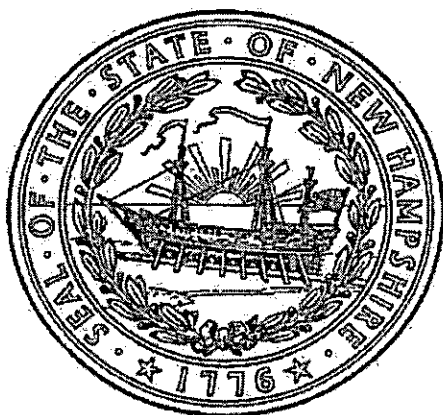
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that SOUTH EASTERN NEW HAMPSHIRE ALCOHOL AND DRUG ABUSE SERVICES is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 21, 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: 64991

Certificate Number: 0005893466



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of November A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Mark S. Kennard, hereby certify that:

1. I am a duly elected officer of Southeastern New Hampshire Alcohol and Drug Abuse Services
2. The following is a true copy of a vote taken at a meeting of the Board of Trustees, duly called and held on October 25, 2022, at which a quorum of the trustees were present and voting.
VOTED: That Jonathan Cheyne (Executive Director) is duly authorized on behalf of Southeastern New Hampshire Alcohol and Drug Abuse Services 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 judgement 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 listed above currently occupies the position indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 4/23/2025



Signature of Elected Officer

Name: Mark S. Kennard

Title: Board Chairperson

SOUTHNEW13

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/03/2025

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 USI Insurance Services LLC 12 Gill Street, #5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Laura Sargent PHONE (A/C, No, Ext): 877 396-3800 FAX (A/C, No): 877-775-0110 E-MAIL ADDRESS: laura.sargent@usi.com														
INSURED Southeastern New Hampshire Alcohol & Drug Abuse Services 272 County Farm Road Dover, NH 03820	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B : National Liability & Fire Insurance Co.</td> <td>20052</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Co.	18058	INSURER B : National Liability & Fire Insurance Co.	20052	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:			PHPK2601893	11/01/2024	11/01/2025	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 \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2601893	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ RETENTION \$10000			PHUB881393	11/01/2024	11/01/2025	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	V9WC479671	11/01/2024	11/01/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liab			PHPK2601893	11/01/2024	11/01/2025	\$1,000,000 Each Claim \$3,000,000 Aggregate

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

Evidence of Coverage

For purposes of our contracting with the state.

CERTIFICATE HOLDER**CANCELLATION**

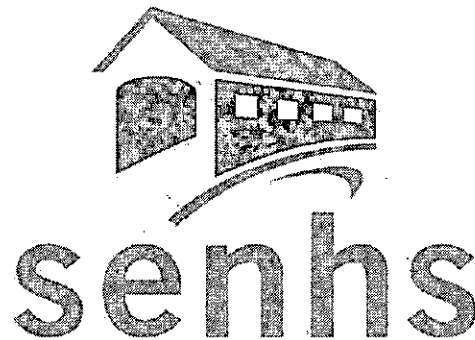
State of New Hampshire
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301-3857

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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VISION STATEMENT

SENHS is a leader among substance use disorder (SUD) programs in New Hampshire, financially sound, offering quality programming and regarded as a trusted partner in the delivery of expertise and services.

MISSION STATEMENT (Current)

SENHS provides expert addiction treatment to help and support individuals and families who are in need of substance abuse disorder services.

VALUES AND PRINCIPLES

- | | |
|-----------------------|---|
| Compassionate: | We treat our clients and staff with dignity and compassion, always striving to help them find success. |
| Transparent: | We conduct ourselves with an openness and honesty at all levels within the community, and among our clients, staff and board. |
| Trusted: | We are trusted and have credibility with all those with whom we interact. |
| Flexible: | We have financial stability, physical space, and adequate staffing to offer options in programs and services. |
| Relationships: | We value our relationships with other providers, funders, donors, volunteers and people who have gone through our programs, knowing that involving each in the work we do will only strengthen our ability to accomplish our mission. |

***SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES***

Audited Financial Statements

***For The Fiscal Years Ended
June 30, 2024 and 2023***

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES AND AFFILIATE**

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Penchansky & Co. PLLC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
**Southeastern New Hampshire
Alcohol & Drug Abuse Services and Affiliate**
Dover, New Hampshire

Opinion

We have audited the accompanying financial statements of Southeastern New Hampshire Alcohol & Drug Abuse Services and Affiliate (a nonprofit organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities 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 Southeastern New Hampshire Alcohol & Drug Abuse Services and Affiliate 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. 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 Southeastern New Hampshire Alcohol & Drug Abuse Services and Affiliate and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southeastern New Hampshire Alcohol & Drug Abuse Services and Affiliate's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

-1-

INSIGHT, INTEGRITY, EXCELLENCE

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 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 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 Southeastern New Hampshire Alcohol & Drug Abuse Services and Affiliate'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 Southeastern New Hampshire Alcohol & Drug Abuse Services and Affiliate'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.

Penchansky & Co., PLLC

Penchansky & Co., PLLC
Certified Public Accountants
Manchester, New Hampshire

December 16, 2024

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Statements of Financial Position
As of June 30,

ASSETS

	<u>2024</u>	<u>2023</u>
	Totals	Totals
<u>Current Assets:</u>		
Cash and Cash Equivalents	\$ 102,137	\$ 135,619
Accounts Receivable, Net of Allowance for Doubtful Accounts	271,981	256,989
Prepaid Expenses	<u>9,422</u>	<u>8,815</u>
Total Current Assets	<u>383,540</u>	<u>401,423</u>
<u>Fixed Assets:</u>		
Building Improvements	995,306	995,306
Furniture and Equipment	122,867	120,497
Less: Accumulated Depreciation	<u>(794,213)</u>	<u>(737,638)</u>
Net Fixed Assets	<u>323,960</u>	<u>378,165</u>
<u>Other Assets:</u>		
Right of Use Asset - Rent, Net of Amortization	94,922	158,203
Right of Use Asset - Equipment Net of Amortization	<u>1,981</u>	<u>7,441</u>
Total Other Assets	<u>96,903</u>	<u>165,644</u>
Total Assets	<u>\$ 804,403</u>	<u>\$ 945,232</u>

See notes and independent auditor's report

-Continued on next page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**

**Statements of Financial Position
As of June 30,**

LIABILITIES AND NET ASSETS

	<u>2024</u>	<u>2023</u>
	Totals	Totals
<u>Current Liabilities:</u>		
Accounts Payable	\$ 15,511	\$ 21,465
Accrued Expenses	6,574	1,211
Accrued Payroll and Taxes	89,167	85,444
Current Portion of Note Payable	3,950	3,472
Current Portion of Right of Use Obligations	66,682	67,694
Total Current Liabilities	<u>181,884</u>	<u>179,286</u>
<u>Long Term Liabilities:</u>		
Note Payable, Net of Current Portion	133,938	138,259
Right of Use Obligations, Net of Current Portion	<u>33,757</u>	<u>100,641</u>
Total Long Term Liabilities	<u>167,695</u>	<u>238,900</u>
Total Liabilities	<u>349,579</u>	<u>418,186</u>
<u>Net Assets:</u>		
Net Assets Without Donor Restrictions	<u>454,824</u>	<u>527,046</u>
Total Liabilities and Net Assets	<u><u>\$ 804,403</u></u>	<u><u>\$ 945,232</u></u>

See notes and independent auditor's report

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Statements of Activities and Changes in Net Assets
For The Years Ended June 30,

	<u>2024</u> <u>Totals</u>	<u>2023</u> <u>Totals</u>
Net Assets Without Donor Restrictions:		
<u>Revenues and Support:</u>		
Client Fee	\$ 1,504,473	\$ 1,396,782
Medicaid	0	25,461
Governmental Agency Revenue	692,406	663,958
Contributions	195,487	156,247
Strafford County Commission	75,399	55,839
Probate	20,997	18,828
In-Kind Contributions	0	3,000
Transitional Housing	120,128	79,435
	<u>2,608,890</u>	<u>2,399,550</u>
Total Revenues and Support		
<u>Expenses:</u>		
Program Services	2,106,603	1,972,539
Support Services	575,514	567,274
	<u>2,682,117</u>	<u>2,539,813</u>
Total Expenses		
Excess (Deficit) of Revenues and Support over Expenses	<u>(73,227)</u>	<u>(140,263)</u>
<u>Other Revenues (Expenses):</u>		
Other Revenue	810	1,033
Interest and Investment Income	195	150
	<u>1,005</u>	<u>1,183</u>
Total Other Revenues (Expenses)		
Net Increase (Decrease) in Net Assets	(72,222)	(139,080)
Net Assets - July 1,	527,046	666,126
Net Assets - June 30,	<u>\$ 454,824</u>	<u>\$ 527,046</u>

See notes and independent auditor's report

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Statements of Functional Expenses
For The Years Ended June 30,

Program Services - 2024

	OUTPATIENT SERVICES	COMPREHENSIVE SERVICES	IMPAIRED DRIVER INTERVENTION PROGRAM	COMMUNITY EDUCATION PROGRAM	DRUG COURT PROGRAM	TOTAL
Expenses:						
Salaries and Wages	\$ 117,092	\$ 784,304	\$ 95,031	\$ 26,589	\$ 174,857	\$ 1,197,873
Payroll Taxes	4,076	50,232	4,586	3,014	7,961	69,869
Employee Benefits	29,694	74,192	7,045	0	21,649	132,580
Rent	11,387	31,314	5,693	6,346	8,540	63,280
Utilities	9,447	28,984	4,174	8,771	7,098	58,474
Professional Fee	7,099	64,624	0	0	12,465	84,188
Depreciation	9,217	32,289	4,609	3,547	6,913	56,575
Food	0	53,049	0	0	0	53,049
House Supplies	0	34,418	1,000	540	120	36,078
Insurance	6,138	16,867	3,051	0	4,598	30,654
Office Expense	415	636	0	0	440	1,491
Supplies	490	2,851	401	142	246	4,130
Fees	1,451	0	2,901	0	0	4,352
Staff Development	384	4,539	4,581	0	1,024	10,528
Conference & Conventions	0	0	0	0	0	0
Travel	0	3,779	263	0	318	4,360
Printing & Reproduction	988	2,984	2,384	0	988	7,344
Client Recreation	0	1,347	0	0	0	1,347
Equipment Rental	1,092	3,003	546	0	819	5,460
Advertising	0	0	0	0	0	0
Equipment Rent	0	0	0	0	0	0
State Fee	0	700	0	0	0	700
Interest	0	0	0	0	0	0
Repairs	0	7,792	0	232	0	8,024
Bad Debt	1,697	7,629	570	10	2,045	11,951
Miscellaneous Expenses	0	308	0	140	0	448
Legal Settlement Expense	0	0	0	0	0	0
Donations In-Kind	21,617	193,653	1,000	7,035	40,543	263,848
Total Expenses	\$ 222,284	\$ 1,399,494	\$ 137,835	\$ 56,366	\$ 290,624	\$ 2,106,603

