

Lori A. Weaver
Commissioner

Katja S. Fox
Director

103 - 6/3/26

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

April 30, 2026

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 enter into a **Sole Source** amendment to an existing contract with Weeks Medical Center (VC#177171-B001), Lancaster, NH, to continue operating a single point of entry Doorway for individuals seeking access to substance use-related services and supports, by exercising a contract renewal option increasing the total price limitation by \$5,800,094 from \$7,263,000 to \$13,063,094, which includes increasing the individual price limitation by \$861,110 from \$2,000,000 to \$2,861,110 and increasing the shared price limitation by \$4,938,984, from \$5,263,000 to \$10,201,984 for unmet and flexible needs funding among all nine (9) Doorway Contractors and extending the completion date from September 29, 2026 to September 29, 2027, effective upon Governor and Council approval. 90.52% Federal Funds. 9.48% General Funds.

The original contract was approved by Governor and Council on March 12, 2025, Item #22.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. The Contractor serves as a long-standing critical access point for substance use disorder services and related health supports within the region. They have established effective partnerships with key community-based providers, possess the administrative and operational infrastructure necessary to meet the Department's expectations for Doorway services, and are positioned to provide these services without interruption. Transitioning these responsibilities to another entity would cause significant disruption to service delivery, jeopardize continuity of care for individuals seeking treatment and support, and reduce coordination across the provider network.

The Contractor will continue to provide the resources and supports necessary to strengthen existing prevention, treatment, and recovery services. This includes promoting sustained engagement in the recovery process and ensuring individuals have timely access and

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 2

referral to critical services that reduce substance use disorders, opioid- and stimulant-related harms, overdoses, and deaths. The Contractor will also continue delivering immediate screening and assessment services to determine the appropriate level of care; maintaining mechanisms for the rapid transport of individuals to safe interim housing when treatment is not immediately available; and administering facilitated referrals and case management to help individuals navigate the prevention, treatment, and recovery system. Third-party billing will continue to be used whenever allowable, while grant funds will remain the payor of last resort to support non-billable but essential services.

Shared pool funding will continue to address and remove barriers that often prevent individuals from accessing needed care. This funding supports emergent needs such as resources for individuals awaiting treatment or recovery services when capacity is limited; peer recovery support services; expenses associated with securing or maintaining safe housing; childcare that enables parents and caregivers to participate in treatment and recovery programming; and coordination of transportation to and from recovery-related medical appointments. These supports are critical to maintaining continuity of care and ensuring individuals can fully engage in treatment and recovery services.

Approximately 300 individuals will be served annually.

The Department will monitor services through the review of monthly data reports and federal reporting requirements submitted by the Contractor, and through regularly scheduled meetings with the Contractor to ensure deliverables are being met and to determine quality improvement needs.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the original agreement, the parties have the option to extend the agreement for up to five (5) 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) of the five (5) years available.

Should the Governor and Council not authorize this request individuals seeking substance-use-related supports and services may experience difficulty navigating the complex treatment and recovery system, may not receive the needed supports and services, and may experience delays in receiving care.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.788, FAIN H79TI087843.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

Fiscal Details

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT (100% Federal Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	074-500589	Welfare Assistance	92057070	\$750,000	\$0	\$750,000
2026	074-500589	Welfare Assistance	92057070	\$250,000	\$0	\$250,000
2026	074-500589	Welfare Assistance	92057076	\$750,000	\$30,555	\$780,555
2027	074-500589	Welfare Assistance	92057076	\$250,000	\$0	\$250,000
2027	074-500589	Welfare Assistance	TBD	\$0	\$630,555	\$630,555
2028	074-500589	Welfare Assistance	TBD	\$0	\$200,000	\$200,000
			Subtotal	\$2,000,000.00	\$861,110.00	\$2,861,110.00

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	102-500731	Contracts for Prog Svc	92058501	\$413,000.00	\$0	\$413,000.00
2026	102-500731	Contracts for Prog Svc	92058501	\$162,000.00	\$0	\$162,000.00
2026	102-500731	Contracts for Prog Svc	92058501	\$488,000.00	\$0	\$488,000.00
2027	102-500731	Contracts for Prog Svc	92058511	\$0	\$137,500.00	\$137,500.00
2027	102-500731	Contracts for Prog Svc	92058511	\$0	\$412,500.00	\$412,500.00
			Subtotal	\$1,063,000.00	\$550,000.00	\$1,613,000.00

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT (100% Federal Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	074-500589	Welfare Assistance	92057066	\$200,000.00	\$0	\$200,000.00
2025	074-500589	Welfare Assistance	92057070	\$1,500,000.00	\$0	\$1,500,000.00
2026	074-500589	Welfare Assistance	92057070	\$500,000.00	\$0	\$500,000.00
2026	074-500589	Welfare Assistance	92057076	\$1,500,000.00	\$500,000.00	\$2,000,000.00
2027	074-500589	Welfare Assistance	92057076	\$500,000.00	\$444,492.00	\$944,492.00
2027	074-500589	Welfare Assistance	TBD	\$0	\$2,583,369.00	\$2,583,369.00
2028	074-500589	Welfare Assistance	TBD	\$0	\$861,123.00	\$861,123.00
			Subtotal	\$4,200,000.00	\$4,388,984.00	\$8,588,984.00

Overall Total	\$7,263,000.00	\$5,800,094.00	\$13,063,094.00
----------------------	-----------------------	-----------------------	------------------------

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

This Amendment to the Doorway for Substance Use-Related Supports and Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Weeks Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 12, 2025 (Item #22), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
September 29, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$13,063,094
3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.4., to read:
 - 1.4 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
 - 6.1. In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Scope of Services, Section 1.1.3. through Section 1.1.5., to read:
 - 1.1.3. SAMHSA Unified Performance Reporting Tool (SUPRT), or other reporting tool as identified and required by SAMHSA ;
 - 1.1.4. American Society of Addiction Medicine (ASAM) Criteria. The Contractor must:
 - 1.1.4.1. Transition from ASAM Criteria, 3rd Edition to ASAM Criteria, 4th Edition and ensure services are provided in accordance with ASAM Criteria, 4th Edition no later than January 1, 2026; and
 - 1.1.4.2. Transition to, and ensure services are, provided in accordance with updated ASAM Criteria Editions within timeframes as specified and notified by the Department.
 - 1.1.5. Reserved;
5. Modify Exhibit B, Scope of Services, Section 1.2.2., to read:
 - 1.2.2. A minimum of one (1) physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department for approval, no later than 30 business days prior to the requested move. The Contractor may:

1.2.2.1. Operate additional physical locations, as approved by the Department, based on demand for services and community need. The operation of additional physical location must be within the price limitation as identified on Form P-37, General Provisions, Block 1.8.

6. Modify Exhibit B, Scope of Services, Section 1.4.2.3., to read:

1.4.2.3. Treatment options, including same day access to medications for substance use disorders. The Contractor may:

1.4.2.3.1. Implement and operate a Recovery Enhancement Program (REP) to enhance current outpatient Substance Use Disorder (SUD) treatment services; with the goal of reducing substance use and improving engagement in treatment, as approved by the Department, based on demand for services and community need. The operation of a REP must be within the price limitation as identified on Form P-37, General Provisions, Block 1.8.

7. Modify Exhibit B, Scope of Services, Section 1.4.2.11.4., to read:

1.4.2.11.4. Ongoing follow-up and support of individuals engaged in services, in collaboration or consultation with the individual's external service provider(s), until a discharge SUPRT interview, detailed in Section 1.24 is completed;

8. Modify Exhibit B, Scope of Services, Section 1.4.3.1., to read:

1.4.3.1. Is person-centered, based on the clinical evaluation identified above, meets the specific needs of individuals described in Section 1.3., and is written in simple, easy to understand language.

9. Modify Exhibit B, Scope of Services, Section 1.24., to read:

1.24. SAMHSA Unified Performance Reporting Tool (SUPRT), or other reporting tool as identified and required by SAMHSA

1.24.1. The Contractor must administer or coordinate the completion of SUPRT A and C baseline tool entries and associated re-assessments at six (6) months, one year, and discharge for all individuals receiving program services.

1.24.2. The Contractor must provide individuals served with clear guidance about the uses and disclosures of the information provided to complete the SUPRT, the tools required to complete the SUPRT-C, and the use and disclosure of the Part 2 information or other PHI required in order to complete the SUPRT. The Contractor must also provide staff training regarding the confidentiality of the identifiable information included in the SUPRT.

1.24.3. The Contractor must ensure the SUPRT reporting tools are attempted at a minimum of the following intervals:

1.24.3.1. Baseline: Within 30 days of initial grant-covered service;

1.24.3.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;

1.24.3.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and

1.24.3.4. Closeout: Upon discharge from the initially referred service.

Initial
AS

1.24.4. The Contractor must ensure completed SUPRT data is entered into the Department-approved system, at a minimum of the following intervals:

- 1.24.4.1. Baseline: Within 30 days of initial grant-covered service;
- 1.24.4.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;
- 1.24.4.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and
- 1.24.4.4. Closeout: Upon discharge from the initially referred service. The Contractor must document any loss of contact with participants in the Department-approved system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.

10. Modify Exhibit B, Scope of Services, Section 1.25.8., to read:

1.25.8. The Contractor must collaborate with the Department and other SOR funded vendors, as requested and directed by the Department, to improve SUPRT data collection.

11. Modify Exhibit C, Payment Terms; Section 1., to read:

1. This Agreement is funded by:

- 1.1. 87.65% Federal funds, Federal funds, State Opioid Response (SOR), awarded by the DHHS Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.788, as awarded on:
 - 1.1.1. September 24, 2024, FAIN H79TI087843.
 - 1.1.2. September 29, 2024, FAIN H79TI085759.
 - 1.1.3. September 20, 2025, FAIN H79TI087843.
 - 1.1.4. Date TBD, FAIN H79TI087843.
- 1.2. 8.14% Other funds (Governor's Commission).
- 1.3. 4.21% General funds

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

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

13. Modify Exhibit C, Payment Terms, Section 5. through Section 5.1.2. only, to read:

5. The Contractor may be eligible to receive reimbursement for expenses incurred in the fulfillment of this Agreement and in accordance with Exhibit B, Scope of Services, Sections 1.9., 1.10., and 1.11. This Agreement is one of multiple individual Agreements with Contractors providing Doorway services with a total shared price limitation that shall not exceed \$10,201,984. No maximum or minimum funding amount per Contractor is guaranteed.

5.1. The statewide total shared price limitation across all individual Doorway Agreements is:
5.1.1. \$8,588,984 Flexible Needs Funds, as funded by SOR. SOR funding is available

Initial
AS

only for individuals with a history, current diagnosis, or who are at risk of developing an opioid and/or stimulant use disorder (O/StimUD), as follows:

5.1.1.1. \$2,200,000 from September 30, 2024 through September 29, 2025;

5.1.1.2. \$2,944,492 from September 30, 2025 through September 29, 2026; and

5.1.1.3. \$3,444,492 from September 30, 2026 through September 29, 2027; and

5.1.2. \$1,613,000 Unmet Needs Funds, as funded by the Governor's Commission on Addiction, Treatment, and Prevention, are available only for individuals with a history, current diagnosis, or who are at risk of developing substance use disorders, including alcohol use disorder, and excluding O/StimUD and is not available for services otherwise covered through SOR federal grant funding administered through SAMHSA, as follows:

5.1.2.1. \$575,000 from September 30, 2024 through September 29, 2025;

5.1.2.2. \$625,500 from September 30, 2025 through September 29, 2026; and

5.1.2.3. \$412,500 from September 30, 2026 through June 30, 2027.

14. Modify Exhibit C-1, Doorway Services Budget, by replacing it in its entirety with Exhibit C-1, Doorway Services Budget – Amendment #1, which is attached hereto and incorporated by reference herein.

15. Add Exhibit C-3, Doorway Services Budget – Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective 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

5/8/2026

Date

DocuSigned by:
Katja S. Fox
ED9D05B04C63442...

Name: Katja S. Fox
Title: Director

Weeks Medical Center

5/8/2026

Date

Signed by:
Angie Schierer
8286A682A69E471...