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES
Statements of Functional Expenses
For The Years Ended June 30,**

Support Services - 2024

	FUNDRAISING	GENERAL MANAGEMENT	TOTAL SUPPORT SERVICES	2024 TOTAL	2023 TOTAL
Expenses:					
Salaries and Wages	\$ 55,021	\$ 369,672	\$ 424,693	\$ 1,622,566	\$ 1,523,816
Payroll Taxes	7,895	41,791	49,686	119,555	112,855
Employee Benefits	4,868	37,771	42,639	175,219	230,416
Rent	7,500	0	7,500	70,780	60,283
Utilities	0	0	0	58,474	64,127
Professional Fee	0	22,157	22,157	106,345	99,278
Depreciation	0	0	0	56,575	54,084
Food	620	160	780	53,829	48,426
House Supplies	0	1,057	1,057	37,135	29,554
Insurance	0	0	0	30,654	31,795
Office Expense	1,042	7,136	8,178	9,669	9,311
Supplies	621	3,601	4,222	8,352	8,864
Fees	244	39	283	4,635	2,954
Staff Development	0	1,103	1,103	11,631	14,927
Conference & Conventions	270	0	270	270	1,597
Travel	22	393	415	4,775	3,709
Printing & Reproduction	654	1,067	1,721	9,065	6,979
Client Recreation	0	0	0	1,347	1,242
Advertising	150	0	150	150	50
Equipment Rent	0	0	0	5,460	5,460
State Fee	0	107	107	807	1,381
Interest	0	10,553	10,553	10,553	11,162
Repairs	0	0	0	8,024	8,810
Bad Debt	0	0	0	11,951	5,787
Miscellaneous Expenses	0	0	0	448	8,355
Legal Settlement Expense	0	0	0	0	0
Donations In-Kind	0	0	0	263,848	194,591
Total Expenses	\$ 78,907	\$ 496,607	\$ 575,514	\$ 2,682,117	\$ 2,539,813

**SOUTHEASTERN NEW HAMPSHIRE ALCOHOL & DRUG
ABUSE SERVICES**
Statements of Cash Flows
For The Years Ended June 30,

Net Assets Without Donor Restrictions:	2024	2023
	<u>Totals</u>	<u>Totals</u>
<u>Cash Flows from Operating Activities:</u>		
Net Increase (Decrease) in Net Assets	\$ (72,222)	\$ (139,080)
<u>Adjustments to reconcile changes in net assets to net cash provided (used) by operating activities:</u>		
Depreciation	56,575	59,545
Amortization of Right of Use Asset	68,741	(5,460)
(Increase) Decrease in Accounts Receivable	(14,992)	(106,969)
(Increase) Decrease in Prepaid Expenses	(607)	3,675
Increase (Decrease) in Accounts Payable	(5,955)	6,510
Increase (Decrease) in Accrued Expenses	5,363	642
Increase (Decrease) in Accrued Payroll and Taxes	3,723	(13,101)
Total Adjustments	112,848	(55,158)
Net Cash Flows Provided (Used) by Operating Activities	40,626	(194,238)
<u>Cash Flows from Investing Activities:</u>		
Acquisitions of Fixed Assets	(2,370)	(41,827)
Disposal of Fixed Assets	0	391
Net Cash Flows Provided (Used) by Investing Activities	(2,370)	(41,436)
<u>Cash Flows from Financing Activities:</u>		
Payments on Right of Use Obligations	(67,895)	0
Proceeds on Right of Use Obligations	0	8,213
Payments on Note Payable	(3,843)	(9,198)
Net Cash Flows Provided (Used) by Financing Activities	(71,738)	(985)
Net Increase (Decrease) in Cash and Cash Equivalents	(33,482)	(236,659)
Cash and Equivalents - July 1,	135,619	372,278
Cash and Equivalents - June 30,	\$ 102,137	\$ 135,619
Supplemental Cash Flow Information		
<u>Cash Paid For:</u>		
Interest	\$ 10,553	\$ 11,162
Income Taxes	\$ 0	\$ 0

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Notes to the Financial Statements
June 30, 2024 and 2023

Nature of Organization & Activities:

Southeastern New Hampshire Alcohol & Drug Abuse Services (the "Organization"), is a non-profit organization formed under the laws of the State of New Hampshire in 1979, dedicated to helping people recover from addictive disorders thru programs that focus on substance use disorders as chronic, progressive, biological, psychological and social in nature.

Note 1 - Summary of Significant Accounting Principles:

Method of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America. Revenues are recorded when earned and expenses are recorded when the obligation is incurred.

Basis of Presentation

The Organization presents information regarding its financial position and activities according to Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The amendments in this ASU make improvements to the information provided in the financial statements and notes for not-for-profit entities. In accordance with the update, the Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Basis of Presentation – continued

Net Assets without Donor Restrictions – These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program related services, raising contributions, and performing administrative functions.

Net Assets with Donor Restrictions – These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

-Continued on Next Page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**

Notes to the Financial Statements

June 30, 2024 and 2023

Note 1 – Summary of Significant Accounting Principles - continued:

Use of Estimates in the Preparation of Financial Statements

Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. 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 vary from the estimates that were used.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid deposits with maturity of three months or less to be cash and/or cash equivalents.

Accounts Receivable

Accounts receivable is reported at net realizable value. Net realizable value is equal to the gross amount of receivables less an estimated allowance for uncollectible accounts. The Organization determines an allowance for doubtful accounts based on historical experience and assessment and review of subsequent collections. The balance for allowance for doubtful accounts at June 30, 2024 and 2023 is \$24,727 and \$12,776, respectively.

Fixed Assets

Property and equipment are carried at cost and donations of property and equipment are recorded as support at fair value at the time of the gift. Acquisitions of property and equipment in excess of \$1,500 that meet the capitalization requirements are capitalized. Depreciation is computed using the straight-line method based on the assets' estimated useful lives. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized. The cost of maintenance and repairs is charged to operations as incurred; significant renewals and betterments are capitalized. The breakdown of assets relevant to useful life is as follows:

<u>Description</u>	<u>Method</u>	<u>Life</u>
Furniture and Fixtures	Straight-Line	5-7 years
Equipment	Straight-Line	3-5 years
Buildings and Improvements	Straight-Line	5-39 years

-Continued on Next Page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Notes to the Financial Statements
June 30, 2024 and 2023

Note 1 – Summary of Significant Accounting Principles - continued:

Contributions with Donor Restrictions

The Organization's policy is to report contributions with donor restrictions that are met in the same reporting period, as contributions without donor restrictions, since under said circumstances, there is no effect to reported net assets with donor restrictions.

Income Taxes

The Organization is exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. The Organization files Form 990, Return of Organization Exempt from Income Tax, which is an informational return filed with the Internal Revenue Service. There are no state income taxes due to the fact that the State of New Hampshire recognizes Section 501(c)(3) for exemption of organizations that are organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes. The Organization's evaluation on June 30, 2024 revealed no uncertain tax positions that would have a material impact of the financial statements.

The Organization's information returns are subject to possible examination by the taxing authorities. For federal purposes the returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Advertising

The Organization follows the policy of charging the costs of advertising to expense as they are incurred. There were no Advertising expenses for the year ended June 30, 2024. Advertising expenses were \$150 and \$50 for the years ended June 30, 2024 and 2023, respectively.

Functional Allocation of Expenses

The costs of the Organization's programs and supporting services have been reported on a functional basis in the Statement of Functional Expenses. Expenses are charged to each program based on direct expenses incurred. Any program expenses not directly chargeable to a program are allocated based on prescribed indirect cost allocation.

Note 2 - Lease Obligations:

The Organization has adopted the provision of ASC Topic 842 *Leases*. Management has reviewed the Organizations' leasing agreements and has determined that the Company has three leases which meet the criteria for ASC Topic 842.

-Continued on Next Page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Notes to the Financial Statements
June 30, 2024 and 2023

Note 2 - Lease Obligations - continued:

The Organization has a operating lease that is used as corporate offices and program services. The lease has a remaining term thru December 2025.

The Organization has a finance lease for equipment. The lease has a remaining term thru August, 2024.

The Organization has a finance lease for equipment. The lease has a remaining term thru December, 2025.

The following summarizes the line items in the balance sheets which include amounts for operating and finance leases as of June 30:

	<u>2024</u>	<u>2023</u>
Operating Leases		
Operating lease right-of-use-assets	\$ 94,922	\$ 158,203
Lease liability - current	\$ 65,142	\$ 62,436
Lease liabilities – less current	33,622	98,764
Total operating lease liabilities	<u>\$ 98,764</u>	<u>\$ 161,200</u>
Finance Leases		
Finance lease right-of-use-assets	\$ 1,981	\$ 7,441
Lease liability - current	\$ 1,540	\$ 5,258
Lease liabilities – less current	135	1,877
Total Finance lease liabilities	<u>\$ 1,675</u>	<u>\$ 7,135</u>

The following summarizes the weighted average remaining lease term and discount rate as of June, 30:

	<u>2024</u>	<u>2023</u>
Weighted Average Remaining Lease Term		
Operating and finance leases	3.32 years	2.06 years
Weighted Average Discount Rate		
Operating and finance leases	4.250%	4.250%

-Continued on Next Page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Notes to the Financial Statements
June 30, 2024 and 2023

Note 3 – Concentrations:

Cash

The Organization maintains its bank accounts with commercial banks, which could at times exceed federally insured limits. Management considers this risk minimal.

Customers

The Organization has three customers that represents 78% of its accounting receivable as of June 30, 2024. These same customers represent 62% of the total revenue for the period ending June 30, 2024. The Organization has two customers that represent 74% of its accounts receivable as of June 30, 2023. The same customers represent 57% of the total revenue of the Organization for the period ending June 30, 2023.

Note 4 – In-Kind Contributions:

Donated rent, materials, equipment and essential services are reflected as contributions in the accompanying financial statements at fair market value, at the date of the donation. The Organization also adopted a policy to record an in-kind donation for food procured at a below market rate from another non-profit organization. These transactions have been recorded as follows.

	<u>2024</u>	<u>2023</u>
Donated rent, materials, equipment and food	\$ <u>0</u>	\$ <u>3,000</u>

Note 5 – Line of Credit:

The Organization has a revolving line of credit with a bank in the amount of \$50,000. The line requires monthly interest payments on the unpaid principal balance at the rate of 1.5% over the bank's stated rate. The line of credit is secured by a security interest in all business assets. At June 30, 2024 and 2023, the outstanding balances were \$0.

Note 6 – Note Payable:

On March 3, 2021, the Organization executed the standard loan documents required for securing the EIDL Loan from the United States Small Business Administration under the Economic Injury Disaster Loan assistance program in light of the impact of the COVID-19 pandemic. The principal amount of the EIDL Loan is \$150,000, with proceeds to be used for working capital needs. Interest on the loan accrued at the rate of 2.75% per annum and installment payments, including principal and interest, are due monthly at \$641 per month. The balance of the principal and interest is payable thirty years from the date of the promissory note.

-Continued on Next Page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Notes to the Financial Statements
June 30, 2024 and 2023

Note 6 – Note Payable - continued:

The future minimum note payments at June 30, 2024 are as follows:

For The Fiscal Years Ended June 30,	Note Payment
2025	\$ 3,950
2026	4,059
2027	4,173
2028	4,289
2029	4,408
Thereafter	117,009
Totals	\$ 137,888

Note 7 – Compensated Absences:

Compensated absences are granted based on a vesting schedule of time of employment and employment status. The amount at June 30, 2024 and 2023 totaled \$47,218 and \$46,178.

Note 8 – Employee Retirement Plan:

All employees of the Organization who have completed minimum service requirements are eligible to participate in the tax sheltered annuity plan qualified under section 403(b) of the Internal Revenue Code. Participants in the Plan are eligible to contribute amounts up to the maximum allowed by law on an annual basis. In addition, the Organization may make non-elective contributions as defined by the plan. Plan expenses for the years ending June 30, 2024 and 2023 were \$31,259, and \$34,978, respectively.

Note 9 – Reclassifications:

Certain reclassifications have been made to the 2023 financial statement presentations to correspond to the current year's format. Total net assets and changes in net assets are unchanged due to these reclassifications.

Note 10 – Liquidity and Availability of Financial Assets:

The Organization's primary source of revenue is from program revenues, consisting of client fees and local and federal funding. As shown on the face of the financial statement, and summarized below, all of the Organization's financial assets are available within one year and are free of donor restrictions.

-Continued on Next Page-

**SOUTHEASTERN NEW HAMPSHIRE
ALCOHOL & DRUG ABUSE SERVICES**
Notes to the Financial Statements
June 30, 2024 and 2023

Note 10 – Liquidity and Availability of Financial Assets - continued:

Financial assets available within one year and free of donor restrictions as of June 30, 2024:

Cash & Cash Equivalents, Organization	\$ 102,137
Cash & Cash Equivalents, Affiliate	0
Accounts Receivable	<u>271,981</u>

**Total financial assets available to meet cash needs for
expenses within one year \$ 374,118**

Financial assets available within one year and free of donor restrictions as of June 30, 2023:

Cash & Cash Equivalents, Organization	\$ 135,619
Cash & Cash Equivalents, Affiliate	0
Accounts Receivable	<u>256,989</u>

**Total financial assets available to meet cash needs for
expenses within one year \$ 392,608**

Note 11 – Asset Purchase and Sale Agreement:

On October 29, 2024, the Board of Directors voted to approve an asset purchase and sale agreement with Community Partners that will allow Community Partners to acquire certain assets and continue the Organizations operations. On November 25, 2024, the Organization signed the asset purchase and sale agreement, with an estimated target date of June 30, 2025.

Note 12 – Subsequent Events:

Subsequent events have been evaluated thru December 16, 2024, which is the date the financial statements were available to be issued. Management asserts that there are no events which meet the criteria for disclosure.

**Southeastern New Hampshire Alcohol and Drug Abuse Services
Board of Trustees, 2025**

First Name	Surname	Board Position	Effective Date
Jocelyn	Caple	Trustee	Jan 2023
Frank	Cassidy	Trustee	Jan 1982
Christi	Green	Secretary	Jul 2019
Sr. Helene	Higgins	Trustee	Aug 2018
Lawrence	Kane	Vice-Chair	Sep 2000
Mark	Kennard	Chair	Aug 2018
Susan	Martinen	Trustee	Oct 2020
Alec	McEachern	Trustee	Jul 2010
Ed	Milliken	Treasurer	Dec 2022
Jon	Nolan	Trustee	Nov 2023
Chris	Roundy	Trustee	Oct 2019

Jonathan Cheyne

Nearing completion of a PhD in physics and stepping into non-profit management

- High-level mathematical, scientific, and analytical skills, resulting in peer-reviewed publications and conference presentations
- Considerable practice communicating advanced concepts to audiences with different levels of expertise and experience
- Application of mathematical skills to both technical and human questions of interest, using various survey, analysis, and calculation tools



Experience:

**Southeastern
New Hampshire
Drug & Alcohol
abuse services:
2022-Present**

Executive Director

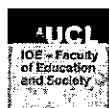
- Oversees day to day operations
- Prepare and present budgets
- Implements board policy
- Manages all personnel



**University of
New Hampshire:
2016-22**

Research Assistant/Teaching Assistant

- Advanced mathematical and computational skills developed working on my doctoral thesis in non-relativistic holography
- Qualitative & quantitative research into STEM education for under-represented students as part of NSF-funded study
- Communication & organisation as lead instructor of multiple courses, involving comprehensive restructuring of syllabi
- Leadership of teaching teams, including senior faculty
- High level technical communication as demonstrated in peer-reviewed publications and conference presentations



**UCL - Institute
of Education:
2014-15**

Student Teacher: Langley Park Boys' School; Norbury Manor School for Girls.

- Taught in diverse South London communities
- Planned and executed lessons on all science subjects to students at various stages of education



**Newstead Wood
School for Girls:
2008-10**

ICT/AV Technician

- Adaptive support role using limited resources to address varied emergent issues
- Technical troubleshooting of both hardware and software
- Assisted planning of school-wide technology refurbishment



**RP Martin
Brokers:
2006-08**

Junior foreign exchange broker

- Customer facing role in a high pressure environment
- Built market prediction tool for EUR/USD forward swap desk

Board memberships:

SENHS:	Board & Finance committee member	Oct 2020 - present
CAEW: (Cocaine Anonymous, England & Wales)	Director (formerly chair of steering committee for establishment of charity/company)	Oct 2011 - Dec 2012

Skills:

Presentations • Wolfram Language • Teaching (school/college) • Python
Technical writing • Physics • Maths • Statistics • Coaching & Mentoring • SQL • Excel



Education:

University of New Hampshire:

PhD – expected completion December 2022
Advisor – Dr. David Mattingly
GPA – 3.89



UCL - Institute of Education:

PgCE Science (physics) – June 2015



Queen Mary, University of London:

MSci. Theoretical Physics – June 2014
Degree classification – First class honours

Publications:

Energy-entropy relation for asymptotically Lifshitz spacetimes with universal horizons – Jonathan Cheyne, David Mattingly *Phys.Rev.D* 103 (2021) 8, 086012

Constructing entanglement wedges for Lifshitz spacetimes with Lifshitz gravity – Jonathan Cheyne, David Mattingly *Phys.Rev.D* 97 (2018) 6, 066024

Awards and recognitions:



- UNH Graduate teaching award 2021
- *For graduate students who demonstrate excellence in teaching*
- UNH Harper Fellowship award 2018
- *Recognising an exceptional graduate student in physics*
- UNH Summer TA Fellowship 2018
- *Supports research during the summer for individuals who have performed exceptionally well as a TA and as a student*
- UNH CEPS Fellowship 2015
- *For academic achievements, faculty recommendations, and the student's proposed research program & long-range professional goals* -16



- Institute of Physics teacher training scholarship 2014
- *The IOP awards scholarships to talented individuals who are passionate about physics and have the potential to become inspirational teachers* -15



- QMUL Funded summer research internship 2013
- *Funded summer research internship studying string theory, in recognition of outstanding academic performance*



- SEPnet Funded summer internship – Things We Don't Know 2012
- *Specialist industrial placements ranging from small startups to large multinationals. I worked for TWDK, a science communication startup*

References:

Prof. David Mattingly

Prof. Dawn Meredith

Additional references on request, including those focused on specific skills/qualities.

Outside interests:

Rugby – I am a keen player and coach, I have 15 years experience coaching teams and sitting on club committees. I currently coach Seacoast men's RFC & UNH men's rugby.

Jessica Stucker

Objective Accomplished New Hampshire Licensed Independent Clinical Social Worker and Master Licensed Alcohol and Drug Counselor who has worked extensively in the co-occurring disorders field for 15 years. Developed and pioneered clinical programs to better serve individuals with dual diagnoses. Managed wide range of employees and supervised candidates for licensure with excellent presentation and communication skills.

Education **Masters of Social Work** May 2014
University of New Hampshire, Durham NH

B.A. Psychology May 2009
Minor: Justice Studies
University of New Hampshire, Durham NH

Licenses **Licensed Independent Clinical Social Worker**, June 2016
Master Licensed Drug and Alcohol Counselor, December 2016
Substance Abuse Professional, February 2022

Experience **Southeastern New Hampshire Alcohol and Drug Services, Dover, NH**
Clinical Director, December 2022-present

- Supervise and manage 'The Strafford County Drug Court' Treatment IOP and Step-Down Program, Impaired Driver Care Management Program, Outpatient Services, and Low Intensity Residential "Turning Point".
- Manage clinical documentation within each program to comply with 42 CFR Part 2.
- Supervise all clinical staff in regards to licensure and certifications.

Silver Linings Counseling, LLC, Portsmouth, NH,
Owner and Manager, September 2020-present

- Manage all aspects of business, both clinical and professional.
- Oversee 5-10 clients who are seen at least once a month, biweekly, or weekly sessions.
- Supervise treatment providers for LICSW or MLADC licensure.

Salem Psychological Associates, Salem, NH,
Outpatient Clinical Therapist May 2019-August 2020

- Provide outpatient substance abuse and mental health treatment to clients on a weekly basis; both voluntary and mandated.
- Complete evaluations to determine appropriate level of care per ASAM guidelines.

Southeastern New Hampshire Alcohol and Drug Services, Dover, NH
Clinical Manager/Outpatient Counselor May 2018-April 2019
Drug Court Program Manager, July 2016-April 2018
Drug Court IOP Counselor, 40 hours per week, May 2014-July 2016
Master's Level Intern, 24 hours per week, September 2013-May 2014

- Managed all outpatient programs at SENHS.
- Executed and managed clinical IOP treatment for the Strafford County Drug Court.
- Conduct individual and group counseling sessions while maintaining a caseload of clients.
- Complete all patient paperwork, including intake summaries, substance abuse evaluations, individual- and curriculum-based treatment planning, progress notes, general recordkeeping, correspondence, and discharge summaries.
- Participated in clinical supervision, weekly staff meetings, daily group processing and planning sessions, and regular meetings with Drug Court Case Managers, Superior Court Justices, County Attorneys and Probation and Parole Officers.