Name: Angie Schierer
Title: President Ambulatory Operations

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

OFFICE OF THE ATTORNEY GENERAL

5/8/2026
Date

DocuSigned by:
Robyn Guarino
748734844941460
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services												
		Contractor Name: <i>Weeks Medical Center</i>										
		Budget Request for: <i>DOORWAY SERVICES: September 20, 2024 through September 29, 2026</i>										
		Indirect Cost Rate (if applicable) 9.51%										
Line Item	9/30/24-6/30/25			7/1/25-9/29/25			9/30/25-6/30/26			7/1/26-9/29/26		
	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS
1. Salary & Wages	\$339,856	\$168,750	\$171,106	\$113,285	\$75,000	\$38,285	\$291,484	\$55,142	\$236,342	\$117,882	\$75,000	\$42,882
2. Fringe Benefits	\$101,957	\$0	\$101,957	\$33,986	\$0	\$33,986	\$75,015	\$0	\$75,015	\$35,005	\$0	\$35,005
3. Consultants	\$1	\$0	\$1	\$1	\$0	\$1	\$24,001	\$0	\$24,001	\$0	\$0	\$0
4. Equipment												
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$52,500	\$0	\$52,500	\$17,500	\$0	\$17,500	\$28,500	\$0	\$28,500	\$13,179	\$0	\$13,179
5.(a) Supplies - Educational	\$12,000	\$0	\$12,000	\$4,000	\$0	\$4,000	\$12,000	\$0	\$12,000	\$4,000	\$0	\$4,000
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$1	\$0	\$1	\$1	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$1	\$0	\$1	\$1	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$38,658	\$0	\$38,658	\$10,882	\$0	\$10,882	\$29,410	\$0	\$29,410	\$3,000	\$0	\$3,000
6. Travel	\$10,000	\$0	\$10,000	\$5,750	\$0	\$5,750	\$7,000	\$0	\$7,000	\$4,000	\$0	\$4,000
7. Software	\$1	\$0	\$1	\$1	\$0	\$1	\$30,555	\$0	\$30,555	\$1,500	\$0	\$1,500
8. (a) Other - Marketing/Communications	\$15,000	\$0	\$15,000	\$5,000	\$0	\$5,000	\$14,000	\$0	\$14,000	\$6,400	\$0	\$6,400
8. (b) Other - Education and Training	\$20,000	\$0	\$20,000	\$17,000	\$0	\$17,000	\$20,000	\$0	\$20,000	\$10,050	\$0	\$10,050
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other-Occupancy</i>	\$129,000	\$0	\$129,000	\$51,000	\$0	\$51,000	\$99,000	\$0	\$99,000	\$43,000	\$0	\$43,000
<i>Other (please specify)</i>	\$1	\$0	\$1	\$1	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. Subrecipient Contracts-Direct Services & Supports	\$1	\$0	\$1	\$1	\$0	\$1	\$0	\$0	\$0	\$20,000	\$0	\$20,000
Total Direct Costs	\$718,977	\$168,750	\$550,227	\$258,409	\$75,000	\$183,409	\$630,965	\$55,142	\$575,823	\$258,016	\$75,000	\$183,016
Total Indirect Costs	\$49,773	\$0	\$49,773	\$16,591	\$0	\$16,591	\$54,732	\$0	\$54,732	\$16,984	\$0	\$16,984
Subtotals	\$768,750	\$168,750	\$600,000	\$275,000	\$75,000	\$200,000	\$685,697	\$55,142	\$630,555	\$275,000	\$75,000	\$200,000
									TOTAL			\$1,630,555

Initial
AS

Contractor Initials: _____
Date: 5/8/2026

New Hampshire Department of Health and Human Services						
Contractor Name: <i>Weeks Medical Center</i>						
Budget Request for: <i>DOORWAY SERVICES: September 30, 2026 - September 29, 2027</i>						
Indirect Cost Rate (if applicable) 14.49%						
	9/30/26-6/30/27			7/1/27-9/29/27		
Line Item	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS
1. Salary & Wages	\$666,630	\$661,000	\$5,630	\$249,443	\$225,000	\$24,443
2. Fringe Benefits	\$199,989	\$175,000	\$24,989	\$74,833	\$47,000	\$27,833
3. Consultants	\$70,000	\$0	\$70,000	\$0	\$0	\$0
4. Equipment						
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,450	\$0	\$2,450	\$0	\$0	\$0
5.(a) Supplies - Educational	\$16,778	\$0	\$16,778	\$1,720	\$0	\$1,720
5.(b) Supplies - Lab	\$17,000	\$0	\$17,000	\$5,400	\$0	\$5,400
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$2,500	\$0	\$2,500	\$500	\$0	\$500
5.(e) Supplies - Office	\$10,000	\$0	\$10,000	\$3,000	\$0	\$3,000
6. Travel	\$18,000	\$0	\$18,000	\$6,000	\$0	\$6,000
7. Software	\$35,055	\$0	\$35,055	\$1,500	\$0	\$1,500
8. (a) Other - Marketing/Communications	\$118,000	\$0	\$118,000	\$33,000	\$0	\$33,000
8. (b) Other - Education and Training	\$34,200	\$0	\$34,200	\$7,350	\$0	\$7,350
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other- Occupancy</i>	\$130,000	\$0	\$130,000	\$44,000	\$0	\$44,000
<i>Other- (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other- (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other - (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
9. Subrecipient Contracts-Direct Services & Supports	\$66,131	\$0	\$66,131	\$22,043	\$0	\$22,043
0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$1,386,732	\$0	\$550,732	\$448,788	\$0	\$176,788
Total Indirect Costs	\$79,823	\$0	\$79,823	\$23,213	\$0	\$23,212
Subtotals	\$1,466,555	\$836,000	\$630,555	\$472,000	\$272,000	\$200,000
				TOTAL	\$	830,555

Contractor Initials: Initial

Date: AS

5/8/2026

State of New Hampshire

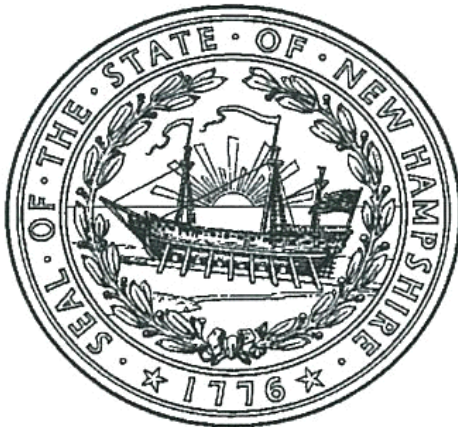
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WEEKS MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 22, 1919. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63681**

Certificate Number: **0007764793**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of January A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY


I, Christopher St. Cyr, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Weeks Medical Center.
2. The following is a true copy of a vote taken by the Board of Directors/shareholders on April 21, 2026, in which a quorum of the Directors/shareholders were engaged and voted.

VOTED: That Angie Schierer, DBA, MHA, RN is duly authorized on behalf of Weeks Medical Center to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority 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: 4/22/26



Signature of Elected Officer
Name: Christopher St. Cyr
Title: Weeks Medical Center Board Secretary

NONPROFIT COVER SHEET

A. Entity Name: Weeks Medical Center

B. Entity's Contact Information:

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email:

Scarlett Moberly, 603-664-3089, scarlett.moberly@northcountryhealth.org

Person responsible for Accuracy and Completeness of information provided:

Name: Karen Woods

Title: Vice President of Physician Practices, WMC

Signature: Karen Woods, CEO

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President)	<u>Affiliations</u>
Scott Burns (Chair)	Whitefield Planning Board
Tim Connolly (Vice Chair)	Bank of New Hampshire, Riverside Rescue, Lancaster Rotary Club
Sarah Desrochers (Treasurer)	Bar Harbor Bank
Christopher St. Cyr (Secretary)	National Guard, North Country Home Health & Hospice Agency, Vermont Children's Alliance
Corinne Cascadden	North Country Healthcare
Dr. Matthew Jones	Weeks Medical Center
Dr. Mark Morgan	North Country Healthcare
Anna Lingelbach-Lorenz	Weeks Medical Center
Tom Mee (ex-officio, CEO NCH)	North Country Healthcare, Weeks Medical Center
Matt Streeter (ex-officio, President/CEO WMC, CFO NCH) (non-voting)	North Country Healthcare, Weeks Medical Center, NH Legal Assistance

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or may be attached):

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Angie Schierer	President, NCH Ambulatory Operations	\$234,291	\$0
Karen Woods	Vice President, Physician Practices, WMC	\$168,264	\$0
Melony Woodall	Interim SUD Practice Manager	\$260,000	\$0

Tiffany Moore	PMHNP/MAT Provider	\$201,052	\$100,526.00
Kate Noel	PMHNP/MAT Provider	\$201,052	\$80,421.12
Hannah Lefler	SUD Case Manager	\$61,568	\$61,658.00
Selena Marquis	LADC	\$74,692	\$74,692.00

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

- [X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- [] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- [X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- [] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- [] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

** Note: Attached screen shot from the DOJ Registered Charities List found at:

<https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf>

6286	Weeks Medical Center	173 Middle Street	Lancaster	NH	03584	G	8/15/2026
------	----------------------	-------------------	-----------	----	-------	---	-----------

FINANCIAL DISCLOSURES

G. Check one the following:

- [X] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**
- [] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- [] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization’s most recently completed fiscal year:

1. INCOME STATEMENT

	<u>Revenue</u>		<u>Expenses</u>
<i>Grants</i>	\$	<i>Compensation of officers, directors, and key personnel</i>	\$
<i>Donations</i>	\$		
<i>Program Services Revenue</i>	\$	<i>Other salaries & wages</i>	\$
<i>Interest & Dividends</i>	\$	<i>Payroll taxes & employee benefits</i>	\$
<i>All other Revenue</i>	\$	<i>Occupancy, rent, utilities, and insurance</i>	\$
<u>Total Revenue</u>	\$	<i>Printing, publications, postage, office supplies, and IT</i>	\$
		<i>All other expenses</i>	\$
		<u>Total Expenses</u>	\$

2. BALANCE SHEET

<u>Assets</u>		<u>Liabilities</u>	
<i>Cash & Equivalents</i>	\$	<i>Accounts Payable</i>	\$
<i>Investments</i>	\$	<i>Loans Payable</i>	\$
<i>Real Estate (less any depreciation)</i>	\$	<i>All other liabilities</i>	\$
<i>Other Property & Equipment (less any depreciation)</i>	\$	<u>Total Liabilities</u>	\$
<i>Pledges, grants, accounts receivable</i>	\$		
<i>All other assets</i>	\$		
<u>Total Assets</u>	\$		

WMC Mission Statements

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient healthcare services to ensure the well-being of our patients, families and communities.





Weeks Medical Center and Subsidiary

Consolidated Financial Statements and
Supplementary Information

Years Ended September 30, 2025 and 2024

Weeks Medical Center and Subsidiary

Years Ended September 30, 2025 and 2024

Table of Contents

Independent Auditor's Report.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets.....	4
Consolidated Statements of Operations.....	6
Consolidated Statements of Changes in Net Assets.....	7
Consolidated Statements of Cash Flows.....	8
Notes to Consolidated Financial Statements.....	9
Supplementary Information	
Consolidating Balance Sheets.....	33
Consolidating Statements of Operations.....	37
Consolidating Statements of Changes in Net Assets.....	39

The logo for WIPFLI, consisting of the word "WIPFLI" in white, bold, sans-serif capital letters centered within a solid blue rectangular background.

Independent Auditor's Report

Board of Directors
Weeks Medical Center and Subsidiary
Lancaster, New Hampshire

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Weeks Medical Center and Subsidiary (the "Hospital"), which comprise the consolidated balance sheets as of September 30, 2025 and 2024, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2025 and 2024, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the consolidated financial statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheets, statements of operations, and changes in net assets, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Wipfli LLP

Wipfli LLP
Eau Claire, Wisconsin
March 13, 2026

Weeks Medical Center and Affiliate

Consolidated Balance Sheets

<i>September 30,</i>	2025	2024
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 6,227,654	\$ 9,763,268
Assets limited as to use	206,486	256,236
Patient accounts receivable - Net	11,242,479	14,560,062
Other accounts receivable	1,030,685	666,848
Inventories	1,802,692	1,941,491
Prepaid expenses	1,592,789	1,718,503
Total current assets	22,102,785	28,906,408
Assets limited as to use:		
Board designated for capital expenditures	8,540,174	7,741,744
Amounts restricted by donors	1,782,647	1,684,457
Total assets limited as to use	10,322,821	9,426,201
Less - Assets required for current liabilities	206,486	256,236
Assets limited as to use - Less current	10,116,335	9,169,965
Property and equipment – Net	31,813,484	34,163,568
Other assets - Note receivable	9,534,913	9,534,913
Total Assets	\$ 73,567,517	\$ 81,774,854

Weeks Medical Center and Affiliate

Consolidated Balance Sheets (Continued)

<i>September 30,</i>	2025	2024
<i>LIABILITIES AND NET ASSETS</i>		
Current liabilities:		
Current portion of long-term debt	\$ 1,030,093	\$ 956,358
Accounts payable and accrued expenses	1,386,240	3,922,132
Accrued payroll and payroll taxes	975,035	934,401
Accrued vacation payable	1,159,601	1,088,173
Deferred revenue	11,363	23,427
Amounts payable to third-party reimbursement programs	4,437,318	4,102,656
Due to related parties - Net	818,075	562,867
Total current liabilities	9,817,725	11,590,014
Long-term debt - Less current portion	19,099,834	19,839,841
Total liabilities	28,917,559	31,429,855
Net assets:		
Without donor restrictions	42,924,497	48,747,078
With donor restrictions	1,725,461	1,597,921
Total net assets	44,649,958	50,344,999
Total liabilities and net assets	\$ 73,567,517	\$ 81,774,854

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Affiliate

Consolidated Statements of Operations

<i>Years Ended September 30,</i>	2025	2024
Net assets without donor restrictions:		
Revenue:		
Net patient service revenue	\$ 81,789,007	\$ 77,807,469
Other revenue	11,890,739	8,478,663
Total revenue	93,679,746	86,286,132
Expenses:		
Salaries and wages	31,705,045	28,438,617
Employee benefits	10,143,245	9,592,269
Supplies and other	47,042,345	43,163,838
Interest	566,073	632,987
Depreciation	4,242,085	4,416,278
Total expenses	93,698,793	86,243,989
Income (loss) from operations	(19,047)	42,143
Non-recurring accounts receivable adjustments (See Note 1)	(6,845,319)	-
Other income (expense):		
Investment income	985,193	2,213,314
Contributions and donations - Net	15,060	(80,640)
Gain on disposal of property and equipment	9,800	-
Total other income (expense) - Net	1,010,053	2,132,674
Revenue in excess (deficiency) of expenses	(5,854,313)	2,174,817
Other changes in net assets without donor restrictions -		
Net assets released from restrictions for property and equipment acquisitions	31,732	53,824
Increase (decrease) in net assets without donor restrictions	\$ (5,822,581)	\$ 2,228,641

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Affiliate

Consolidated Statements of Changes in Net Assets

<i>Years Ended September 30,</i>	2025	2024
Net assets without donor restrictions:		
Revenue in excess (deficiency) of expenses	\$ (5,854,313)	\$ 2,174,817
Other changes in unrestricted net assets:		
Net assets released from restrictions for property and equipment acquisitions	31,732	53,824
<hr/>		
Increase (decrease) in net assets without donor restrictions	(5,822,581)	2,228,641
<hr/>		
Net assets with donor restrictions:		
Investment income	147,940	154,108
Restricted contributions	11,332	82,983
Net assets released from restrictions	(31,732)	(53,824)
<hr/>		
Increase in net assets with donor restrictions	127,540	183,267
<hr/>		
Change in net assets	(5,695,041)	2,411,908
Net assets at beginning	50,344,999	47,933,091
<hr/>		
Net assets at end	\$ 44,649,958	\$ 50,344,999