Community Partners, Dover, NH

Functional Support Specialist, 40 hours per week, June 2009-April 2014

- Served as a functional support specialist for 50 chronically mentally ill adults, ranging ages from 18-59 years old.
- Saw clients weekly in order to get assistance with medical appointments, medication supervision, and activities of daily living.

Sexual Assault Support Services, Portsmouth, NH

Master's Level Intern, 16 hours per week, September 2012-May 2013

- Presented subjects such as body safety, internet safety, bystander effects and consent to students in Rockingham and Strafford counties as a member of the agency's education department.
- Served as a member of client services and take crisis telephone and hospital calls from survivors on a monthly basis.

Odyssey NH, Hampton, NH

PACE Program, 40 hours per week, June 2008-August 2009

- Served as a Primary Care Giver and counseled delinquent boys, ages 12-17, during their time at the program (about 45 days).
- Assisted with child substance abuse assessments.

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: Southeastern NH Alcohol and Drug Abuse Services

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Jonathan Cheyne	Executive Director	\$10,050.00	\$100,500.00
Jessica Stucker	Clinical Director	\$9,500.00	\$95,000.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

48

Lori A. Weaver
Commissioner

Katje S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9544 1-800-852-3345 Ext. 9544
 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

August 28, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed in **Bold** below for Substance Use Disorder Treatment and Recovery Support Services, by exercising contract renewal options by extending the completion dates from September 29, 2023 to June 30, 2025 and increasing the total price limitation by \$15,331,072 from \$15,703,407 to \$31,034,479 and, effective September 29, 2023, upon Governor and Council approval. 62.33% Federal Funds. 11.68% General Funds. 25.99% Other Funds (Governor's Commission).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, amended on March 23, 2022, item #35, and most recently amended on December 21, 2022, item #29.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$1,052,232	\$360,596	\$1,412,828
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$180,000	\$593,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$490,666	\$320,000	\$810,666

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,303,516	\$1,118,145	\$2,421,661
Families in Transition (Formerly known as: FIT/NH, Inc.) (Manchester, NH)	167730-B001	Statewide	\$2,960,216	\$1,750,000	\$4,710,216
Grafton County New Hampshire (North Haverhill, NH)	177397-B003	Statewide	\$464,325	\$850,000	\$1,314,325
Headrest (Lebanon, NH)	175226-B001	Statewide	\$805,107	\$710,000	\$1,515,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119-B001	Statewide	\$1,589,409	\$1,372,175	\$2,961,584
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204-B001	Statewide	\$4,715,348	\$7,325,156	\$12,040,504
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292-B001	Statewide	\$1,346,066	\$1,345,000	\$2,691,066
		Total:	\$15,703,407	\$15,331,072	\$31,034,479

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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EXPLANATION

The purpose of this request is to extend the expiration date and increase funding for the Contractors to continue providing substance use treatment services.

While insurance payments, including Medicaid, cover some of the cost of treating individuals, it does not cover the overall cost of providing treatment services. Through a cost-reimbursement model, these providers will be reimbursed for allowable expenses related to providing these services, such as the cost of materials, facilities management, and administrative costs. These funds also fill in the gaps for when individuals are uninsured or underinsured.

Approximately 3,574 individuals will be served during State Fiscal Years 2024 and 2025.

The Contractors will continue to provide a comprehensive range of treatment services accessible statewide. These services encompass individual and group outpatient services, intensive outpatient services, partial hospitalization, ambulatory and medically monitored withdrawal management services, transitional living services, and high and low intensity residential treatment services. Additionally, specialized residential services and integrated medications for substance use disorders are also provided. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual evaluation of all Bureau of Drug and Alcohol Services funded providers looks at all data, including demographic and outcome data, to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Subsection 1.1. of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) year and nine (9) months of the four (4) years available.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. A lapse in timely treatment or recovery supports may impact the individual, but also has potential consequences for families and communities as well, such as an increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s TI083464, TI084659, TI083955, TI085821, and TBD; and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s TI083326 and TI085759, and TBD.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Weaver
Commissioner

05-95-92-820510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical
Group

334662-B001

PO 1084542

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	92058501	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	92058501	\$280,618	\$0	\$280,618
2024-Q1	074-500589	Welfare Assistance	92058501	\$66,320	\$0	\$66,320
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$0	\$0
Sub-total				\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO 1084957

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance		\$470,179	\$0	\$470,179
2024-Q1	074-500589	Welfare Assistance		\$40,498	\$0	\$40,498
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$7,390	\$7,390
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$9,853	\$9,853
Sub-total				\$814,632	\$17,243	\$831,875

Cheshire Medical
Center/Dartmouth

155405-B001

PO 1083175

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance		\$59,496	\$0	\$59,496
2024-Q1	074-500589	Welfare Assistance		\$13,122	\$0	\$13,122
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$24,613	\$24,613
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$32,818	\$32,818
Sub-total				\$132,633	\$57,431	\$190,064

CC of
Nashua/Greater

154112-B001

PO 1083753

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance		\$99,174	\$0	\$99,174
2024-Q1	074-500589	Welfare Assistance		\$29,806	\$0	\$29,806
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$43,758	\$43,758
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$58,343	\$58,343

Sub-total				\$157,124	\$102,101	\$259,225
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Dismas Home 290061-B001		PO 1083177				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance		\$344,159	\$0	\$344,159
2024-Q1	074-500589	Welfare Assistance		\$13,981	\$0	\$13,981
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$42,857	\$42,857
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$57,143	\$57,143
Sub-total				\$494,934	\$100,000	\$594,934

Familles in Transition 157730-B001		PO 1083185				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance		\$362,283	\$0	\$362,283
2024-Q1	074-500589	Welfare Assistance		\$13,047	\$0	\$13,047
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$67,629	\$67,629
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$90,173	\$90,173
Sub-total				\$516,444	\$157,802	\$676,246

Grafton Cty 177397-B003		PO 1088997				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance		\$69,395	\$0	\$69,395
2024-Q1	074-500589	Welfare Assistance		\$14,827	\$0	\$14,827
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$116,231	\$116,231
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$154,974	\$154,974
Sub-total				\$148,854	\$271,205	\$420,059

Headrest, Inc. 175226-B001		PO 1083186				
State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance		\$43,917	\$0	\$43,917
2024-Q1	074-500589	Welfare Assistance		\$10,390	\$0	\$10,390
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$74,376	\$74,376
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$99,168	\$99,168
Sub-total				\$80,370	\$173,544	\$253,914

Hope on Haven Hill 275119-B001

PO 1083183

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance		\$332,570	\$0	\$332,570
2024-Q1	074-500589	Welfare Assistance		\$10,965	\$0	\$10,965
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$182,368	\$182,368
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$243,158	\$243,158
Sub-total				\$486,437	\$425,526	\$911,963

Manchester Alcohol Rehab Center, 177204-B001

PO 1083184

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance		\$234,976	\$0	\$234,976
2024-Q1	074-500589	Welfare Assistance		\$50,208	\$0	\$50,208
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,006,113	\$1,006,113
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$1,341,484	\$1,341,484
Sub-total				\$452,125	\$2,347,597	\$2,799,722

Southeastern NH Alcohol & Drug 155292-B001

PO 1083180

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance		\$36,020	\$0	\$36,020
2024-Q1	074-500589	Welfare Assistance		\$7,696	\$0	\$7,696
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$142,522	\$142,522
2025	074-500589	Grants for Public Asst & Relief	92058501	\$0	\$190,029	\$190,029
Sub-total				\$77,858	\$332,551	\$410,409
SUB TOTAL GOV COMM				\$3,926,205	\$3,985,000	\$7,911,205

05-05-02-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0

2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$0	\$0	\$0
2024-Q1	074-500589	Welfare Assistance		\$0	\$0	\$0
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$0	\$0	\$0

Cheshire Medical Center/Dartmouth

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance		\$126,091	\$0	\$126,091
2024-Q1	074-500589	Welfare Assistance		\$27,811	\$0	\$27,811
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$52,530	\$52,530
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$70,039	\$70,039
Sub-total				\$281,095	\$122,569	\$403,664

CC of Nashua/Greater

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance		\$210,590	\$0	\$210,590
2024-Q1	074-500589	Welfare Assistance		\$63,305	\$0	\$63,305
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$93,385	\$93,385
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$124,514	\$124,514
Sub-total				\$333,542	\$217,899	\$551,441

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance		\$133,325	\$0	\$133,325
2024-Q1	074-500589	Welfare Assistance		\$29,631	\$0	\$29,631
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$0	\$0
Sub-total				\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance		\$766,463	\$0	\$766,463
2024-Q1	074-500589	Welfare Assistance		\$168,206	\$0	\$168,206
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$62,013	\$62,013
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$82,684	\$82,684
Sub-total				\$1,496,763	\$144,697	\$1,641,460

Grafton City

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance		\$147,071	\$0	\$147,071
2024-Q1	074-500589	Welfare Assistance		\$31,424	\$0	\$31,424
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$248,055	\$248,055
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$330,740	\$330,740
Sub-total				\$315,471	\$578,795	\$894,266

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance		\$93,078	\$0	\$93,078
2024-Q1	074-500589	Welfare Assistance		\$22,021	\$0	\$22,021
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$103,851	\$103,851
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$138,469	\$138,469
Sub-total				\$170,337	\$242,320	\$412,657

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance		\$108,764	\$0	\$108,764
2024-Q1	074-500589	Welfare Assistance		\$23,239	\$0	\$23,239
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$73,651	\$73,651
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$98,202	\$98,202
Sub-total				\$236,172	\$171,853	\$408,025

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title		Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance		\$497,996	\$0	\$497,996
2024-Q1	074-500589	Welfare Assistance		\$106,407	\$0	\$106,407
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,452,076	\$1,452,076
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$1,936,101	\$1,936,101
Sub-total				\$958,208	\$3,388,177	\$4,346,385

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance		\$76,338	\$0	\$76,338
2024-Q1	074-500589	Welfare Assistance		\$16,311	\$0	\$16,311
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$171,541	\$171,541
2025	074-500589	Grants for Public Asst & Relief	92057501	\$0	\$228,721	\$228,721
Sub-total				\$165,008	\$400,282	\$565,270
SUB TOTAL CLINICAL				\$4,210,778	\$5,266,572	\$9,477,350

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance		\$118,800	\$0	\$118,800
2024-Q1	074-500589	Welfare Assistance		\$30,000	\$0	\$30,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$147,151	\$147,151
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$196,202	\$196,202
Sub-total				\$237,600	\$343,353	\$580,953

Dismas Home

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$436,348	\$436,348

2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$581,797	\$581,797
Sub-total				\$554,400	\$1,018,145	\$1,572,545

Families in Transition

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance		\$420,381	\$0	\$420,381
2024-Q1	074-500589	Welfare Assistance		\$91,728	\$0	\$91,728
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$620,358	\$620,358
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$827,143	\$827,143
Sub-total				\$945,009	\$1,447,501	\$2,392,510

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance		\$277,200	\$0	\$277,200
2024-Q1	074-500589	Welfare Assistance		\$70,000	\$0	\$70,000
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$126,058	\$126,058
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$168,078	\$168,078
Sub-total				\$554,400	\$294,136	\$848,536

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance		\$433,400	\$0	\$433,400
2024-Q1	074-500589	Welfare Assistance		\$107,800	\$0	\$107,800
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$332,055	\$332,055
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$442,741	\$442,741
Sub-total				\$866,800	\$774,796	\$1,641,596

Manchester Alcohol Rehab Center,

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance		\$1,402,500	\$0	\$1,402,500
2024-Q1	074-500589	Welfare Assistance		\$328,300	\$0	\$328,300
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$681,164	\$681,164
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$908,218	\$908,218
Sub-total				\$2,805,000	\$1,589,382	\$4,394,382

**Southeastern NH
Alcohol & Drug**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance		\$551,600	\$0	\$551,600
2024-Q1	074-500589	Welfare Assistance		\$137,200	\$0	\$137,200
2024 Q2-Q4	074-500589	Grants for Public Asst & Relief	9205	\$0	\$262,366	\$262,366
2025	074-500589	Grants for Public Asst & Relief	9205	\$0	\$349,821	\$349,821
Sub-total				\$1,103,200	\$612,187	\$1,715,387
SUB TOTAL SOR				\$7,066,409	\$6,079,500	\$13,145,909

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH,
BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)

**Manchester Alcohol
Rehab Center,**

State Fiscal Year	Class/Account	Title	Activity/Job #	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants		\$0	\$0	\$0
2023	074-500589	Welfare Assistance		\$375,000	\$0	\$375,000
2024-Q1	074-500589	Welfare Assistance		\$125,015	\$0	\$125,015
Sub-total				\$500,015	\$0	\$500,015
Grand Total All				\$15,793,407	\$15,331,072	\$31,034,479

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Substance Use Disorder Treatment and Recovery Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and South Eastern New Hampshire Alcohol and Drug Abuse Services ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 13, 2021, (Item #30), as amended on March 23, 2022, (Item #35), and as amended on December 21, 2022, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
June 30, 2025
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,691,066
3. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 13.864%, Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded October 1, 2020, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI083464, which are only effective from the contract effective date through September 30, 2022; and as awarded October 1, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA 93.959 FAIN TI084659, which are effective through September 30, 2023; and as awarded February 15, 2023 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing Number 93.959 FAIN TI085821, which are effective through September 30, 2024; and ALN 93.959 FAIN TBD, pending the receipt of the Notice of Award from SAMHSA.
 - 1.2. 63.744%, Federal funds from the State Opioid Response Grant, as awarded September 30, 2021, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, CFDA # 93.788, FAIN TI083326, which are only effective from the contract effective date through September 29, 2022, and as awarded September 23, 2022, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, Assistance Listing # 93.788, FAIN H79TI085759, which are only effective from September 30, 2022 through September 29, 2023; and SOR 3B, ALN 93.788, FAIN TBD, are anticipated to be available effective 9/30/2023, pending the receipt of the Notice of Award from SAMHSA; and ALN 93.788, FAIN TBD, anticipated to be available effective 9/30/2024, pending the receipt of the Notice of Award from

SAMHSA.

- 1.3. 7.142% General funds.
- 1.4. 15.250% Other funds (Governor's Commission).
4. Modify Exhibit C, Amendment #1, Payment Terms, Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, SUD Treatment Services Budget through Exhibit C-8, Residential Services Budget.
 - 3.1. Payments may be withheld until the Contractor submits accurate required monthly and quarterly reporting.
 - 3.2. Ensure approval for Exhibits C-1, SUD Treatment Services Budget through Exhibit C-8, Residential Services Budget is received from the Department prior to submitting invoices for payment.
 - 3.3. Request payment for actual expenditures incurred in the fulfillment of this Agreement, and in accordance with the Department-approved budgets.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 4, to read:
 4. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than October 20, 2023, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 4.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2023 through June 30, 2024, as follows:
 - 4.1.1. Exhibit C-5, SUD Treatment Services Budget
 - 4.1.2. Exhibit C-6, Residential Services Budget
6. Modify Exhibit C, Amendment #1, Payment Terms, Section 5, to read:
 5. The Contractor shall submit budgets for approval, in a form satisfactory to the Department, no later than 20 calendar days prior to June 30, 2024, which shall be retained by the Department. The Contractor shall submit budgets as follows:
 - 5.1. One (1) budget for each tiered service that specifies expenses for the period from July 1, 2024 through June 30, 2025, as follows:
 - 5.1.1. Exhibit C-7, SUD Treatment Services Budget
 - 5.1.2. Exhibit C-8, Residential Services Budget
7. Modify Exhibit C, Amendment #1, Payment Terms, Section 6, to read:
 6. Reserved.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective September 29, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

8/29/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

South Eastern New Hampshire Alcohol and Drug Abuse
Services

DocuSigned by:

Jonathan Cheyne

Name: Jonathan Cheyne

Title: Executive Director

8/28/2023

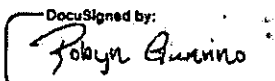
Date

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

OFFICE OF THE ATTORNEY GENERAL

8/29/2023

Date

DocuSigned by:

7437348410411460
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name: _____
Title: _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shiblette
Commissioner

Katja S. Fox
Director

119 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by Increasing the total price limitation by \$4,229,499 from \$11,473,908 to \$15,703,407 with no change to the contract completion dates of September 29, 2023, effective retroactive to September 30, 2022, upon Governor and Council approval, 65.88% Federal Funds, 9.12% General Funds, 25.00% Other Funds (Governor's Commission Fund).

The original contracts were approved by Governor and Council on October 13, 2021, items #30 and #38C, and most recently amended on March 23, 2022, item #35.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Belonging Medical Group, PLLC (Hanover, NH)	334662-B001	Statewide	\$562,794	\$0	\$562,794
Bridge Street Recovery, LLC (Bennington, NH)	341988-B001	Statewide	\$933,432	\$118,800	\$1,052,232
The Cheshire Medical Center (Keene, NH)	155405-B001	Statewide	\$413,728	\$0	\$413,728
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health (Nashua, NH)	154112-B001	Statewide	\$190,666	\$300,000	\$490,666
Dismas Home of New Hampshire, Inc. (Manchester, NH)	290061-B001	Statewide	\$1,026,316	\$277,200	\$1,303,516
Families in Transition (Formerly known as: FIT/NHNH, Inc.) (Manchester, NH)	157730-B001	Statewide	\$2,591,432	\$368,784	\$2,960,216

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 2 of 3

Grafton County New Hampshire (North Haverhill, NH)	177397 -B003	Statewide	\$464,325	\$0	\$464,325
Headrest (Lebanon, NH)	175226 -B001	Statewide	\$527,907	\$277,200	\$805,107
Hope on Haven Hill, Inc. (Somersworth, NH)	275119 -B001	Statewide	\$1,156,009	\$433,400	\$1,589,409
Manchester Alcoholism Rehabilitation Center (Manchester, NH)	177204 -B001	Statewide	\$2,812,833	\$1,902,515	\$4,715,348
South Eastern New Hampshire Alcohol and Drug Abuse Services (Dover, NH)	155292 -B001	Statewide	\$794,466	\$551,600	\$1,346,066
		Total:	\$11,473,908	\$4,229,499	\$16,703,407

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

See attached fiscal details.

EXPLANATION

The Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding effective September 30, 2022. The Department needed additional time to finalize the amendments and funding details. This request is **Retroactive** to align with the federal effective date of funding. This request is **Sole Source** because the scopes of services are being amended and funds are being added.

The purpose of this request is twofold: to increase funding for the Contractors to continue providing and to expand substance use treatment services; and to modify the scopes of service to align with the services provided by each Contractor.

The funding increase is for those Contractors, currently receiving federal State Opioid Response funding, to support people in need of residential treatment services. The Contractors will continue providing substance use disorder treatment and recovery support services to New Hampshire residents with current or a history of Opioid Use Disorder or Stimulant Use Disorder. Additionally, Greater Nashua Mental Health will receive increased funding in order to expand hours, implement family treatment services and provide case management and peer recovery support to adolescents, and Manchester Alcoholism Rehabilitation Center will receive increased funding to increase capacity for individuals being served at the American Society of Addiction Medicine (ASAM) 3.7 Level of Care. The Contractors that only provide outpatient services did not receive increased funding.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

The Department modified the scopes of service to: clarify contractor responsibilities related to improving Government Performance and Results Act (GPRA) collection for those Contractors that currently receive federal State Opioid Response funding; reflect the expansion of services for Greater Nashua Mental Health and Manchester Alcoholism Rehabilitation Center; and to reflect the reduction of 39 transitional living beds to 25 beds for Families in Transition. The organization recently closed its transitional living program for men.

Approximately 1,547 individuals will be served during State Fiscal Year 2023 through Quarter 1 of State Fiscal Year 2024.

The Contractors will continue to provide an array of treatment services with statewide access, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory and medically monitored withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medications for substance use disorders. These Contractors ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery.

The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers looks at all collected data, including demographic and outcome data, to ensure:

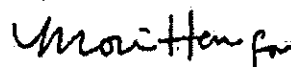
- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on ASAM Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

Should the Governor and Executive Council not authorize this request, individuals in need of substance use disorder and recovery support services may have reduced access to services, which increases the likelihood of having to be placed on a waitlist to access care. Research shows that treatment wait times increase the risk of overdoses, both fatal and non-fatal. Any delay in receiving treatment or recovery supports is not high quality healthcare, and primarily impacts the individual, but has potential consequences for families and communities as well, such as increase in homelessness, unemployment, and incarceration.