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Affiliate

Consolidated Statements of Cash Flows

<i>Years Ended September 30,</i>	2025	2024
Increase (decrease) in cash and cash equivalents:		
Cash flows from operating activities:		
Change in net assets	\$ (5,695,041)	\$ 2,411,908
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	4,242,085	4,416,278
Amortization	90,936	90,936
Net realized and unrealized (gain) loss on investments, including assets limited as to use	616,302	(447,265)
Gain on disposal of property and equipment	(9,800)	-
Restricted contributions and net realized investment income	(159,272)	(132,656)
Changes in operating assets and liabilities:		
Patient and other receivables - Net	2,953,746	(5,544,950)
Inventories	138,799	(181,745)
Prepaid expenses	125,714	(573,202)
Accounts payable	(2,535,892)	1,176,982
Accrued compensation and other	112,062	(456,072)
Deferred revenue	(12,064)	(9,134)
Due to related parties - Net	255,208	574,156
Amounts payable to third-party reimbursement programs	334,662	(4,005,985)
Total adjustments	6,152,486	(5,092,657)
Net cash provided by (used in) operating activities	457,445	(2,680,749)
Cash flows from investing activities:		
(Increase) decrease in assets limited as to use	(1,512,922)	12,801,214
Purchases of property and equipment	(1,892,001)	(3,494,579)
Proceeds from sale of property and equipment	9,800	-
Net cash provided by (used in) investing activities	(3,395,123)	9,306,635
Cash flows from financing activities:		
Principal payments on long-term debt	(757,208)	(790,554)
Restricted contributions and investment income	159,272	132,656
Net cash used in financing activities	(597,936)	(657,898)
Net increase (decrease) in cash and cash equivalents	(3,535,614)	5,967,988
Cash and cash equivalents - Beginning of year	9,763,268	3,795,280
Cash and cash equivalents - End of year	\$ 6,227,654	\$ 9,763,268
Supplemental cash flow information:		
Cash paid for interest	\$ 475,137	\$ 542,051

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies

The Entities

Weeks Medical Center ("WMC") is a not-for-profit corporation which operates a 22-bed Critical Access Hospital ("CAH") providing inpatient and outpatient health care services, as well as emergency and specialty care through specialty physician/provider clinics, to patients in Lancaster, New Hampshire and the surrounding communities. WMC also operates four rural health clinics located throughout Northern New Hampshire.

Lancaster Patient Care Center ("LPCC") is a not-for-profit corporation which was originally formed for the purpose of securing financing related to the construction of a new patient care center on the WMC campus. LPCC is a wholly-controlled affiliate of WMC.

North Country Healthcare, Inc. ("NCH") is the sole corporate member of WMC. NCH is also the parent company of Androscoggin Valley Hospital, Inc. ("AVH"), Upper Connecticut Valley Hospital ("UCVH"), and North Country Home Health & Hospice Agency, Inc. ("NCHHHA").

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of WMC and its wholly controlled subsidiary, LPCC (collectively the "Hospital"). All material intercompany accounts and transactions have been eliminated in consolidation.

Consolidated Financial Statement Presentation

The Hospital follows accounting standards set by the Financial Accounting Standards Board (FASB) Accounting Standards Codification ("ASC"). The ASC is the single source of authoritative accounting principles generally accepted in the United States ("GAAP") to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make certain estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

Cash Equivalents

The Hospital considers highly-liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts limited as to use.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Assets Limited as to Use and Investment Income

Assets limited as to use include assets designated by the Board of Directors for future capital improvements and expansion over which the Board of Directors retains control and may at its discretion subsequently use for other purposes, and funds restricted by donors for specific purposes.

Investments, which are included as assets limited as to use, are measured at fair value in the accompanying consolidated balance sheets and are considered trading securities unless are restricted by donor or law.

Investment income or loss (including realized gain (loss) on investments, interest, and dividends, net of investment fees) is reported as other income (expenses) and is included in revenue in excess (deficiency) of expenses unless the income is restricted by donor or law. Realized gains or losses are determined by specific identification.

The Hospital monitors the difference between the cost and fair value of its investments. If investments experience a decline in value that the Hospital determines is other than temporary, the Hospital records a realized loss in investment income.

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. The Hospital measures fair value of its financial instruments using a three-tier hierarchy that prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Patient Accounts Receivables and Credit Policy

Patient accounts receivable is reported at the amount that reflects the consideration to which the Hospital expects to be entitled, in exchange for providing patient care services. Patient accounts receivable are recorded in the accompanying consolidated statements of financial position net of contractual adjustments and implicit price concessions which reflects management's estimate of the transaction price. The Hospital estimates the transaction price based on, negotiated contractual agreements, historical experience, and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions and is recorded through a reduction of gross revenue and a credit to patient accounts receivable. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

The Hospital does not have a policy to charge interest on past due accounts.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Inventories

Inventories consist primarily of medical supplies, general supplies, and pharmaceuticals and are stated at the lower of cost or net realizable value with cost determined using first in first out (FIFO) method.

Property, Equipment and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives range from three to twenty-five years for major movable equipment, and from five to thirty years for land improvements, building, building service equipment, fixed assets, and leasehold improvements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports expirations of donor restrictions when the donated or acquired long-lived assets are placed into service.

Impairment of Long-Lived Assets

The Hospital periodically evaluates the recoverability of its long-lived assets, which consists primarily of property and equipment with estimated useful lives, whenever events or changes in circumstance indicate that the carrying value may not be recoverable. If the recoverability of these assets is unlikely because of the existence of factors indicating impairment, an impairment analysis is performed using a projected undiscounted cash flow method. Management must make assumptions regarding estimated future cash flows and other factors to determine the fair value of these respective assets. If the carrying amounts of the assets exceed their respective fair values, the carrying value of the underlying assets would be adjusted to fair value and an impairment loss would be recognized. During 2025 and 2024, the Hospital determined that no evaluations of recoverability were necessary.

Unamortized Debt Issuance Costs

Costs related to issuance of long-term debt are amortized over the life of the related debt. Amortization expense of the costs of issuance of long-term debt is included within interest expense in the accompanying consolidated statements of operations.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Asset Retirement Obligation

ASC Topic 410-20, *Accounting for Conditional Asset Retirement Obligation*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. Management has considered ASC Topic 410-20, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Hospital may settle the obligation is unknown and cannot be estimated. As a result, management cannot reasonably estimate the liability related to these asset retirement activities as of September 30, 2025 and 2024.

Net Assets

Net assets without donor restrictions consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of the Hospital. Net assets with donor restrictions are those whose use by the Hospital has been limited by donors to a specific time period or purpose, or those assets restricted by donors to be maintained by the Hospital in perpetuity.

Revenue in Excess (Deficiency) of Expenses

The accompanying consolidated statements of operations and changes in net assets include the classification of revenue in excess (deficiency) of expenses, which is considered the operating indicator. Changes in net assets without donor restrictions, which are excluded from the operating indicator include items such as permanent transfer of assets to and from affiliates for other than goods and services and contributions for property and equipment.

Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided. Revenue from performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Generally, the majority of patient care services provided in or by the Hospital, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed and recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Because the Hospital's performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The Hospital used the following factors to develop portfolios: major payor classes, type of service (i.e. inpatient, outpatient, emergency, clinic, etc.), and geographic location. Using historical collection trends and other analyzes, the Hospital evaluated the accuracy of its estimate and determined that recognizing revenue by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach was used.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Hospital considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care, other insurance, patient, etc.) have different reimbursement/payment methodologies
- Length of the patient's service/episode of care
- Geography of the service location
- Line of business that provided the service (for example, hospital, clinic, etc.)

The Hospital determines the transaction price, which involves significant estimates and judgement, based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience for each patient portfolio based on payor class and service type.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The Hospital has agreements with third-party payors that typically provide for reimbursement at amounts that vary from its established charges. A summary of the basis of reimbursement with major third-party payors follows:

Hospital Services:

- Medicare: The Hospital is designated as a critical access hospital (CAH). As such, all inpatient, swing bed, and outpatient hospital services are paid based on a cost-reimbursement methodology, except for certain types of laboratory, radiology, and professional services provided to Medicare beneficiaries, which are reimbursed on prospectively determined fee schedules.
- Medicaid: Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are paid based on a cost-reimbursement methodology. The State of New Hampshire also enacted in 2021 a directed payment program for hospitals participating in the Medicaid program in which payments are paid in support of healthcare services provided to Medicaid and low-income beneficiaries to the providers that care for these patients, including the Hospital. The Medicaid directed payment program is funded through a tax that is imposed by the State of New Hampshire on the gross patient service revenue of every hospital in the state. The funds generated from this tax and from federal matching funds are disbursed to the hospitals through the Medicaid directed payment program. The Medicaid directed payment program replaced the previous Medicaid Disproportionate Share Hospital ("DSH") payment program which was funded through federal and state allotments in order to provide financial assistance to hospitals that served a large proportion of low-income patients. Amounts received under the DSH payment program were subject to audit and therefore subject to change; however, the direct payment program is not subject to future audit as amounts are determined prospectively based on prior filings by each hospital. The Hospital incurred Medicaid enhancement taxes, which were paid to the State of New Hampshire to assist in funding the Medicaid direct payment program, of approximately \$3,686,000 and \$2,952,000 during 2025 and 2024, respectively which is included in supplies and other expenses in the accompanying consolidated statements of operations.

Under federal legislation known as the One Big Beautiful Bill ("OBBB"), which was signed into law on July 4, 2025, significant changes will be implemented and are anticipated to start in 2026 to federal spending on Medicaid and the Affordable Care Act. The Medicaid directed payment program, as well as other programs which receive federal funding, are currently being reviewed by the State of New Hampshire to determine any potential impacts or changes to funding or programs in the future.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

- Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, and fee schedules.

Clinics:

- Professional services to clinic patients, including behavioral health services, are paid primarily under arrangements which include prospectively determined rates per visit or procedure or discounts from established charges.
- Certain physician and professional services rendered to Medicare and Medicaid beneficiaries in the Hospital's Lancaster, Whitefield, Groveton, and North Stratford clinics qualify for reimbursement as Medicare- and Medicaid-approved rural health clinic services. Qualifying services are reimbursed based on cost-reimbursement methodologies. All other physician and professional services rendered to Medicare and Medicaid beneficiaries are paid based on prospectively determined fee schedules.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. Because of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims, or penalties would have upon the Hospital.

The Centers for Medicare and Medicaid Services (CMS) uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The Hospital has not been notified by the RAC of any potential significant reimbursement adjustments. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price related to settlements with third-party payors, were not significant in 2025 and 2024.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical experience and contract terms. During 2025, the Hospital noted an additional amount of write-offs of patient accounts receivable related both to prior year and current year dates of service for a variety of items including patients not paying according to payment terms, inability to collect balances, appeal issues with third-party payors, and contract limits related to the amount of time the Hospital has to file a claim for services to third-party payors, among other collection challenges. The total amount above and beyond amounts allowed for typical payment patterns, and estimates for transaction prices and implicit price concessions is reflected as non-recurring accounts receivable adjustments in 2025 in the accompanying consolidated statements of operations.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients. In accordance with New Hampshire state statute 151:12-b, *Hospital Rates for Self-Pay Patients*, the Hospital accepts as payment in full from uninsured payments amounts no greater than amounts generally billed and received by the Hospital for that service for patients covered by health insurance for similar services. This policy did not change in 2025 and 2024.

The promised amount of consideration from patients and third-party payors have not been adjusted for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

All incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the Hospital otherwise would have recognized is one year or less in duration.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Charity Care

The Hospital provides care to patients who meet criteria under its financial assistance policy without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as net patient service revenue.

The estimated cost of providing care to patients under the Hospital's financial assistance policy is calculated by multiplying the ratio of cost to gross charges for the Hospital times the gross uncompensated charges associated with providing charity care.

Contributions and Gifts

Contributions are considered available for unrestricted use unless specifically restricted by the donor. Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is deemed unconditional. The gifts are reported as with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions.

Advertising Costs

Advertising costs are expensed as incurred.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital is also engaged, to a limited extent, in certain activities subject to taxation as unrelated business income ("UBI"). UBI is not significant.

Subsequent Events

Subsequent events have been evaluated through March 13, 2026, which is the date the consolidated financial statements were available to be issued. See Note 6 for additional information on a subsequent event.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 2: Available Resources and Liquidity

The Hospital does not have a formal liquidity policy but generally strives to maintain financial assets in liquid form such as cash and cash equivalents for at least three to six months of operating expenses. Other funds, included in assets limited as to use in the accompanying consolidated statements of financial position, are considered available for operational or capital needs. Occasionally, the Board of Directors designates a portion of operating surplus to be appropriated at its discretion for future operational initiatives and capital expenditures. These funds, at the discretion of the Board of Directors, could be released immediately or sold and redeemed prior to their maturity and are not considered available under the Hospital's general liquidity management. The Foundation also has unrestricted investments available which are included in assets limited as to use and could be used for operating purposes of the Foundation or transferred to for hospital operations or other needs if approved by the Foundation. At September 30, 2025 and 2024, the balance of these funds collectively was \$8,540,174 and \$7,741,744, respectively.

Financial assets available for general expenditure, such as operating expenses, and purchases of property and equipment, within one year of the consolidated balance sheet date, comprise the following at September 30:

	2025	2024
Cash and cash equivalents	\$ 6,227,654	\$ 9,763,268
Patient accounts receivable - Net	11,242,479	14,560,062
Other accounts receivable	1,030,685	666,848
Total	\$ 18,500,818	\$ 24,990,178

Patient accounts receivable - net generally becomes available as an available resource to the Hospital as operating cash as it is billed and collected based on the policies and procedures described in Note 1, and its opening balance at October 1, 2023, was \$8,735,189.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 3: Assets Limited as to Use and Investment Income

Assets limited as to use, stated at fair value, consisted of the following at September 30:

	2025	2024
Money market funds	\$ 792,952	\$ 2,305,991
Exchange traded funds	-	60,883
Mutual funds	1,069,239	130,853
Marketable equity securities	4,443,677	6,537,404
Fixed income securities - U.S. Treasury and corporate bonds	4,016,953	391,070
Total assets limited as to use	\$ 10,322,821	\$ 9,426,201

Investment income, including income on assets limited as to use, consisted of the following for the years ended September 30:

	2025	2024
Investment income (loss) without donor restrictions:		
Interest and dividends - Net of investment fees	\$ 368,891	\$ 1,766,049
Net realized gain on sale of investments	3,322,072	112,673
Net unrealized gain (loss) on investments	(2,705,770)	334,592
Investment income (loss) with donor restrictions:		
Interest and dividends - Net of investment fees	13,624	20,054
Net realized gain on sale of investments	(231,272)	29,619
Net unrealized gain (loss) on investments	365,588	104,435
Total investment income	\$ 1,133,133	\$ 2,367,422

Management assesses individual investment securities as to whether declines in market value are other than temporary and result in impairment. For equity securities and mutual funds, the Hospital considers whether it has the ability and intends to hold the investment until a market price recovery. Evidence considered in this includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, the issuer's financial condition, and the general market condition in the geographic area or industry in which the investee operates. For debt securities, if the Hospital has made a decision to sell the security, or if it's more likely than not the Hospital will sell the security before the recovery of the security's cost basis, an other-than temporary impairment is considered to have occurred. If the Hospital has not made a decision or does not have an intention to sell the debt security, but the debt security is not expected to recover its value due to a credit loss, an other-than-temporary impairment is considered to have occurred. At September 30, 2025 and 2024, the Hospital did not consider any individual investments other than temporarily impaired.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 3: Assets Limited as to Use and Investment Income (Continued)

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements.

Note 4: Fair Value Measurements

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued using a net asset value ("NAV") of \$1.00. Quoted market prices are used to determine the fair value of investments in marketable equity securities, which consist primarily of publicly traded common and preferred stock. Exchange traded funds and mutual funds are valued at the daily closing price as reported by the fund. Exchange traded funds and mutual funds held by the Hospital are open-end funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price. The exchange traded funds and mutual funds held by the Hospital are deemed to be actively traded. Fixed income securities, which are primarily invested in U.S Government and corporate bonds, are primarily valued using quotes from pricing vendors for identical or similar assets based on recent trading activity and other observable market data, including basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	2025			Total Assets at Fair Value
	Level 1	Level 2	Level 3	
Assets:				
Money market funds	\$ -	\$ 792,952	\$ -	\$ 792,952
Mutual funds	1,069,239	-	-	1,069,239
Marketable equity securities	4,443,677	-	-	4,443,677
Fixed income securities:				
Corporate bonds	-	4,016,953	-	4,016,953
Total assets	\$ 5,512,916	\$ 4,809,905	\$ -	\$ 10,322,821

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 4: Fair Value Measurements (Continued)

	2024			Total Assets at Fair Value
	Level 1	Level 2	Level 3	
Assets:				
Money market funds	\$ -	\$ 2,187,991	\$ -	\$ 2,187,991
Exchange traded funds	60,883	-	-	60,883
Mutual funds - Invested in equity and fixed income securities	130,853	-	-	130,853
Marketable equity securities	6,537,404	-	-	6,537,404
Fixed income securities:				
Corporate bonds	-	391,070	-	391,070
Total assets	\$ 6,729,140	\$ 2,579,061	\$ -	\$ 9,308,201

The assets included in the fair value measurements tables above include all assets within assets limited as to use, other than certificates of deposit, as detailed in Note 3 at both September 30, 2025 and 2024.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 5: Property and Equipment

Property and equipment consisted of the following at September 30:

	2025	2024
Land	\$ 1,447,031	\$ 1,447,031
Land improvements	2,178,955	2,178,955
Buildings	32,116,298	32,099,677
Fixed equipment	19,016,309	18,673,304
Major movable equipment	30,208,815	29,092,469
<hr/>		
Total property and equipment	84,967,408	83,491,436
Less - Accumulated depreciation	54,269,499	50,184,507
<hr/>		
Net depreciated value	30,697,909	33,306,929
Construction in progress	1,115,575	856,639
<hr/>		
Property and equipment - Net	\$ 31,813,484	\$ 34,163,568

Construction in progress at September 30, 2025, primarily relates to a new building, equipment installation costs, and information technology upgrade projects which are anticipated to be completed and placed into service in 2026 and 2027. There are no remaining material commitments related to these projects as of September 30, 2025; however, there is one project related to a clinic facility renovation which was placed on hold in 2025 and a determination is anticipated to be made in 2026 whether this project will continue or if there are any additional costs to be transferred to expenses or capitalized and depreciated in a future period related to the initial work which was done. These projects are being funded by operating cash reserves of the Hospital.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 6: Long-Term Debt

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

	2025	2024
Business Finance Authority of the State of New Hampshire hospital revenue bonds, Series 2010, held by Passumpsic Bank; variable interest rate of 6.21% at September 30, 2024; interest and principal due monthly in installments of \$37,000, including interest, through September 1, 2030; collateralized by property and equipment of the Hospital.	\$ 3,580,000	\$ 4,165,000
Mortgage payable to Passumpsic Savings Bank; fixed interest rate of 3.75%; interest and principal due monthly in installments of \$24,070, including interest, through December 1, 2038; collateralized by mortgaged property of the Hospital.	3,016,233	3,188,441
LPCC note payable to 20 VRV 2008, LLC.; fixed interest rate of 1.00%; interest-only payments of \$3,372 due quarterly through January 1, 2025, at which time interest and principal payments of \$13,777, including interest, are due quarterly until maturity date of December 31, 2053; collateralized by LPCC property.	4,046,837	4,046,837
LPCC note payable to 20 VRV 2008, LLC.; fixed interest rate of 1.00%; interest-only payments of \$23,837 due quarterly through January 1, 2027, at which time interest and principal payments of \$33,617, including interest, are due quarterly until maturity date of December 31, 2053; collateralized by LPCC property.	9,534,913	9,534,913
Other note payable	83,334	83,334
Totals	20,261,317	21,018,525
Less - Current maturities	1,030,093	956,358
Less - Unamortized debt issuance costs	131,390	222,326
Long-term maturities	\$ 19,099,834	\$ 19,839,841

The bond and notes payable agreements provide for various restrictive covenants, including required annual financial reporting and meeting certain financial ratios, among other covenants.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 6: Long-Term Debt (Continued)

As part of its financing for LPCC, the Hospital borrowed \$9,534,913 to Twain Investment Fund 328, LLC ("Twain"), an unrelated party who then invested approximately \$14,000,000 in 20 VRV 2008, LLC, another unrelated party, as part of a new markets tax credit arrangement. 20 VRV 2008, LLC then loaned LPCC through two notes which totaled \$13,581,750 as described in detail in the long-term debt table above. The note receivable to Twain was made on November 14, 2018, has a 30-year term, and accrues interest at 1.213%. Interest-only payments of \$9,638 are due quarterly to LPCC from Twain through September 2027, at which time monthly payments of \$44,314, including principal and interest, are due from Twain to LPCC until the maturity date of December 10, 2047. LPCC can utilize the payments received to assist in repayment of the principal and interest on the notes payable to 20 VRV 2008, LLC.

The note payable to 20 VRV 2008, LLC also requires establishment of a replacement reserve account which is required to be funded annually through 2024 by LPCC, and amounts in the replacement reserve account can be utilized primarily for fees incurred to maintain compliance and recordkeeping for the debt arrangements, as well as for any necessary capital upgrades, renovations, and routine maintenance to ensure that the facilities included in the LPCC note agreements are maintained. Annual fees are required to be paid from the replacement reserve account to the unrelated parties to manage the debt arrangement through 2024, and any remaining funds can be used to repay principal on outstanding notes or for capital or maintenance expenditures as needed. This reserve account is also designated by the Hospital's Board of Directors for capital expenditures or repayment of final principal on the notes and is included in the current portion of assets limited as to use in the accompanying consolidated balance sheets as it can be used regularly and as needed for general capital and maintenance of the facilities, as well as other current fees as they come due.

Scheduled principal payments on long-term debt at September 30, 2025, including current maturities, are summarized as follows:

	2025
2026	\$ 1,030,093
2027	1,244,151
2028	1,477,682
2029	1,531,913
2030	1,552,932
Thereafter	13,424,546
Total	\$ 20,261,317

Subsequent to the year ended September 30, 2025, the Hospital exercised its option to unwind, and ultimately repay the LPCC note agreements and long-term debt. As a part of this transaction the various entities previously described were liquidated from investments from LPCC and the debt related to LPCC was repaid with these funds, funds from the Hospital, and use of any new market tax credits which were built into the original agreements related to the debt and construction projects previously undertaken by the Hospital. The transaction and any resulting gain or loss will be recorded in 2026, and management is still evaluating and awaiting final correspondence related to the close out of these debt and investment amounts, as well as the tax credit determinations, at the date of the accompanying financial statements.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 7: Net Assets With Donor Restrictions

Net assets with donor restrictions include assets set aside in accordance with donor restrictions as to time or use. Net assets with donor restrictions are available for the following purposes at September 30:

	2025	2024
Donor restricted, subject to expenditure for specific healthcare program purposes	\$ 296,208	\$ 312,108
Donor restricted, to be maintained in perpetuity with investment income expendable for healthcare programs	1,429,253	1,285,813
Total	\$ 1,725,461	\$ 1,597,921

During 2025 and 2024, the Hospital released \$31,732 and \$53,824 in funds, respectively, that were held under restrictions to assist with purchases of property and equipment.

The Hospital's net assets with donor restrictions include two endowment funds that are invested in various investments including certificates of deposit, as well as marketable equity securities, corporate bonds, U.S. treasury bonds, and mutual funds in brokerage accounts. The endowment funds were established by donors to be maintained in perpetuity, the income of which is expendable for hospital operations and scholarships for medical education for employees of the Hospital upon approval of the Board of Directors. The Board of Directors have created a policy for the endowment fund to be invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk.

The Board of Directors of the Hospital have interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift to the endowment fund absent any explicit donor stipulations that would otherwise dictate the contributed funds. The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a dependable method of funding programs supported by the endowment funds while seeking to preserve the purchasing power of the endowment assets. Under this policy, the Hospital monitors the investments of the endowment so that these assets are invested in funds that are not expected to decline significantly in value in the future. This method of investing will maintain the purchasing power of the endowment assets that are required to be held in perpetuity, as well as to provide additional purchasing ability through new contributions and investment returns.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 7: Net Assets With Donor Restrictions (Continued)

Changes in endowment net assets for the years ended September 30 consisted of the following:

	2025		
	Donor Restricted Subject to Appropriations	Donor Restricted to be Held in Perpetuity	Total
Endowment net assets at beginning of year	\$ 373,899	\$ 911,914	\$ 1,285,813
Interest and dividend income - Net of fees	34,209	-	34,209
Net appreciation - Unrealized loss	(231,272)	-	(231,272)
Net realized gain	340,503	-	340,503
Endowment net assets at end of year	\$ 517,339	\$ 911,914	\$ 1,429,253

	2024		
	Donor Restricted Subject to Appropriations	Donor Restricted to be Held in Perpetuity	Total
Endowment net assets at beginning of year	\$ 218,504	\$ 911,914	\$ 1,130,418
Interest and dividend income - Net of fees	25,615	-	25,615
Net depreciation - Unrealized gain	100,161	-	100,161
Net realized gain	29,619	-	29,619
Endowment net assets at end of year	\$ 373,899	\$ 911,914	\$ 1,285,813

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 8: Net Patient Service Revenue

The composition of net patient service revenue based on the geographic region the Hospital operates in as outlined in Note 1, is primarily all hospital and clinic services and whether inpatient or outpatient services, the Hospital considers these similar business lines for the purposes of tracking net patient service revenue.

Patient service revenue (net of contractual allowances, discounts, and implicit price concessions) consisted of the following for the years ended September 30:

	2025	2024
Medicare and Medicare Advantage Plans	\$ 46,766,774	\$ 48,137,613
Medicaid and Medicaid HMO Plans	13,626,958	15,723,096
Other third-party payors	18,427,622	10,626,279
Uninsured Patients	2,967,653	3,320,481
Total	\$ 81,789,007	\$ 77,807,469

Note 9: Charity Care

The Hospital provides healthcare services and other financial support through various programs that are designed, among other matters, to enhance the health of the community including the health of low-income patients and residents. Consistent with the mission of the Hospital, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or who are underinsured.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, determined based on qualifying criteria as defined in the Hospital's charity care policy and from applications completed by patients and their families.

The estimated cost of providing care to patients under the Hospital's charity care policy aggregated approximately \$1,894,000 and \$1,306,000 in 2025 and 2024, respectively.

Other benefits for the community for which the Hospital is not compensated, or for which compensation is below cost, include health screenings, community education through seminars and classes, and other health-related services.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 10: Retirement Plans

The Hospital is part of the North Country Healthcare Retirement Plan, a defined contribution retirement plan sponsored by NCH covering substantially all employees. Employees may contribute a percentage of their compensation to the retirement plan. After a year of service, the Hospital will contribute matching contributions of 50% of participant contributions up to 6% of compensation. The Hospital's retirement plan expense totaled approximately \$670,000 and \$509,000 in 2025 and 2024, respectively.

Certain eligible employees of the Hospital are also eligible to participate in a nonqualified deferred compensation plan established under Section 457(b) of the Code, which is administered by NCH. The plan permits certain management and highly compensated employees to defer portions of their compensation based on Internal Revenue Service guidelines. Compensation deferred is transferred to NCH who then retains the related investments. These investments are then segregated by NCH a separate account, and any assets and related deferred compensation plan liabilities are reported in the financial statements of NCH since under the terms of the deferred compensation plan agreement, NCH bears the responsibility for custody of the assets and their related liabilities once the related withholdings are transferred from the Hospital to NCH.