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, Assistance Listing Number # 93.959, FAIN #'s T1083464 and T1084659, and State Opioid Response Grant, Assistance Listing Number # 93.788, FAIN #'s T1083326 and T1085759.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

Belonging Medical
Group

334662-B001

PO TBD

PO 1084542

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-5005851#	Community Grants	\$215,856	\$0	\$215,856
2023	074-500589	Welfare Assistance	\$280,618	\$0	\$280,618
2024	074-500589	Welfare Assistance	\$66,320	\$0	\$66,320
Sub-total			\$562,794	\$0	\$562,794

Bridge Street
Recovery, LLC

341988-B001

PO TBD

PO 1084957

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$303,955	\$0	\$303,955
2023	074-500589	Welfare Assistance	\$470,179	\$0	\$470,179
2024	074-500589	Welfare Assistance	\$40,498	\$0	\$40,498
Sub-total			\$814,632	\$0	\$814,632

Cheshire Medical
Center/Dartmouth

155405-B001

PO TBD

PO 1083175

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$60,015	\$0	\$60,015
2023	074-500589	Welfare Assistance	\$59,496	\$0	\$59,496
2024	074-500589	Welfare Assistance	\$13,122	\$0	\$13,122
Sub-total			\$132,633	\$0	\$132,633

CC of
Nashua/Greater

154112-B001

PO TBD

PO 1083753

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$28,144	\$0	\$28,144
2023	074-500589	Welfare Assistance	\$27,174	\$72,000	\$99,174
2024	074-500589	Welfare Assistance	\$5,806	\$24,000	\$29,806
Sub-total			\$61,124	\$96,000	\$157,124

Dismas Home

290061-B001

PO TBD

PO 1083177

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,794	\$0	\$136,794
2023	074-500589	Welfare Assistance	\$344,159	\$0	\$344,159

2024	074-500589	Welfare Assistance	\$13,981	\$0	\$13,981
Sub-total			\$494,934	\$0	\$494,934

Families in Transition 157730-B001 PO TBD PO 1083185

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$143,114	\$0	\$143,114
2023	074-500589	Welfare Assistance	\$362,283	\$0	\$362,283
2024	074-500589	Welfare Assistance	\$13,047	\$0	\$13,047
Sub-total			\$518,444	\$0	\$518,444

Grafton Cty 177397-B003 PO TBD PO 1083176

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500589	Welfare Assistance	\$69,395	\$0	\$69,395
2024	074-500589	Welfare Assistance	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc. 175226-B001 PO TBD PO 1083186

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500589	Welfare Assistance	\$43,917	\$0	\$43,917
2024	074-500589	Welfare Assistance	\$10,390	\$0	\$10,390
Sub-total			\$80,370	\$0	\$80,370

Hope on Haven Hill		275119-B001	PO TBD	PO 1083186	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$142,902	\$0	\$142,902
2023	074-500589	Welfare Assistance	\$332,570	\$0	\$332,570
2024	074-500589	Welfare Assistance	\$10,965	\$0	\$10,965
Sub-total			\$486,437	\$0	\$486,437

Manchester Alcohol Rehab Center,		177204-B001	PO TBD	PO 1083184	
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$166,941	\$0	\$166,941
2023	074-500589	Welfare Assistance	\$234,976	\$0	\$234,976
2024	074-500589	Welfare Assistance	\$50,208	\$0	\$50,208

Sub-total			\$452,125	\$0	\$452,125
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Southeastern NH
Alcohol & Drug

155292-B001

PO TBD

PO 1083180

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$34,142	\$0	\$34,142
2023	074-500589	Welfare Assistance	\$36,020	\$0	\$36,020
2024	074-500589	Welfare Assistance	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$3,830,205	\$96,000	\$3,926,205

05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical
Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0

2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$0	\$0
2024	074-500589	Welfare Assistance	\$0	\$0	\$0
Sub-total			\$0	\$0	\$0

Cheshire Medical
Center/Dartmouth

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,193	\$0	\$127,193
2023	074-500589	Welfare Assistance	\$126,091	\$0	\$126,091
2024	074-500589	Welfare Assistance	\$27,811	\$0	\$27,811
Sub-total			\$281,095	\$0	\$281,095

CC of
Nashua/Greater

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,647	\$0	\$59,647
2023	074-500589	Welfare Assistance	\$57,590	\$153,000	\$210,590
2024	074-500589	Welfare Assistance	\$12,305	\$51,000	\$63,305
Sub-total			\$129,542	\$204,000	\$333,542

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500589	Welfare Assistance	\$133,325	\$0	\$133,325
2024	074-500589	Welfare Assistance	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$562,094	\$0	\$562,094
2023	074-500589	Welfare Assistance	\$766,463	\$0	\$766,463
2024	074-500589	Welfare Assistance	\$168,206	\$0	\$168,206

Sub-total			\$1,496,763	\$0	\$1,496,763
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Grafton Cty

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500589	Welfare Assistance	\$147,071	\$0	\$147,071
2024	074-500589	Welfare Assistance	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500589	Welfare Assistance	\$93,078	\$0	\$93,078
2024	074-500589	Welfare Assistance	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$104,169	\$0	\$104,169
2023	074-500589	Welfare Assistance	\$108,764	\$0	\$108,764
2024	074-500589	Welfare Assistance	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$353,805	\$0	\$353,805
2023	074-500589	Welfare Assistance	\$497,996	\$0	\$497,996
2024	074-500589	Welfare Assistance	\$106,407	\$0	\$106,407
Sub-total			\$958,208	\$0	\$958,208

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$72,359	\$0	\$72,359
2023	074-500589	Welfare Assistance	\$76,338	\$0	\$76,338
2024	074-500589	Welfare Assistance	\$16,311	\$0	\$16,311
Sub-total			\$165,008	\$0	\$165,008

SUB TOTAL CLINICAL		\$4,006,778	\$204,000	\$4,210,778
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05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)

Bridge Street
Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500589	Welfare Assistance	\$30,000	\$88,800	\$118,800
2024	074-500589	Welfare Assistance	\$0	\$30,000	\$30,000
Sub-total			\$118,800	\$118,800	\$237,600

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000

Sub-total			\$277,200	\$277,200	\$554,400
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Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500589	Welfare Assistance	\$143,325	\$277,056	\$420,381
2024	074-500589	Welfare Assistance	\$0	\$91,728	\$91,728
Sub-total			\$576,225	\$368,784	\$945,009

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500589	Welfare Assistance	\$70,000	\$207,200	\$277,200
2024	074-500589	Welfare Assistance	\$0	\$70,000	\$70,000
Sub-total			\$277,200	\$277,200	\$554,400

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
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2022	074-500585	Community Grants	\$325,600	\$0	\$325,600
2023	074-500589	Welfare Assistance	\$107,800	\$325,600	\$433,400
2024	074-500589	Welfare Assistance	\$0	\$107,800	\$107,800
Sub-total			\$433,400	\$433,400	\$866,800

Manchester Alcohol
Rehab Center;

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,074,200	\$0	\$1,074,200
2023	074-500589	Welfare Assistance	\$328,300	\$1,074,200	\$1,402,500
2024	074-500589	Welfare Assistance	\$0	\$328,300	\$328,300
Sub-total			\$1,402,500	\$1,402,500	\$2,805,000

Southeastern NH
Alcohol & Drug

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500589	Welfare Assistance	\$137,200	\$414,400	\$551,600
2024	074-500589	Welfare Assistance	\$0	\$137,200	\$137,200
Sub-total			\$551,600	\$551,600	\$1,103,200

SUB TOTAL SOR	\$3,636,925	\$3,429,484	\$7,066,409
05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)			

Manchester Alcohol
Rehab Center,

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$0	\$0	\$0
2023	074-500589	Welfare Assistance	\$0	\$375,000	\$375,000
2024	074-500589	Welfare Assistance	\$0	\$125,015	\$125,015
Sub-total			\$0	\$500,015	\$500,015
Grand Total All			<u>\$11,473,908</u>	<u>\$4,229,499</u>	<u>\$15,703,407</u>



Lori A. Shibley
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 14, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing contracts with the Contractors listed below for Substance Use Disorder Treatment and Recovery Support Services, by decreasing the total price limitation by \$192,012 from \$11,665,920 to \$11,473,908 with no change to the contract completion dates of September 29, 2023, effective upon Governor and Council approval. 54.745% Federal Funds. 11.873% General Funds. 33.382% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794	\$0	\$562,794	O: 10/13/21 #30
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744	(\$328,312)	\$933,432	O: 10/13/21 #30
The Cheshire Medical Center	155405-B001	Statewide	\$413,728	\$0	\$413,728	O: 10/13/21 #30
Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	154112-B001	Statewide	\$190,666	\$0	\$190,666	O: 10/13/21 #38C
Dismas Home of New Hampshire, Inc.	280061-B001	Statewide	\$651,316	\$375,000	\$1,026,316	O: 10/13/21 #30
FIT/NHNN, Inc.	157730-B001	Statewide	\$2,216,432	\$375,000	\$2,591,432	O: 10/13/21 #30

His Excellency, Governor Christopher T. Sununu
 and the Honorable Council
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Grafton County New Hampshire	177397-B003	Statewide	\$464,325	\$0	\$464,325	O: 10/13/21 #30
Headrest	175226-B001	Statewide	\$527,907	\$0	\$527,907	O: 10/13/21 #30
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009	\$375,000	\$1,156,009	O: 10/13/21 #30
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533	(\$988,700)	\$2,812,833	O: 10/13/21 #30
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466	\$0	\$794,466	O: 10/13/21 #30
Total:			\$11,665,920	(\$192,012)	\$11,473,908	

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to clarify requirements related to staffing and coordination of care; to attach Exhibit L, ASAM End User Agreement; to clarify payment terms for all Contractors; to update terms specific to 42 CFR Part 2, substance use treatment confidentiality regulations within the Exhibit I, Health Insurance Portability and Accountability Act Business Associate Agreement; to revise the funding allocations for Bridge Street Recovery and for the Manchester Alcoholism Rehabilitation Center; and to increase funding to Contractors with transitional living programs.

The clarified staffing requirements will allow Contractors to hire and utilize Licensed Supervisors, in accordance with the original requirements of the related Request for Proposals (RFP) for these services. The original contracts referred to the position as a Licensed Clinical Supervisor based on a specific type of license issued by the New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals, which is not required under these contracts. The Licensed Supervisor is equally qualified to the Licensed Clinical Supervisor to provide supervision services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

Additional language around coordination of care will require Contractors to use a Department-approved referral system to connect individuals to health and social services providers as needed.

Exhibit L, ASAM End User Agreement, which details policy regarding Contractors' promotion or marketing of the American Society of Addiction Medicine (ASAM) criteria or utilization of language related to ASAM levels of care, will ensure Contractor compliance with ASAM requirements relative to utilization of such language. Should the Governor and Council not authorize this request, Contractors that market or promote their utilization of ASAM criteria or levels of care will be out of compliance with the End User Agreement Policy required by ASAM.

The clarified detailed payment process for all Contractors will ensure compliance with federal funding requirements. Should Governor and Council not authorize this request, Contractors that receive State Opioid Response funding through these agreements may not be able to accurately invoice for program-related expenses, which may put the Department in violation of federal funding agreements.

Revising the funding allocation for Bridge Street Recovery is necessary because the initial funding award amount for the organization was based their provision of multiple services under this agreement. The Contractor has chosen to only provide Transitional Living (TLP) Services under this agreement, resulting in the funding decrease.