Note 11: Malpractice Insurance

The Hospital is insured under the NCH medical malpractice insurance coverage. NCH purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Hospital would be able to purchase tail coverage from its insurance carrier if it chose to do so. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending to October 1, 2026.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Hospital. Although there exists the possibility of claims arising from services provided to patients through September 30, 2025, which have not yet been asserted even if covered by insurance policies, the Hospital has not been given notice of any such material possible claims, and accordingly no provision or related insurance recoveries have been made for them.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 12: Concentration of Credit Risk

Financial instruments that potentially subject the Hospital to possible credit risk consist principally of patient accounts receivable and cash deposits in excess of insured limits in financial institutions.

Patient accounts receivable consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for health care provided to patients. The majority of the Hospital's patients are from Lancaster, New Hampshire, and the surrounding area.

The mix of receivables from patients and third-party payors is as follows at September 30:

	2025	2024
Medicare	50 %	21 %
Medicaid	12 %	17 %
Other third-party payors	24 %	42 %
Patients	14 %	20 %
Total	100 %	100 %

The Hospital maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation ("FDIC") insured institutions. Depository accounts are insured by the FDIC up to \$250,000. Operating cash needs often require that amounts on hand exceed FDIC limits. The Hospital maintains cash in accounts at institutions which are insured by the FDIC up to \$250,000, as well as entered into other collateral protection programs with the financial institutions through September 30, 2025 to provide depository coverages to its depository accounts with the financial institutions. Management of the Hospital also believes that as of September 30, 2025, it is not exposed to any significant risks from the financial institutions which are holding deposits.

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 13: Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. The accompanying consolidated statements of operations and changes in net assets present certain expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis. Employee benefits are allocated based on factors of either salary expense or actual employee expense. Overhead costs that include things such as professional services, office expenses, information technology, insurance, and other similar expenses are allocated on a variety of factors including revenues and departmental expense. Costs related to building and equipment usage include depreciation and interest and are allocated on a square footage or direct assignment basis. Expenses related to providing these services for the years ended September 30, 2025 and 2024, are as follows:

	2025			2024		
	Healthcare Services	General Administrative	Total	Healthcare Services	General Administrative	Total
Salaries and wages	\$ 30,384,909	\$ 1,320,136	\$ 31,705,045	\$ 26,660,322	\$ 1,778,295	\$ 28,438,617
Employee benefits	9,413,555	729,690	10,143,245	8,753,691	838,578	9,592,269
Supplies and other	28,182,208	18,860,137	47,042,345	28,654,958	14,508,880	43,163,838
Interest	384,651	181,422	566,073	430,119	202,868	632,987
Depreciation	2,882,529	1,359,556	4,242,085	3,000,894	1,415,384	4,416,278
	\$ 71,247,852	\$ 22,450,941	\$ 93,698,793	\$ 67,499,984	\$ 18,744,005	\$ 86,243,989

Weeks Medical Center and Subsidiary

Notes to Consolidated Financial Statements

Note 14: Related-Party Transactions

As a member of NCH, the Hospital shares in various services, such as shared staffing, centralized accounting, human resources, information technology, and other administrative costs, with the other member hospitals and the parent.

The total expenses incurred from services provided by related parties is as follows at September 30:

	2025	2024
AVH	\$ 427,885	\$ 393,380
UCVH	274,047	252,676
NCHHHA	88,418	80,035
NCH	16,083,573	13,254,894
Totals	\$ 16,873,923	\$ 13,980,985

The total receivables (payables) with related parties is as follows at September 30:

	2025	2024
AVH	\$ (23,157)	\$ 64,760
UCVH	640,046	369,923
NCHHHA	9,629	2,349
NCH	(1,444,593)	(999,899)
Totals	\$ (818,075)	\$ (562,867)

Note 15: Reclassifications

Certain reclassifications have been made to the 2024 financial statements to conform to the 2025 presentation.

Supplementary Information

Weeks Medical Center and Affiliate

Consolidating Balance Sheets

<i>September 30, 2025</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2025
<i>ASSETS</i>				
Current assets:				
Cash and cash equivalents	\$ 6,020,651	\$ 207,003	\$ -	\$ 6,227,654
Assets limited as to use	-	206,486	-	206,486
Patient accounts receivable - Net	11,242,479	-	-	11,242,479
Other accounts receivable	1,030,685	-	-	1,030,685
Inventories	1,802,692	-	-	1,802,692
Prepaid expenses	1,592,789	-	-	1,592,789
Due from related parties - Net	-	44,750	(44,750)	-
Total current assets	21,689,296	458,239	(44,750)	22,102,785
Assets limited as to use:				
Board designated for capital expenditures	8,540,174	-	-	8,540,174
Amounts restricted by donors	1,576,161	206,486	-	1,782,647
Total assets limited as to use	10,116,335	206,486	-	10,322,821
Less - Assets required for current liabilities	-	206,486	-	206,486
Assets limited as to use - Less current portion	10,116,335	-	-	10,116,335
Property and equipment – Net	20,595,704	11,217,780	-	31,813,484
Other assets - Note receivable	9,534,913	-	-	9,534,913
Total assets	\$ 61,936,248	\$ 11,676,019	\$ (44,750)	\$ 73,567,517

Weeks Medical Center and Affiliate

Consolidating Balance Sheets

<i>September 30, 2024</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2024
<i>ASSETS</i>				
Current assets:				
Cash and cash equivalents	\$ 9,554,672	\$ 208,596	\$ -	\$ 9,763,268
Assets limited as to use	-	256,236	-	256,236
Patient accounts receivable - Net	14,560,062	-	-	14,560,062
Other accounts receivable	666,848	-	-	666,848
Inventories	1,941,491	-	-	1,941,491
Prepaid expenses	1,718,503	-	-	1,718,503
Due from related parties - Net	-	-	-	-
Total current assets	28,441,576	464,832	-	28,906,408
Assets limited as to use:				
Board designated for capital expenditures	7,741,744	-	-	7,741,744
Amounts restricted by donors	1,428,221	256,236	-	1,684,457
Total assets limited as to use	9,169,965	256,236	-	9,426,201
Less - Assets required for current liabilities	-	256,236	-	256,236
Assets limited as to use - Less current portion	9,169,965	-	-	9,169,965
Property and equipment – Net	22,620,635	11,542,933	-	34,163,568
Other assets - Note receivable	9,534,913	-	-	9,534,913
Total assets	\$ 69,767,089	\$ 12,007,765	\$ -	\$ 81,774,854

Weeks Medical Center and Affiliate

Consolidating Balance Sheets (Continued)

<i>September 30, 2025</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2025
<i>LIABILITIES AND NET ASSETS</i>				
Current liabilities:				
Current portion of long-term debt	\$ 890,793	\$ 139,300	\$ -	\$ 1,030,093
Accounts payable and accrued expenses	1,386,239	1	-	1,386,240
Accrued payroll and payroll taxes	975,035	-	-	975,035
Accrued vacation payable	1,159,601	-	-	1,159,601
Deferred revenue	11,363	-	-	11,363
Amounts payable to third-party reimbursement programs	4,437,318	-	-	4,437,318
Due to related parties - Net	862,825	-	(44,750)	818,075
Total current liabilities	9,723,174	139,301	(44,750)	9,817,725
Long-term debt - Less current portion	5,739,957	13,359,877	-	19,099,834
Total liabilities	15,463,131	13,499,178	(44,750)	28,917,559
Net assets (deficit):				
Without donor restrictions	44,747,656	(1,823,159)	-	42,924,497
With donor restrictions	1,725,461	-	-	1,725,461
Total net assets (deficit)	46,473,117	(1,823,159)	-	44,649,958
Total liabilities and net assets	\$ 61,936,248	\$ 11,676,019	\$ (44,750)	\$ 73,567,517

See Independent Auditor's Report.

Weeks Medical Center and Affiliate

Consolidating Balance Sheets (Continued)

<i>September 30, 2024</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2024
<i>LIABILITIES AND NET ASSETS</i>				
Current liabilities:				
Current portion of long-term debt	\$ 797,222	\$ 159,136	\$ -	\$ 956,358
Accounts payable and accrued expenses	3,922,132	-	-	3,922,132
Accrued payroll and payroll taxes	934,401	-	-	934,401
Accrued vacation payable	1,088,173	-	-	1,088,173
Deferred revenue	23,427	-	-	23,427
Amounts payable to third-party reimbursement programs	4,102,656	-	-	4,102,656
Due to related parties - Net	562,867	-	-	562,867
Total current liabilities	11,430,878	159,136	-	11,590,014
Long-term debt - Less current portion	6,582,371	13,257,470	-	19,839,841
Total liabilities	18,013,249	13,416,606	-	31,429,855
Net assets (deficit):				
Without donor restrictions	50,155,919	(1,408,841)	-	48,747,078
With donor restrictions	1,597,921	-	-	1,597,921
Total net assets (deficit)	51,753,840	(1,408,841)	-	50,344,999
Total liabilities and net assets	\$ 69,767,089	\$ 12,007,765	\$ -	\$ 81,774,854

See Independent Auditor's Report.

Weeks Medical Center and Affiliate

Consolidating Statements of Operations

<i>Year Ended September 30, 2025</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2025
Net assets without donor restrictions:				
Revenue:				
Net patient service revenue	\$ 81,789,007	\$ -	\$ -	\$ 81,789,007
Other revenue	11,890,739	179,000	(179,000)	11,890,739
Total revenue	93,679,746	179,000	(179,000)	93,679,746
Expenses:				
Salaries and wages	31,705,045	-	-	31,705,045
Employee benefits	10,143,245	-	-	10,143,245
Supplies and other	47,171,570	49,775	(179,000)	47,042,345
Interest	347,683	218,390	-	566,073
Depreciation	3,916,932	325,153	-	4,242,085
Total expenses	93,284,475	593,318	(179,000)	93,698,793
Income (loss) from operations	395,271	(414,318)	-	(19,047)
Non-recurring accounts receivable adjustments (See Note 1)	(6,845,319)	-	-	(6,845,319)
Other income (expenses):				
Investment income	985,193	-	-	985,193
Contributions and donations - Net	15,060	-	-	15,060
Gain on disposal of property and equipment	9,800	-	-	9,800
Total other income (expenses) - Net	1,010,053	-	-	1,010,053
Deficiency of revenue over expenses	(5,439,995)	(414,318)	-	(5,854,313)
Other changes in net assets without donor restrictions:				
Net assets released from restrictions for property and equipment acquisitions	31,732	-	-	31,732
Decrease in net assets without donor restrictions	\$ (5,408,263)	\$ (414,318)	\$ -	\$ (5,822,581)

See Independent Auditor's Report.

Weeks Medical Center and Affiliate

Consolidating Statements of Operations

<i>Year Ended September 30, 2024</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2024
Net assets without donor restrictions:				
Revenue:				
Net patient service revenue	\$ 77,807,469	\$ -	\$ -	\$ 77,807,469
Other revenue	8,478,663	179,000	(179,000)	8,478,663
Total revenue	86,286,132	179,000	(179,000)	86,286,132
Expenses:				
Salaries and wages	28,438,617	-	-	28,438,617
Employee benefits	9,592,269	-	-	9,592,269
Supplies and other	43,293,088	49,750	(179,000)	43,163,838
Interest	414,597	218,390	-	632,987
Depreciation	4,091,125	325,153	-	4,416,278
Total expenses	85,829,696	593,293	(179,000)	86,243,989
Income (loss) from operations	456,436	(414,293)	-	42,143
Other income (expenses):				
Investment income	2,213,314	-	-	2,213,314
Contributions and donations - Net	(80,640)	-	-	(80,640)
Total other income (expenses) - Net	2,132,674	-	-	2,132,674
Revenue in excess (deficiency) of expenses	2,589,110	(414,293)	-	2,174,817
Other changes in net assets without donor restrictions:				
Net assets released from restrictions for property and equipment acquisitions	53,824	-	-	53,824
Transfers	44,750	(44,750)	-	-
Increase (decrease) in net assets without donor restrictions	\$ 2,687,684	\$ (459,043)	\$ -	\$ 2,228,641

See Independent Auditor's Report.

Weeks Medical Center and Affiliate

Consolidating Statements of Changes in Net Assets

<i>Year Ended September 30, 2025</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2025
Net assets (deficit) without donor restrictions:				
Deficiency of revenue over expenses	\$ (5,439,995)	\$ (414,318)	\$ -	\$ (5,854,313)
Other changes in unrestricted net assets (deficit):				
Net assets released from restrictions for property and equipment acquisitions	31,732	-	-	31,732
<hr/>				
Decrease in net assets (deficit) without donor restrictions	(5,408,263)	(414,318)	-	(5,822,581)
<hr/>				
Net assets with donor restrictions:				
Investment income	147,940	-	-	147,940
Restricted contributions	11,332	-	-	11,332
Net assets released from restrictions	(31,732)	-	-	(31,732)
<hr/>				
Increase in net assets with donor restrictions	127,540	-	-	127,540
<hr/>				
Decrease in net assets (deficit)	(5,280,723)	(414,318)	-	(5,695,041)
Net assets (deficit) at beginning	51,753,840	(1,408,841)	-	50,344,999
<hr/>				
Net assets (deficit) at end	\$ 46,473,117	\$ (1,823,159)	\$ -	\$ 44,649,958

See Independent Auditor's Report.

Weeks Medical Center and Affiliate

Consolidating Statements of Changes in Net Assets

<i>Year Ended September 30, 2024</i>	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Consolidated Totals 2024
Net assets (deficit) without donor restrictions:				
Revenue in excess (deficiency) of expenses	\$ 2,589,110	\$ (414,293)	\$ -	\$ 2,174,817
Other changes in unrestricted net assets:				
Net assets released from restrictions for property and equipment acquisitions	53,824	-	-	53,824
Net assets released from restrictions for property and equipment acquisitions	44,750	(44,750)	-	-
Increase (decrease) in net assets (deficit) without donor restrictions	2,687,684	(459,043)	-	2,228,641
Net assets with donor restrictions:				
Investment income	154,108	-	-	154,108
Restricted contributions	82,983	-	-	82,983
Net assets released from restrictions	(53,824)	-	-	(53,824)
Increase in net assets with donor restrictions	183,267	-	-	183,267
Increase (decrease) in net assets (deficit)	2,870,951	(459,043)	-	2,411,908
Net assets (deficit) at beginning	48,882,889	(949,798)	-	47,933,091
Net assets (deficit) at end	\$ 51,753,840	\$ (1,408,841)	\$ -	\$ 50,344,999

See Independent Auditor's Report.

**Angie Schierer, DBA, MHA, RN
Leadership Development**

PROFILE SUMMARY

Dynamic healthcare leader with a Doctorate in Business Administration and over 15 years of experience driving connectivity and innovation across diverse rural healthcare settings. Proficient in operational strategies to enhance efficiency and maintain budget expectations. Known for exceptional work ethic, solid leadership, and commitment to achieving organizational goals. Skilled in fostering team collaboration, improving customer satisfaction, and leading change through strategic planning. Dedicated to community engagement and growing enduring relationships.

EDUCATION

Doctorate Business Administration, California Intercontinental University, 2016
Master's Degree in Healthcare Administration, Bellevue University, 2008
Bachelor Degree in Nursing, Jacksonville University, 2007
Associate Degree Nursing, Black Hawk College, 1992

PROFESSIONAL EXPERIENCE

North Country Healthcare

June 2025 – Present

President Ambulatory Operations

- Provide executive leadership for system-wide ambulatory operations across primary care, specialty care, and behavioral health practices spanning multiple rural hospitals and clinic sites.
- Drive strategic alignment of ambulatory services with organizational goals, including growth planning, service line development, and access optimization to improve patient outcomes and market presence.
- Lead provider engagement initiatives, governance structures, and dyad leadership models to strengthen clinical collaboration, standardization, and physician satisfaction.
- Oversee financial and operational performance of ambulatory services, including productivity, staffing models, budgeting, and revenue optimization across multi-site practice environments.
- Champion quality, safety, and regulatory readiness initiatives, ensuring compliance with CMS, accreditation standards, and implementation of continuous performance improvement strategies.
- Direct integration of innovative care models—including behavioral health integration, population health, chronic care management, and digital workflow optimization—to enhance care coordination and patient experience.

Canopy Associates

Nov 2020 – Present

Principal, VP Quality & Education & Executive Healthcare Consultant

- Self-driven executive healthcare consultant within a company of software development and marketing firm.
- Establishment of LMS education platform and quality management system for small and rural hospitals.
- Provide leadership development, team building, service line development, and strategic planning services.
- Consulting on board relations, medical staff engagement, and administrative cohesion in hospitals and provider practices.
- Mock surveyor to ensure clinic or hospital meets CMS expectations of operations manual.
- Contracted with NRHRC and Delta Regional to build successful outpatient services lines in rural hospitals and clinics.
- Providing education and growth for various state Flex and SHIP programs (leadership, quality, EMS, IC, etc.)
- Serve as subject matter expert in rural health clinics, small hospitals, and practice management quality improvement.

Executive Healthcare Consultant

- Providing guidance, planning and implementation to open new service lines (currently ASC, Psych in MO & KS).
- Designing strategic plans and project management for organizational growth in collaboration with executive team, providers, and board members.

Ziva Medical (Mexico and Fulton Hospitals)

July 2023 – July 2024

COO/VP Quality

- For-profit two hospital system with five outlying clinics. Establishing one PPS (200 bed) to critical access hospital conversion and pursuing REH designation for second facility. Reporting to Corporate CEO with anticipated \$17M operating revenue within first full year.
- Executed strategic plans for reopening facilities, including formulating life safety plans and all ancillary service lines.
- Collaborated with regulatory bodies for successful reopening, ensuring compliance with regulatory requirements of the CON application.
- Recruitment of family practice, orthopedics, and general surgeon with one additional nurse practitioner.

Illinois Critical Access Hospital Network (ICAHN)

June 2011 – Aug 2020

Illinois Rural Community Care Organization (IRCCO) -- ACO

VP Quality, Compliance, Innovation & Education

- Not-for-profit network of 51 critical access hospitals, 8 small, rural PPS hospitals, and over 32 rural health clinics.
- Operating revenue of \$19M; reporting to Executive Director.
- Established Survey Solutions, CMS HCAHPS Survey Vendor for small and rural hospitals.
- Collaborating with board executives in establishment of new MSSP ACO, IRCCO, one of first all rural members with 31 critical access hospitals and 3 small, rural PPS hospitals.
- Facilitated improvement within a network of critical access and rural hospitals, achieving Top 5 states from FORHP/Flex Monitoring Team for over five years.
- Led establishment of new care coordination models in 20 facilities and achieving PCMH recognition in 10 locations.
- Achieved shared savings with quality and compliance initiatives for MSSP ACO within first year.
- Reduced outmigration of patients by 35% within first year of ACO.
- Established PCMH/Population Health programs in all locations within first 18mo. of operation.

Custom Learning Systems

Dec 2020 – Present

Consultant/Chief Nursing Officer

- System of healthcare professionals transforming patient experience and financial growth in an organization
- Leading the Swing Bed program for revenue generation and marketing strategies.
- Currently working with 20+ FQHCs in developing revenue growth through employee engagement and patient satisfaction.

American College of Education (ACE)

June 2021 – Present

Adjunct Faculty

Adjunct faculty for online instruction courses. Majority of education with Master's and Doctorate programs in healthcare administration and educational leadership degrees.

Galesburg Cottage Hospital

Aug 2006 – Mar 2011

COO/ACEO (2007-2011)

ACNO (2006 – 2007)

- For-profit, 175-bed acute care with over \$22M operating revenue; reporting to CEO.
- Successful recruitment of ER physician group and pediatrician
- Opened new service lines of Gero-psych, Intermediate Care Unit and Wound Center with two hyperbaric chambers.
- Led construction of new \$5M operating room suite development.

ACCOMPLISHMENTS/CERTIFICATIONS/BOARD AFFILIATIONS

- Licensed Registered Nurse, Illinois
- Certified Six Sigma Black Belt
- Certified Lean Six Sigma
- Certified Leadership Development Instructor
- Board Member and Past President, NARHC, 2011-2019
- Certified John Maxwell Leadership Coach
- Certified Qualtrics Data Scientist
- Certified Lego Serious Play Facilitator

PROFESSIONAL PUBLICATIONS

Principal Investigator: *Assessing Gaps Related to Ureter Imaging Agents*, ACOOG, 2022

ICAHN Governing Board Manual III: *“Quest for Quality: The External Drumbeat”* 2018

Sustaining Rural Health Through Innovative Models of Care – Dissertation 2016

Care Coordination Manual, 2019

Swing Bed Manual, 1st Ed., 2019, as collaborative writer

White Paper content provider: *Illinois Critical Access Hospital: “Enhancing Quality of Care in Rural Illinois.”*

Subject Matter Expert in PCMH standards and management within The Compliance Team (as consultant)

PUBLIC AND NATIONAL SPEAKING

Presented at multiple national organizations including: NARHC, Georgia Hometown Health, Custom Learning Systems. Working collaboratively with Flex and SHIP grants within the State Offices of Rural Health.

Provides ongoing education for organizations and their members establishing webinars, live sessions and identifying new interests in learning.

Provide mock surveys to meet regulatory requirements for rural health clinics, hospitals and FQHCs.

Karen A. Woods, MA, BHM, RT (R)(M)(CT)



Education

<i>Ottawa University</i> Masters in Leadership	Online 2021-2025
<i>Ottawa University</i> Bachelors in Healthcare Management	Online 2015-2017
<i>New Hampshire Technical Institute</i> Associates in Science / Radiographic Technology	1990-1992

Certifications / Licensures

Yellow Belt – Reducing No-Shows in Primary Care	2024
Certified Rural Health Professional	2022 -present
ARRT: <ul style="list-style-type: none"> • Radiography • Computed Tomography • Mammography 	1992-present
<i>New Hampshire Imaging Board</i>	2019-present

Professional Organizations

<i>American Society of Radiologic Technologist</i>	2002-present
--	--------------

Professional Collaborations

<i>NH/ VT MGMA</i> Board Chair	2024-present
<i>North Country Health Consortium</i> Board Member	2016-2022 / 2024-present
<i>Youth Restorative Justice</i> Panel Member	2019-2022
<i>NH Integrated Delivery Network (IDN)</i> Steering Committee	2016-2022
<i>Haverhill Area Substance Misuse Prevention Coalition</i> Chairperson	2015-2022

Memberships

<i>American Society of Radiologic Technologists</i>	2005-present
---	--------------

Professional Highlights / Awards

<i>N.H. Business Review's:</i> Top New Hampshire 200 Business Leaders	2025
<i>Business Excellence Award</i>	2020
<i>ASRT Imaging Professionals of the Year</i>	2006

Healthcare Project Management / Project Lead Experience

Facility New Website Customization/Implementation	2020
Facility-Wide EMR (Athena) Implementation	2018
Inpatient Unit Renovation Lead	2016
Rural Health Clinic Building Construction Lead	2015
PACS Digital Image System Build and Implementation Lead	2015

Work History

Vice President of Physician Practices

2022 - Present

Weeks Medical Center

Lancaster, NH

- Member of Executive Team.
- Provide administrative operational oversight and budgetary governance for several outpatient health clinics to include 5 Rural Health Clinics (RHCs).
- Mentor department managers in operations, financial processes, regulatory needs, and human resource management.
- Monitor / maintain CMS readiness.
- Review, analyze, and interpret profit and loss statements; investigate fiscal incongruities.
- Monitor / drive quality measures, outcomes, and performance improvements. ACO liaison.
- Serve as strategic advisor on operational matters, align department strategies to organization’s strategic plan.
- Work with medical directors to ensure enhanced patient experience and promote best practice.
- Monitor business plan effectiveness.
- Create, monitor, and maintain budgets for several departments.
- Lead Department Managers to develop high-performing teams that collaborate towards organization’s goals.
- Co-chair of Provider Leadership Council
- Administrative management of Provider Team (50 providers): Primary Care, Pediatrics, Care Management, Pain Management, General Surgery, Vascular Medicine, Cardiology, Orthopedics, Behavioral Health, Wound Specialists, Sleep Medicine, Pulmonology, Dermatology, Palliative Care, and Substance Use Disorder.

Administrative Director

2015 – 2022

Cottage Hospital

Woodville, NH

- Member of Executive Team.
- Provide administrative operational oversight and budgetary governance for several ancillary departments to include: Diagnostic Imaging; Physical and Occupational Therapy; Laboratory; Facilities Management; Life Safety; Environmental Services; Specialty Clinics: Orthopedics, Dermatology, Cardiology, Mental Health, Pain Management, Endocrinology, Gastroenterology, General Surgery, Podiatry, and Primary Care in a Rural Health Clinic (RHC) setting.
- Mentor Department Directors of above outlined specialties in operations, financial processes, regulatory needs, and human resource management.
- Monitor CMS readiness for above departments.
- Review, analyze, and interpret profit and loss statements; investigate fiscal incongruities.
- Monitor / drive quality measures, outcomes, and performance improvements.
- Serve as strategic advisor on operational matters, align department strategies to organization’s strategic plan.
- Work with medical directors of departments to ensure enhanced patient experience and promote best practice.
- Monitor business plan effectiveness.
- Create, monitor, and maintain budgets for several departments.
- Lead Department Directors to develop high-performing teams that collaborate towards organization’s goals.
- Organize and direct several capital improvement projects across the organization.

- Project lead:
 - EMR transition
 - Construction of Medical Art Building: 16,000 sq. foot RHC
 - Renovation of inpatient unit
 - Website design
 - ACO
- Planning Section Chief for pandemic Incident Command.
- Wrote and secured a USDA grant.
- Completed a certificate of need for renovation project.
- Created Emergency Preparedness Plan for RHC.
- Community Benefit Reporting and Community Needs Assessment.

Director of Radiology / PACS Administrator

2008-2015

Cottage Hospital

Woodsville, NH

- Continued Chief Mammographer responsibilities.
- Continued PACS Administrator responsibilities.
- Created staffing schedules.
- Maintained CMS survey readiness.
- Developed policies and procedures to ensure compliance with federal, state, and local law and regulations.
- Ensured safe use of equipment by staff; ensured radiation safety.
- Maintained dosimetry program.
- Hire and counsel staff.
- Monitored profit and loss across modalities.
- Completed regular quality control measures for equipment across department.
- Scheduled equipment for preventative maintenance, services, and physicist inspections.
- Created business initiatives to increase program utilization.
- Created operational budgets for each modality.
- Identified and led capital project needs of each modality.
- Acted as liaison between community providers and radiology services.
- Maintained department documents for staff and equipment.

Assistant Manager of Radiology / Chief Mammographer

2006-2008

Cottage Hospital

Woodsville, NH

- Continued staff technologist and associated duties.
- Continued PACS Administrator and associated duties.
- Mammography Charge responsible for:
 - Policies and procedure
 - QC
 - ACR inspections
 - MQSA inspections
- Assistant Manager responsible for:
 - Staff scheduling
 - Department safety
 - Equipment PM schedules
 - Staff competencies
 - Back up to Director

PACS Administrator

2005-2015

Cottage Hospital
Woodsville, NH

- Continued staff technologist and associated duties.
 - Project lead on PACS implementation for facility.
 - Ensured optimal operation of archiving system, system monitoring and maintenance.
 - Investigate and address any image issues.
 - Trained staff and providers on use of system.
 - Liaison with area providers to install access to PACS from offices.
-

Staff Technologist

2002-2005

Cottage Hospital
Woodsville, NH

- Performed quality imaging.
 - Practiced radiation safety.
 - Maintained competency in radiography, computed technology, and mammography.
 - Promoted exceptional patient experiences / focused on high patient satisfaction.
 - Mentored radiology students.
-

Staff Technologist

2001

Alice Peck Day Memorial Hospital
Lebanon, NH

- Performed quality imaging.
 - Practiced radiation safety.
 - Maintained competency in radiography, computed technology, and mammography.
 - Promoted exceptional patient experiences / focused on high patient satisfaction.
-

Staff Technologist

1992-2004

Northeastern Vermont Regional Hospital
St. Johnsbury, VT

- Performed quality imaging.
- Practiced radiation safety.
- Maintained competency in radiography, computed technology, and mammography.
- Managed mammography Ladies First responsibilities.
- Promoted exceptional patient experiences / focused on high patient satisfaction.