Revising the funding allocation for the Manchester Alcoholism Rehabilitation Center is necessary because the initial funding award amount for Manchester Alcoholism Rehabilitation Center was based on the number of licensed beds available at its facilities for services within this scope of work. The Contractor has chosen to reduce the number of licensed beds available for these services, resulting in a decrease in funding. The types of services available through Manchester Alcoholism Rehabilitation Center remain unchanged.

The funding made available by the decrease will be utilized for a future procurement, for substance use disorder residential and outpatient treatment and recovery services for the general public, as well as for pregnant and parenting women. The new procurement will serve approximately 450 individuals. Should the Governor and Council not authorize this request, the Department will not be able to utilize this funding for the new procurement to address known service gaps, including in the Greater Nashua Area.

Adding funding to Contractors with transitional living programs is necessary, due to the increasing lack of affordable housing and increasing acuity of substance use disorders in the state, exacerbated by the COVID-19 pandemic. Individuals with substance use disorders have a greater need for stable, affordable housing, where they can continue to receive treatment services. Transitional living programs are not covered by Medicaid, and these funds will be used to provide this service to the most vulnerable individuals; individuals who have an income below 400% of the poverty level; are residents of NH or experiencing homelessness in NH; and who are in need of ongoing substance use disorder treatment in a safe and sober environment.

Contractors will continue to provide an array of treatment and recovery support services with statewide access, ensuring individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which increase individuals' abilities to achieve and maintain recovery. Approximately 7000 individuals will continue to be served over the next two (2) years through all 11 contracts.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department will continue to monitor services through monthly, quarterly, and annual reporting, as well as through audits by the Department of individual providers. An annual overarching evaluation of all Bureau of Drug and Alcohol Services (BDAS) funded providers will look at all collected data, including the demographic and outcome data collected from the Web Information Technology System (WITS). This will help to ensure:

- Services provided reduce the negative impacts of substance misuse.
- Contractors make continuing care, transfer, and discharge decisions based on American Society of Addiction Medicine (ASAM) Criteria.
- Contractors treat individuals using evidence-based practices and follow best practices with fidelity.
- Contractors achieve initiation, engagement, and retention goals as detailed in the agreements.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is not exercising its option to renew at this time.

Area served: Statewide

Source of Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA 93.959 FAIN T1083484 and State Opioid Response Grant, CFDA # 93.788, FAIN T1083326.

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

Respectfully submitted,

Lori A. Shibinette for

Lori A. Shibinette
Commissioner

SUD Tx Financial Detail - Amendment #1

05-03-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, NHS: DN FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Belonging Medical Group		334602-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$82,189	\$145,657	\$215,856
2023	074-500583	Community Grants	\$89,960	\$190,658	\$280,618
2024	074-500583	Community Grants	\$21,261	\$45,059	\$66,320
Sub-total			\$180,420	\$382,374	\$562,794

Bridge Street Recovery, LLC		341068-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$138,979	\$166,976	\$305,955
2023	074-500583	Community Grants	\$188,929	\$281,250	\$470,179
2024	074-500583	Community Grants	\$40,498	\$0	\$40,498
Sub-total			\$368,406	\$448,226	\$814,632

Center/Dartmouth Hitchcock, Keene		153405-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$60,015	\$0	\$60,015
2023	074-500583	Community Grants	\$59,496	\$0	\$59,496
2024	074-500583	Community Grants	\$12,122	\$0	\$12,122
Sub-total			\$132,633	\$0	\$132,633

CC of Nashua/Greater Nashua Mental Health		134112-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$28,144	\$0	\$28,144
2023	074-500583	Community Grants	\$27,174	\$0	\$27,174
2024	074-500583	Community Grants	\$5,806	\$0	\$5,806
Sub-total			\$61,124	\$0	\$61,124

Dames Home		200051-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$43,044	\$93,750	\$136,794
2023	074-500585	Community Grants	\$62,909	\$281,250	\$344,159
2024	074-500585	Community Grants	\$13,981	\$0	\$13,981
Sub-total			\$119,934	\$375,000	\$494,934

Families in Transition		157730-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$190,021	(\$52,907)	\$143,114
2023	074-500585	Community Grants	\$271,691	\$90,592	\$362,283
2024	074-500585	Community Grants	\$58,106	(\$43,050)	\$13,047
Sub-total			\$525,818	(\$7,374)	\$518,444

Graton City		177397-8003	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$64,632	\$0	\$64,632
2023	074-500585	Community Grants	\$69,393	\$0	\$69,393
2024	074-500585	Community Grants	\$14,827	\$0	\$14,827
Sub-total			\$148,854	\$0	\$148,854

Headrest, Inc.		175225-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$26,063	\$0	\$26,063
2023	074-500585	Community Grants	\$43,917	\$0	\$43,917
2024	074-500585	Community Grants	\$10,390	\$0	\$10,390
Sub-Total			\$80,370	\$0	\$80,370

Hope on Haven Hill		275119-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$49,132	\$93,750	\$142,902
2023	074-500583	Community Grants	\$51,320	\$281,250	\$332,570
2024	074-500583	Community Grants	\$10,965	\$0	\$10,965
Sub-total			\$111,437	\$375,000	\$486,437

Manchester Alcohol Rehab Center, Easter Seals, Farnum Center		177204-8001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$166,941	\$0	\$166,941
2023	074-500583	Community Grants	\$234,970	\$0	\$234,970
2024	074-500583	Community Grants	\$50,208	\$0	\$50,208
Sub-total			\$452,125	\$0	\$452,125

Southeastern NH Alcohol & Drug Abuse Services		155292-0001	PO TBD		PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$34,142	\$0	\$34,142
2023	074-500583	Community Grants	\$36,020	\$0	\$36,020
2024	074-500583	Community Grants	\$7,696	\$0	\$7,696
Sub-total			\$77,858	\$0	\$77,858
SUB TOTAL GOV COMM			\$2,256,979	\$1,573,226	\$3,830,205

05-05-02-020310-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (86% FEDERAL FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$148,637	(\$148,637)	\$0
2023	074-500585	Community Grants	\$190,658	(\$190,658)	\$0
2024	074-500585	Community Grants	\$45,059	(\$45,059)	\$0
Sub-total			\$382,374	(\$382,374)	\$0

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$290,305	(\$290,305)	\$0
2023	074-500585	Community Grants	\$400,404	(\$400,404)	\$0
2024	074-500585	Community Grants	\$85,829	(\$85,829)	\$0
Sub-total			\$776,538	(\$776,538)	\$0

Center/Dorchester Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$127,183	\$0	\$127,183
2023	074-500585	Community Grants	\$126,091	\$0	\$126,091
2024	074-500585	Community Grants	\$27,811	\$0	\$27,811
Sub-total			\$281,085	\$0	\$281,085

CC of Nashua/Greater Nashua
Mental Health

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$59,847	\$0	\$59,847
2023	074-500585	Community Grants	\$57,590	\$0	\$57,590
2024	074-500585	Community Grants	\$12,305	\$0	\$12,305
Sub-total			\$129,742	\$0	\$129,742

Dames Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$91,226	\$0	\$91,226
2023	074-500585	Community Grants	\$133,325	\$0	\$133,325
2024	074-500585	Community Grants	\$29,631	\$0	\$29,631
Sub-total			\$254,182	\$0	\$254,182

Families In Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$415,437	\$148,657	\$562,094
2023	074-500585	Community Grants	\$575,805	\$190,658	\$766,463
2024	074-500585	Community Grants	\$123,147	\$45,059	\$168,206
Sub-total			\$1,114,389	\$384,374	\$1,498,763

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$136,976	\$0	\$136,976
2023	074-500585	Community Grants	\$147,071	\$0	\$147,071
2024	074-500585	Community Grants	\$31,424	\$0	\$31,424
Sub-total			\$315,471	\$0	\$315,471

Headrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$55,238	\$0	\$55,238
2023	074-500585	Community Grants	\$93,078	\$0	\$93,078
2024	074-500585	Community Grants	\$22,021	\$0	\$22,021
Sub-total			\$170,337	\$0	\$170,337

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$104,189	\$0	\$104,189
2023	074-500583	Community Grants	\$108,784	\$0	\$108,784
2024	074-500583	Community Grants	\$23,239	\$0	\$23,239
Sub-total			\$236,172	\$0	\$236,172

Manchester Alcohol Rehab Center,
Easter Seals, Farmington Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$353,805	\$0	\$353,805
2023	074-500583	Community Grants	\$497,996	\$0	\$497,996
2024	074-500583	Community Grants	\$108,407	\$0	\$108,407
Sub-total			\$959,208	\$0	\$959,208

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500583	Community Grants	\$72,359	\$0	\$72,359
2023	074-500583	Community Grants	\$78,338	\$0	\$78,338
2024	074-500583	Community Grants	\$18,311	\$0	\$18,311
Sub-total			\$169,008	\$0	\$169,008
SUB TOTAL CLINICAL			\$4,783,316	(\$778,538)	\$4,004,778

05-03-02-070510-70000000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, IHS; DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 9/29/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$88,800	\$0	\$88,800
2023	074-500585	Community Grants	\$30,000	\$0	\$30,000
Sub-total			\$118,800	\$0	\$118,800

Olives Home

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500565	Community Grants	\$207,200	\$0	\$207,200
2023	074-500565	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$432,900	\$0	\$432,900
2023	074-500585	Community Grants	\$143,325	\$0	\$143,325
Sub-total			\$576,225	\$0	\$576,225

Headrent, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$207,200	\$0	\$207,200
2023	074-500585	Community Grants	\$70,000	\$0	\$70,000
Sub-total			\$277,200	\$0	\$277,200

Hope on Haven Hill

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$325,000	\$0	\$325,000
2023	074-500585	Community Grants	\$107,800	\$0	\$107,800
Sub-total			\$433,400	\$0	\$433,400

Manchester Alcohol Rehab Center,
Easter Seals, Farmington Center

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$1,793,400	(\$719,200)	\$1,074,200
2023	074-500585	Community Grants	\$597,000	(\$269,500)	\$328,300
Sub-total			\$2,391,200	(\$988,700)	\$1,402,500

Southeastern NH Alcohol & Drug
Abuse Services

State Fiscal Year	Class/Account	Title	Budget Amount	Increase/ (Decrease)	Revised Modified Budget
2022	074-500585	Community Grants	\$414,400	\$0	\$414,400
2023	074-500585	Community Grants	\$137,200	\$0	\$137,200
Sub-total			\$551,600	\$0	\$551,600
SUB TOTAL BOR			\$4,625,625	(\$638,700)	\$3,986,925
Grand Total All			\$11,655,970	(\$192,012)	\$11,473,908

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Lori A. Shilbucite
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 15, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into contracts with the Contractors listed below in an amount not to exceed \$11,475,254 for Substance Use Disorder Treatment and Recovery Support Services, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through September 29, 2023. 66.56% Federal Funds. 14.00% General Funds. 19.44% Other Funds (Governor's Commission).