MELONY WOODALL

REGISTERED NURSE

CONTACT



[REDACTED]



[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

PROFILE

A nationally award winning, BSN prepared nurse with 20 years of experience in healthcare in both management of clinical operations as well as hands on patient care in acute and critical care settings.

SKILLS

- CRITICAL THINKING
- PROBLEM-SOLVING
- COMMUNICATION
- ORGANIZATIONAL
- CLINICAL
- COMMUNICATION
- CAPACITY TO REMAIN CALM AND MAKE QUICK, ACCURATE DECISIONS UNDER PRESSURE

EXPERIENCE

10/2025 – current

AYA Healthcare @Sagewest Healthcare

Contract House Supervisor

Manage hospital operations, provide leadership and administrative support for staff, ensure quality patient care is being provided, coordinate staffing, and serve as a liaison for leadership during off-hours like nights and weekends. Coordinate transfers to and from the facility. Key responsibilities include overseeing patient flow and bed placement, resolving staff and patient issues, facilitating communication, and responding to emergencies. Provide IV starts for difficult to start patients on the floor.

7/2025 – 9/2025

AYA Healthcare @Providence St. Marys Medical Center

Contract House Supervisor

Manage hospital operations, provide leadership and administrative support for staff, ensure quality patient care is being provided, coordinate staffing, and serve as a liaison for leadership during off-hours like nights and weekends. Coordinate transfers to and from the facility. Key responsibilities include overseeing patient flow and bed

placement, resolving staff and patient issues, facilitating communication, and responding to emergencies. Provide IV starts for difficult to start patients on the floor.

07/2025 – Current

Honor Health

Core Staff PRN Emergency Room Nurse

Provide rapid assessments, treatment, and monitoring for patients with severe illnesses or injuries (all ESI levels), in a fast-paced, high-stress environment. Key responsibilities include triage, administering medications and treatments, stabilizing critically ill or injured patients, collaborating with a multidisciplinary team, and providing emotional support to patients and families. Provide care to patients with a wide variety of issues from stroke, MI, overdose, sepsis, hypertensive emergencies, DKA, trauma (trauma certification and core staff status required to treat Trauma Red Patients) across the age range from birth to death.

04/2025 – 07/2025

Honor Health

Internal Travel Contract Emergency Room Nurse

Provide rapid assessments, treatment, and monitoring for patients with severe illnesses or injuries (all ESI levels), in a fast-paced, high-stress environment. Key responsibilities include triage, administering medications and treatments, stabilizing critically ill or injured patients, collaborating with a multidisciplinary team, and providing emotional support to patients and families. Provide care to patients with a wide variety of issues from stroke, MI, overdose, sepsis, hypertensive emergencies, DKA, trauma (trauma certification and core staff status required to treat Trauma Red Patients) across the age range from birth to death.

11/2024 – 03/2025

Aya Healthcare @ Valleywise Health Medical Center

Contract Emergency Room Registered Nurse

Assisted with examinations, procedures, and other patient care activities. Monitored, documented and communicated patients' conditions using computerized documentation systems. Maintained thorough documentation of all patient cares provided and any pertinent data related to the patients stay in the Emergency Room. Provided care to patients in all areas of the emergency department to include nurse greeter, triage, psych, pediatrics, critical care and all traumas other than trauma red. Trauma red patients were stabilized by certified core staff then transferred to the care of contract ED nurses. Provided case management needs in the absence of case managers.

03/2024 – 09/2024

OneStaff @ Yuma Regional Medical Center

Contract Emergency Room Registered Nurse

Provide rapid assessments, treatment, and monitoring for patients with severe illnesses or injuries (all ESI levels), in a fast-paced, high-stress environment. Key responsibilities include triage, administering medications and treatments, stabilizing critically ill or injured patients, collaborating with a multidisciplinary team, and providing emotional support to patients and families. Provide care to patients with a wide variety of issues from stroke, MI, overdose, sepsis, hypertensive emergencies, DKA, trauma (trauma certification and core staff status required to treat Trauma Red Patients) across the age range from birth to death.

03/2023 – 12/2023

Medical Solutions @ Weeks Medical Center

Practice Manager

Provide leadership and oversight to two large primary care offices with 15 direct reports to include medical technicians, phlebotomists, registered nurses and providers. Recruit, hire, train, manage and fire all staff with the guidance of human resources and the President of Physician Operations. Monitor compliance with all standards and regulations. Develop a pain management program for all patients currently prescribed controlled substances by providers within these practices. Offer leadership and guidance to the new Practice Manager and all subordinates. Attend staff meetings, monitor budget compliance. Order supplies and monitor appropriate use of supplies. Train staff on phlebotomy and medication administration. Provided case management needs to patients.

01/2023 – 03/2023

Hu Hu Kam Memorial Hospital

Per Diem Core Staff Emergency Room Nurse

Assisted with examinations, procedures, and other patient care activities for all patients presenting for treatment to this critical access hospital. Monitored, documented and communicated patients' conditions using computerized documentation systems. Maintained thorough documentation of all patient cares provided and any pertinent data related to the patients stay in the Emergency Room. Triage patients upon arrival, provided care to patients admitted to my assigned area, stabilized critically ill patients and transferred them to a higher level of care per EMTALA requirements.

07/2021 – 01/2023

APN Staffing @ Hu Hu Kam Memorial Hospital

Contract Emergency Room Registered Nurse

Assisted with examinations, procedures, and other patient care activities for all patients presenting for treatment to this critical access hospital. Monitored, documented and communicated patients' conditions using computerized documentation systems. Maintained thorough documentation of all patient cares provided and any pertinent data related to the patients stay in the Emergency Room. Triage patients upon arrival, provided care to patients admitted to my assigned area, stabilized critically ill patients and transferred them to a higher level of care per EMTALA requirements.

02/2021 – 04/2021

OneStaff Medical @ Good Shepherd Medical Center

Contract RN House Supervisor

Supervised all staff within this 11 bay ER 30 bed acute critical access hospital. Responded to and responsible for all Codes and Rapid Responses within the hospital. Coordinated all bed placement for patients. Rounded frequently on all units assisting with patient care needs and providing leadership and support. Performed all duties for department managers in their absence to include shift end reports. Professionally and effectively attended to all patient/family concerns. Coordinated staffing on all units based on unit matrix and needs. Provided case management needs to all areas of the hospital.

01/2021 – 03/2021

Tucson Medical Center

PRN RN House Supervisor

Supervised all matters within this 650 +/- bed Level 1 Trauma Center. Led staffing meetings twice per shift with all charge nurses, staffing nurse and unit managers when available. Communicated with bed placement nurses to assure proper placement of all high acuity patients and direct admits. Coordinated staffing with staff RN. Created all end of shift reports and communicated them to on-coming supervisor. Provided support and assistance to the rapid response nurse and IV team nurses. Worked with funeral homes, coroners and organ donation staff to coordinate proper transfer of deceased patients. Notified families of important matters related to the patients status and changes in plan of care. Effectively resolved patient and family concerns in a timely professional manner.

07/2020 – 01/2021

OneStaff Medical @ Copley Hospital

Contract RN House Supervisor

Supervised all matters within this 21 bed Critical Access Hospital. Responded to and responsible for all Codes and Rapid Responses on all units. Acted as Charge RN on Med/Surg/Tele floor. Coordinated all staffing needs on all units. Communicated effectively with healthcare providers of various professional levels. Conducted bed round and MDT meetings. Completed all shift reports. Developed the RN House Supervisor position for the facility.

05/2020 – 06/2020

Medical Solutions @ MedStaff Southern Maryland

Hospital

COVID Crisis Response Contract RN House Supervisor

Supervised all matters within this 21 bed Critical Access Hospital. Responded to and responsible for all Codes and Rapid Responses on all units. Acted as Charge RN on Med/Surg/Tele floor. Coordinated all staffing needs on all units. Communicated effectively with healthcare providers of various professional levels. Conducted bed round and MDT meetings. Completed all shift reports.

Tiffany Ann Moore



EXPERIENCE

NCH/Weeks Medical Hospital

Psychiatry Nurse Practitioner

June 2023 to Current

- Provides psychiatric, behavioral, substance, and therapy services to all ages, pediatric to geriatric.
- Services provided in multiple setting including ER, In-Patient, MAT clinic, Nursing homes, and out patient clinic.
- Utilizes advanced practice knowledge and skills to systematically collect and evaluate mental health assessment data, and to manage patient care.
- Collaborate with other psychiatric providers, therapists, case management, social workers, emergency providers, hospitalists, and nursing home providers/staff.
- Prescribes medications and documents in medical records.
- Orders diagnostic tests consistent with differential diagnoses derived from gathered data as evidenced by types of tests ordered.

Magnolia Psychiatry

Psychiatry Nurse Practitioner

August 2022 to Current

- Provide developmentally-appropriate and age-appropriate mental health maintenance for all populations
- Utilizes advanced practice knowledge and skills to systematically collect and evaluate mental health assessment data, and to manage a caseload of patients.
- Prescribes medications and documents in medical records.
- Orders diagnostic tests consistent with differential diagnoses derived from gathered data as evidenced by types of tests ordered.

Memorial Hermann The Woodlands Emergency Center

Registered Nurse/Psychiatric Nurse/Relief Charge- Emergency Dept.

January 2017 to Current

- Manage staff and patient flow for a 34 bed Level 2 Trauma Emergency Room, including staff concerns, staff and patient complaints, and hospital issues.
- Assess, plan, provide, evaluate, and modify care to patients while prioritizing care based on medical need.

Banner Health

Registered Nurse- Emergency Department-Del E Webb Hospital

August 2015 to November 2016

- Assess, plan, provide, evaluate, and modify care to patients while prioritizing care based on medical need.
- Work in a team environment to provide medical treatment to patients that are critically injured or severely ill.
- Supervise other staff and work flow as team lead.

Registered Nurse- Oncology/Hematology/Palliative-BUMC

January 2014 to August 2015

- Assess, plan, provide, evaluate, and modify care to patients including chemotherapy/biotherapy administration in a medical/surgical floor setting.
- Promote continuity of care by communicating effectively and efficiently to other member of the health care team.
- Evaluate treatment, teaching, and goals. Modify for patient as needed for best outcomes.
- Supervise other staff and work flow when team lead.
- Care and support to families during time of death of loved ones.

Tiffany Ann Moore



EXPERIENCE

Cancer Treatment Centers of America, Goodyear AZ

Registered Nurse- Oncology Out-Patient Clinic

May 2013 to January 2014

- Assess patient’s physical, mental, and spiritual prior, during, and after treatment.
- Perform or assist doctors in minor procedures in the clinic such as sutures, laryngoscopy, GYN biopsies, bladder ultrasounds, and expanders.
- Prepare and administer medications including IM, SQ and IV medications. (no chemo)
- Educate patients on current medication regimens including side effects and how to lessen the side effects.

Advanced Clinical Associates, Scottsdale AZ

Registered Nurse-PRN

July 2012 to June 2013

- Assessment of patient and administer appropriate care for patients in their home.
- Organized and coordinate patient care with other health care providers.
- Provide leadership to Certified Nursing Assistants and Caregivers.
- Prepare charting, 485’s, and care plans.
- Provide emergency care in home.

Certified Nursing Assistant

December 2010 to July 2012

EDUCATION

- Associates of Applied Science Nursing Degree (A.A.S.), Yavapai College 2012
- Bachelors of Science in Nursing, Northern Arizona University 2015
- Masters of Science in Nursing- Psychiatric Mental Health Nurse Practitioner- University of Texas- Arlington- May 2022

LICENSES/CERTIFICATIONS

- TX RN License 912996, TX APRN License 1088614
- NH RN License 090695-21, NH APRN License 090695-23
- NPI & Active DEA for NH and TX.
- BLS, ACLS, PALS, CPI, T.E.A.M., NIHSS
- TNCC & ENPC

NURSE EXTERNSHIP-MEDICAL MISSION

United Methodist Church, Falmouth Jamaica

December 2011 to January 2012

Medical Mission Student Nurse

- Collaborated with volunteer medical team for care of patients in an underdeveloped country.
- Provided care in a clinic setting and traveled to homes to care for those who could not come to the clinic.

VOLUNTEERING

CHS/ICM Free Medical Clinic

August 2010 to November 2016

- Provide free health screening and referral service to the public.
 - Screening includes HIV tests, mammograms, PAP smears, pregnancy tests, vision testing, blood pressure monitoring, blood sugar test, and cholesterol testing.

Memorial Hermann Iron Man

2016 to Current

- Provide medical care for participants, bystanders, and other volunteers for the Memorial Hermann Iron Man



KATE NOEL

About

Strong experience in psychiatric diagnosis using the DSM along with motivational interviewing. Strong medication management of all psychiatric conditions. Working with all populations including families, children and adults. Also knowledge of family practice and chronic diseases and conditions from birth to death and holds an FNP license as well.

Education

Psychiatric Mental Health Nurse Practitioner

University of New Hampshire
2022

Master of Science in Nursing - FNP

Simmons University
2016

Bachelor of Science in Nursing

University of Vermont
2009

Skills

- Effective written and verbal communication
- Psychiatric Diagnosis of all ages
- Excellent communication skills
- Attention to detail
- Ability to collaborate effectively
- Providing high-quality care

Experience

PMHNP

Weeks Medical Center, Lancaster, NH

PMHNP – medication management

2023-present

- Diagnosis, treat and follow psychiatric mental health patients in an outpatient setting
- Tele health and in person visits

FNP

Weeks Medical Center, Lancaster, NH (current) – seeing acute visits once a week

Littleton Regional Health Care, Littleton, NH

Pediatric Primary Care, Emergency Room, Urgent Care

2017-2022

- Assess patient conditions by performing thorough examinations and asking appropriate medical questions
- Provided anticipatory guidance to patients and families
- Well child visits ages 0-26
- Acute visits of all ages
- Added newborn deliveries and C-Sections and care in the nursery
- Provided outpatient mental health care in the office setting typically ADHD, MDD, GAD.

Registered Nurse

DHMC, Lebanon, NH

2009-2017

- Monitored patients during chemotherapy by recording vital signs and doing basic assessments.
- Administered chemotherapy, immune therapy, antibiotics, fluids, etc.
- Created and implemented care plans to provide appropriate patient care

HANNAH LEFLER

CASE MANAGEMENT

CONTACT



PROFESSIONAL OVERVIEW

Detail oriented care coordinator with a background in behavioral health, substance use treatment, and crisis intervention in outpatient and residential settings. Experienced in care planning, navigating community resources, client outreach, and fostering positive relationships. Passionate about promoting access to care in rural and underserved communities.

EDUCATION

Bachelor of Arts in Psychology,
Tusculum University

PROFESSIONAL EXPERIENCE

July 2022 – Present

SUD Case Manager, North Country Healthcare

- Conduct intake assessments for clients with co-occurring mental health and substance use needs
- Coordinate access to integrated services, including behavioral health, medical care, and housing agencies
- Work closely with interdisciplinary behavioral health team to deliver client-centered care
- Collaborate with NCH inpatient and emergency departments to engage patients in need of substance use supports
- Maintain up-to-date client records, including assessments, care plans, progress notes, and reports
- Provide client support through in-person and telehealth visits

Jan 2022 – June 2022

Resource Navigation Supervisor, Family Resource Center

- Led a team of case managers, ensuring effective service delivery to catchment area
- Maintained case management data system to streamline monthly reporting
- Organized and coordinated quarterly community outreach events
- Co-led tracking, spending, and reporting of over \$100,000 in charitable resource distribution
- Managed company social media to improve engagement

SKILLS

- Assessments
- Care Coordination
- EMR Systems
- MOAB
- Community Resource Navigation
- Multidisciplinary Team Collaboration

PROFESSIONAL EXPERIENCE

Jan 2021 – Jan 2022

Case Manager, Family Resource Center

- Oversaw implementation of individualized care coordination plans for families and individuals involved in DCYF and Recovery
- Performed quality assurance and documentation audits
- Supported families in securing emergency assistance, housing, and healthcare services
- Collaborated with community resources to support reunification and recovery-oriented family goals

Sept 2019 – Dec 2020

Case Manager, Friendship House

- Conducted intakes and helped develop treatment plans for clients in residential care
- Assisted clients to navigate insurance, disability, legal documentation, and other paperwork
- Coordinated communication with clients through drug court, probation/parole, recovery houses, and long-term SUD treatment programs
- Developed individualized aftercare plans collaboratively with clients
- Managed a caseload of 25–28 individuals, providing weekly one-on-one sessions to ensure continuity of care

Dec 2018 – Aug 2019

Residential Support Staff, Friendship House

- Built supportive, professional relationships with residents in recovery to encourage engagement in care
- Encouraged development of independent living skills and modeled healthy routines
- Facilitated orientation groups, skill groups, and meetings with clients
- Assisted with orientation process to ensure comfortable transition into program
- Completed daily shift reports and documentation in EMR system

June 2017 – Dec 2018

Residential Support Staff, Becket Family of Services

- Provided individualized care to persons with intellectual and developmental disabilities in community-based settings
- Promoted community integration by engaging with clients through job coaching, mentoring, and structured peer interactions
- Supported clients in achieving personal goals to improve quality of life
- Modeled positive interpersonal communication and social skills
- Supported de-escalation efforts and responded to behavioral health crises
- Completed daily behavioral health tracking reports and documentation in EMR system

Selena Marquis



EDUCATION

Bachelor of Science in Human Services, BS

Certified Recover Support Worker, CRSW

Licensed Alcohol Drug Counselor, LADC

Currently enrolled in Springfield College, expected graduation date 2026 with a MSW

Career goal: Licensed Clinically Mental Health Counselor and MLADC

EXPERIENCE

Weeks Medical Center, Littleton NH

Licensed Alcohol and Drug Counselor, 2023 to present

- Conduct thorough ASAM assessments
- Develop individualized treatment plan
- Review and assess treatment progress
- Educate patients about addiction, its consequences and strategies for prevent
- Identify recovery interference situations
- Educate on coping mechanisms
- Provide one-on-one counseling
- Crisis intervention treatment as needed
- Document and maintain records of patient's progress
- Participate in patient intake and discharge planning, weekly staff meetings and in-service trainings
- Participate in weekly supervision
- Screen and refer patients to other treatment options to include mental health counseling
- Coordinate services with SUD case managers and/or other professional staff to meet patient needs
- Educate and refer to higher level of SUD treatment to include Detox or residential
- Educate and refer for medication assistance treatment
- Coordinate with medical professionals around safely meeting individual needs
- Schedule appointments
- Complete letters to include discharge, attendance and treatment progress

NFI, Littleton NH

WRAP Coordinator, April 2022 to September 2022

- Provide remote/face to face support to families who struggle with behaviors of children of all ages
- Bring together a family identified team to focus on families strengths
- Plan/Coordinate/organize modules to bring people/families together

- Access/coordinate/create a range of unique services/interventions/supports tailored to family's needs
- Collaborate with NAMI peer support specialists and youth support specialists
- Graphic facilitation to review WRAP modules
- Hours & trainings completed toward WRAP certification

Mid State Health Center, Plymouth, NH

Recovery Support Specialist, January 2022 to April 2022 (leave request denied & offer of per diem LADC remote work to be reviewed)

- Phone SUD intake assessments: IOP/Relapse Prevention/IDCMP/Therapy/MAT/Peer Recovery
- Remote Groups: IOP/Relapse Prevention
- IDCMP assessments: phone intake screenings

Pak Solutions, LLC Lancaster, NH

Human Resource Generalist, 2021 to 2022

- Market jobs/interview/hire employees
- Complete orientation/termination process for each employee
- Perform payroll duties
- Assess attendance/performance of each employee
- Coordinate services around the following: health insurance/LTD/STD/Dental/L401K/life insurance
- Complete time/attendance tasks
- Coordinate services around leave of absence
- Ensure compliance of work expectations to include attendance/harassment/work performance
- Work with a management team around meeting employment goals/expectations

Weeks Medical Center, Lancaster NH

Behavioral Health Case Manager, 2018 to 2021 and 2022 to 2023

- Complete SUD CM intakes to include CSA & following screenings: PHQ 9/DAST/AUDIT/DV/GPRA
- Perform therapeutic duties to include: SUD consults and follow up appointments
- Co-facilitate and/or lead substance use/abuse group
- Participate in behavioral health, Medical Assistance Treatment, hospital D/C planning, Case management and agency meetings
- Coordinate services around treatment planning implementation & complete & track referrals
- Coordinate patient appointments: schedule/reschedule/cancel/verify
- Verify insurances: Medicaid/Medicare/Private
- Track services: Transportation/housing/clinical/insurance/intake
- Complete intake packets: releases (medical/personal)/controlled substance agreement/GPRA/payment of services/program participation
- Complete prescreening assessments: PHQ 9/SBIRT/Audit

- Observe & verify urine screening
- Coordinate patient care with Certified Medical Assistance/Prescriber/Team leader/Administrator
- Discharge planning: review treatment progress/complete discharge forms/coordinate extended care
- Coordinate care needs to include Substance Use Disorder detox/residential 30 to 90 day program
- Assess patient behaviors to include: self-harm/under the influence of a controlled substance/etc
- Coordinate services with services agencies
- Teach coping skills & distraction techniques, bring awareness to positive use of self, reinforce & teach ways to rest mind & body, identify trigger(s), acknowledge barriers, discuss ways to self-regulate and identify strengths as well as supports.
- Educate & link individual's into support services
- Review stressors, assess needs/wants, identify individual strengths and develop individual goal(s).
- Perform administrative duties to include: track patient data & verify information

Indian Stream Health Center, Colebrook NH

Behavioral Health Case Manager, 2015 to 2018

- Providing direct service support to patients of many populations, including those who are disabled, are mentally ill, struggle with addiction, have legal conflicts, lack positive parenting skills, have relationship conflicts, are homeless, unable to manage anger, have one or more physical health complications, have housing conflicts, are unable to self-regulate, need domestic violence education, demonstrate poor communication, unable to find gainful employment, no medical insurance and are in need of food.
- Coordinate of care needs to include Substance Use Disorder detox/residential 30 to 90 day program
- Coordinating services with the following agencies: DCYF (NH), DCF (VT), TANF, Reach Up, Adult Protective Services, Department of Corrections, Vocational Rehabilitation, NKHS, NHS, Tri County Cap, Umbrella, Response, Town Welfare officers, Coos/Essex county landlords, Coos/Essex county schools and Coos/Essex county employers as well as medical treatment centers.
- Co-facilitating Intensive Outpatient Program for Substance Use Disorders group with a therapist
- Teaching Dependency Forming Substances group education classes
- Reinforcing program structure
- Facilitating urine screenings
- Assessing patient behaviors
- Coordinate services around treatment planning implementation

Northeast Kingdom Community Action, Canaan VT

Employment Specialist/Correctional Housing Manger/Outreach Worker/Early Head Start HV/Teen Center Manager, 2004-2009/2012-2015

- Taught employment training groups
- Promoted employment opportunities, developed resumes, assisted with employment applications and collaborated with local employers to include support agencies such as Department of Labor & DHHS
- Developed work placement sites
- Developed and documented treatment goals as well as tracked progress
- Supervised several DOC substance treatment sites
- Implemented program structure: house searches, urine screening, safety, documentation, education
- Provided direct service support around meeting client needs/wants in the following areas: Employment, financial, physical/emotional health, childcare, parenting, relationship conflicts, stress and anger.
- Developed and maintained a teen center
- Wrote and managed grants
- Provided crisis intervention support to clients who were homeless, had no income, were in the need of food , were in a domestic violence relationship and who had no heat
- Developed and managed fundraiser events
- Coordinated services around holiday functions to include: Easter Egg hunt & Christmas gifts
- Promoted healthy living: physical/emotional wellness
- Taught educational groups focused around addiction and individual wellness

Northeast Kingdom Human Services, Newport VT

Transitional Housing Manager/Crisis Case Manager/Home School Coordinator-2000-2002/2003-2004/2009-2012

- Coordinated services with area support agencies, including: House of Corrections, HUD, landlords, Department of Health and Human Services, State Hospital, Cap agencies, etc.
- Attended weekly wrap-around team meetings with mental health managers, psychiatrists, team leaders, and direct service staff to include employment as well as community integrator specialists to address client needs/wants.
- Provided staff supervision
- Reinforced program compliance
- Managed budgets
- Participated in HUD audit
- Recorded and tracked program achievements
- Ensured stabilization of mentally ill clients housing
- Tracked treatment progress through treatment goal documentation
- Participated in mental wellness groups
- Assisted with completion of daily living skills
- Provided crisis intervention in home and community

- Modified students behaviors in a school setting through individual supportive counseling
- Assisted families and children overcome barriers: housing, communication, anger, finances, relationship, etc
- Held external meetings with guidance counselors, principals, DCYF, DCF & Vocational Rehabilitation

SKILLS

- Business Plan Development: Assess assets/create business plan/coordinate with bank & accountant
- Business owner: Appliance/mattress/Jc Penny catalog (sales/receive/ship/track/estimate/purchase)
- DHHS: Heights/FS/Medicaid/APTD/Cash Assistance
- Administrative: update spreadsheet (budget/services completed/intake/insurance/status of care)
- Development of computer templates for treatment plans: Mental Health
- Grant writing: development and tracking
- Receptionist: schedule/cancel/reschedule medical and/or behavioral health appointments
- Insurance verification: Medicaid/Medicare/Private/Market place
- Intake: admit/assessment/discharge
- Microsoft Office Suite/Info-Path/Outlook/Quick books/excel
- Palocity/ADP: payroll/onboard/reports/attendance/personal documents
- GPRA: SUD assessment information data entry & coordination with state funders-WITS knowledge
- Foster Care: Therapeutic (residential & general)
- Job Developer: Assess & teach skills to obtain employment/employer placement coordination
- Mental Health: assessment/diagnosis/supportive counseling/treatment plans (adults/children)
- IDCMP: Review program requirements & complete a phone intake
- Home Provider: Developmentally delayed
- Community Integration: Developmentally Delayed
- Factory: sewing/stereo/wood-assessable line production-operated tools to perform work duties
- Recovery Coach: Substance Use
- Groups: IOP/Relapse Prevention/Substance Use/Women's Support/Teen
- Substance Use: LADC intake assessment/individual/IDCMP intake assessment/treatment planning
- Social Work: Director of Social Services in a Nursing Home-admit/discharge/treatment plan/etc
- Management: Supervised & Managed housing units to included correctional & transitional
- Customer Service: coordinate individual needs through phone/electronically/face to face

- Human Resources: LTD-STD/Retirement/payroll/discipline/onboard/hire-fire/conflict resolution
- Youth: Development & managed local teen center-NFI residential support staff
- Early Childhood: Parental & up to 3 years of age Home Visitor (performed screenings/dev goals/etc)
- Elderly: Certified Nursing Assistance in home/nursing home setting
- Electronic medical records: Data entry
- Coding/billing: Ensure coding of services are completed and accurate
- Scheduler: Coordinate provider(Medical/Therapeutic) schedules to appointments
- Referral: Verify insurance & schedule intake appointments
- Community Outreach: Coordinate w/organizations (MH/PCP/Home Health/APS/SUD/Outreach/etc)
- Medicaid/Medicare: Education of qualification and/or benefits/form assist/coordination of cm support
- Long/Short term disability: Complete disability application/assess medical providers who can prove disabling condition then complete releases for all providers/coordinate services with LTD DHHS case worker
- Vehicle Repair Service Writer: schedule/estimate repair costs/review mechanic needs & wants/collaborate with sales/coordinate services with mechanics/document services provided/total mechanic profits daily
- WRAP: CPR/First Aide certification/NH Mental Health 1st Aid Certification/Cans Certification

AWARDS & COMMUNITY SERVICE

- Indian Stream Health Center Nancy Rouleau Customer Service Award - given for consistently delivering exceptional customer service - June 2017
- Community Volunteer Work in Essex and Coos County

References furnished upon request