Contractor Name	Vendor Code	Area Served	Contract Amount
Belonging Medical Group, PLLC	334662-B001	Statewide	\$562,794
Bridge Street Recovery, LLC	341988-B001	Statewide	\$1,261,744
The Cheshire Medical Center	155405-B001	Statewide	\$413,728
Dismas Home of New Hampshire, Inc.	290061-B001	Statewide	\$651,316
FIT/NHNH, Inc.	157730-B001	Statewide	\$2,216,432
Grafton County New Hampshire	177397-B003	Statewide	\$464,325
Headrest	175226-B001	Statewide	\$527,907
Hope on Haven Hill, Inc.	275119-B001	Statewide	\$781,009
Manchester Alcoholism Rehabilitation Center	177204-B001	Statewide	\$3,801,533
South Eastern New Hampshire Alcohol and Drug Abuse Services	155292-B001	Statewide	\$794,466
		Total:	\$11,475,254

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to provide Substance Use Disorder Treatment and Recovery Supports Services statewide to New Hampshire residents who have income below 400% of the Federal Poverty Level, and are uninsured or underinsured.

The Contractors will provide statewide access to an array of treatment services, including individual and group outpatient services; intensive outpatient services; partial hospitalization; ambulatory withdrawal management services; transitional living services; high and low intensity residential treatment services; specialty residential services; and integrated medication assisted treatment. The Contractors will ensure individuals with a substance use disorder receive the appropriate type of treatment and have access to continued and expanded levels of care, which will increase the ability of individuals to achieve and maintain recovery. The Contractors will also assist eligible individuals with enrolling in Medicaid while receiving treatment, and the Department will serve as the payer of last resort.

Approximately 7,000 individuals will receive services over the next two years.

The Department will monitor services through monthly, quarterly, and annual reporting to ensure the Contractors:

- Provide services that reduce the negative impacts of substance misuse.
- Make continuing care, transfer and discharge decisions based on American Society of Addiction Medicine (ASAM) criteria.
- Treat individuals using Evidence Based Practices and follow best practices.
- Achieve initiation, engagement, and retention goals as required by the Department.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 20, 2021 through August 19, 2021. The Department received twelve (12) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached. This request represents ten (10) of twelve (12) contracts for Substance Use Disorder Treatment and Recovery Supports Services. The Department anticipates presenting two (2) additional contracts at a future Governor and Executive Council meeting for approval.

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

Should the Governor and Council not authorize this request, individuals in need of Substance Use Disorder Treatment and Recovery Supports Services may not receive the treatment, tools, and education required to enhance and sustain recovery that, in some cases, prevents untimely deaths.

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Source of Federal Funds: Substance Abuse Prevention and Treatment Block Grant, CFDA
93.959 FAIN TI083464 and State Opioid Response Grant, CFDA # 93.788, FAIN TI083326.

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

Respectfully submitted,

DocuSigned by:
Lori A. Shabinette
ACA082204175473

Lori A. Shabinette
Commissioner

05-95-92-920810-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100%
Other Funds)

Belonging Medical Group

334662-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$89,199
2023	102-500731	Contracts for Prog Svc	\$89,951
2024	102-500731	Contracts for Prog Svc	\$21,261
Sub-total			\$180,421

Bridge Street Recovery, LLC

341988-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$136,979
2023	102-500731	Contracts for Prog Svc	\$188,928
2024	102-500731	Contracts for Prog Svc	\$40,498
Sub-total			\$366,405

Center/Dartmouth Hitchcock
Keene

155405-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$60,015
2023	102-500731	Contracts for Prog Svc	\$59,496
2024	102-500731	Contracts for Prog Svc	\$13,122
Sub-total			\$132,633

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CC of Nashua/Greater Nashua
Mental Health

154112-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

290061-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$43,044
2023	102-500731	Contracts for Prog Svc	\$62,909
2024	102-500731	Contracts for Prog Svc	\$13,981
Sub-total			\$119,934

Families in Transition

157730-8001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$188,022
2023	102-500731	Contracts for Prog Svc	\$271,691
2024	102-500731	Contracts for Prog Svc	\$58,108
Sub-total			\$525,818

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Gresham City		177397-8003	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$64,632
2023	102-500731	Contracts for Prog Svc	\$89,395
2024	102-500731	Contracts for Prog Svc	\$14,627
Sub-total			\$148,654

Harbor Care		188574-8001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Headrest, Inc.		175226-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$28,063
2023	102-500731	Contracts for Prog Svc	\$43,916
2024	102-500731	Contracts for Prog Svc	\$10,390
Sub-total			\$80,372

Hope on Haven Hill		275119-B001	PO TBD
State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$49,152
2023	102-500731	Contracts for Prog Svc	\$51,320
2024	102-500731	Contracts for Prog Svc	\$10,965
Sub-total			\$111,437

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**Manchester Alcohol Rehab Center,
Eoster Seals, Farnum Center**

177204-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$186,941
2023	102-500731	Contracts for Prog Svc	\$234,977
2024	102-500731	Contracts for Prog Svc	\$50,208
Sub-total			\$452,125

**Southeastern NH Alcohol & Drug
Abuse Services**

155292-B001

PO TBD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$34,142
2023	102-500731	Contracts for Prog Svc	\$36,020
2024	102-500731	Contracts for Prog Svc	\$7,696
Sub-total			\$77,858
SUB TOTAL GOV COMM			\$2,195,857

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05-95-92-920610-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV
FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (66% FEDERAL
FUNDS 34% GENERAL FUNDS)

Belonging Medical Group

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$148,657
2023	102-500731	Contracts for Prog Svc	\$190,858
2024	102-500731	Contracts for Prog Svc	\$45,059
Sub-total			\$382,373

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$290,305
2023	102-500731	Contracts for Prog Svc	\$400,404
2024	102-500731	Contracts for Prog Svc	\$85,629
Sub-total			\$775,539

Center/Dartmouth Hitchcock
Keene

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$127,193
2023	102-500731	Contracts for Prog Svc	\$128,092
2024	102-500731	Contracts for Prog Svc	\$27,811
Sub-total			\$281,095

**CC of Nashua/Greater Nashua
Mental Health**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$91,226
2023	102-500731	Contracts for Prog Svc	\$133,325
2024	102-500731	Contracts for Prog Svc	\$29,631
Sub-total			\$254,182

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$415,437
2023	102-500731	Contracts for Prog Svc	\$575,805
2024	102-500731	Contracts for Prog Svc	\$123,147
Sub-total			\$1,114,389

Grafton City

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$136,977
2023	102-500731	Contracts for Prog Svc	\$147,071
2024	102-500731	Contracts for Prog Svc	\$31,424
Sub-total			\$315,471

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
2024	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

Hoodrest, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$55,237
2023	102-500731	Contracts for Prog Svc	\$93,078
2024	102-500731	Contracts for Prog Svc	\$22,021
Sub-total			\$170,335

Hope on Haven HD

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$104,169
2023	102-500731	Contracts for Prog Svc	\$108,764
2024	102-500731	Contracts for Prog Svc	\$23,239
Sub-total			\$236,172

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**Manchester Alcohol Rehab Center,
Eoster Seals, Farmum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$353,805
2023	102-500731	Contracts for Prog Svc	\$497,996
2024	102-500731	Contracts for Prog Svc	\$108,407
Sub-total			\$958,208

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$72,358
2023	102-500731	Contracts for Prog Svc	\$78,338
2024	102-500731	Contracts for Prog Svc	\$16,311
Sub-total			\$185,008
SUB TOTAL CLINICAL			\$4,853,772

05-93-92-920810-70450000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS) funding ends 8/28/22.

Bridge Street Recovery, LLC

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$68,800
2023	102-500731	Contracts for Prog Svc	\$30,000
Sub-total			\$118,800

Dismas Home

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Families in Transition

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$432,900
2023	102-500731	Contracts for Prog Svc	\$143,325
Sub-total			\$576,225

Harbor Care

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$0
2023	102-500731	Contracts for Prog Svc	\$0
Sub-total			\$0

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Headrost, Inc.

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$207,200
2023	102-500731	Contracts for Prog Svc	\$70,000
Sub-total			\$277,200

Hope on Haven HII

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$325,600
2023	102-500731	Contracts for Prog Svc	\$107,800
Sub-total			\$433,400

**Manchester Alcohol Rehab Center,
Easter Seals, Farnum Center**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$1,793,400
2023	102-500731	Contracts for Prog Svc	\$597,800
Sub-total			\$2,391,200

**Southeastern NH Alcohol & Drug
Abuse Services**

State Fiscal Year	Class/Account	Title	Budget Amount
2022	102-500731	Contracts for Prog Svc	\$414,400
2023	102-500731	Contracts for Prog Svc	\$137,200
Sub-total			\$551,600
SUB TOTAL SOR			\$4,825,825
Grand Total All			<u>\$11,476,254</u>

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

Project ID #: RFP-2022-BDAS-01-SUBST

Project Title: Substance Use Disorder Treatment and Recovery Support Services

	Maximum Points Available	Betonging Medical Group, PLLC	Bridge Street Recovery, LLC	Cheshire Medical Center	Dismas Home of New Hampshire, Inc.	Manchester Alcoholism Rehabilitation Center	FIT/NNH, Inc.	Grafton County New Hampshire	Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health	Harbor Home	Headrest	Hopon Haven Hill, Inc.	South Eastern New Hampshire Alcohol & Drug Abuse Services
Technical													
Qualifications (Q1)	50	40	25	47	37	50	50	43	48	50	50	50	50
Experience (Q2)	50	45	25	48	35	45	50	45	50	50	50	45	48
ASAM (Q3)	20	20	11	8	20	15	20	10	20	20	9	20	20
Knowledge (Q4)	20	20	13	5	20	13	20	15	20	20	10	20	18
Samples (Q5)	30	15	7	8	23	21	14	21	12	8	7	14	8
Collaboration & Wraparound (Q6)	45	45	25	15	45	24	45	37	40	45	40	40	20
Staffing Plan (Q7)	15	13	13	4	10	12	13	13	13	13	10	14	4
Subtotal - Technical	230	198	119	135	190	180	212	184	203	206	175	203	169
Cost													
4.2.1.1. Budget Sheet	70	63	30	63	63	48	60	63	60	68	58	65	62
4.2.1.2. Staff List	30	25	29	25	25	28	28	30	25	25	28	30	28
Subtotal - Cost	100	88	59	88	88	76	88	93	85	93	86	95	90
TOTAL POINTS	330	286	178	223	278	256	300	277	288	299	262	298	258

Reviewer Name

Title

1 Sara Cleveland

2 Paula Hoffman

3 Laurie Heath

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