

Lori A. Weaver
Commissioner

Katja S. Fox
Director

114 - 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

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May 7, 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 Littleton Hospital Association (VC#177162-B011), Littleton, 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 by increasing the total price limitation by \$5,576,680 from \$6,416,172 to \$11,992,852, which includes increasing the individual price limitation by \$637,696 from \$1,153,172 to \$1,790,868 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. 90.14% Federal Funds. 9.86% General Funds.

The original contract was approved by Governor and Council on March 12, 2025, Item #20, and amended on September 17, 2025, Item #118.

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 and critical access point for substance use disorder services and related health supports within the region. They have established and 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 uniquely 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
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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 541 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 four (4) remaining 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	\$433,054.00	\$0	\$433,054.00
2026	074-500589	Welfare Assistance	92057070	\$143,532.00	\$0	\$143,532.00
2026	074-500589	Welfare Assistance	92057076	\$433,054.00	30,555.00	\$463,609.00
2027	074-500589	Welfare Assistance	92057076	\$143,532.00		\$143,532.00
2027	074-500589	Welfare Assistance	TBD	\$0	\$463,609.00	\$463,609.00
2028	074-500589	Welfare Assistance	TBD	\$0	\$143,532.00	\$143,532.00
			Subtotal	\$1,153,172.00	\$637,696.00	\$1,790,868.00

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	\$6,416,172.00	\$5,576,680.00	\$11,992,852.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #2**

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 Littleton Hospital Association ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 12, 2025 (Item #20) and amended on September 17, 2025 (Item#118), 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:
\$11,992,852
3. 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;
4. 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.
5. 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.

6. 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;

7. 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.

8. Modify Exhibit B, Scope of Services, Section 1.23., to read:

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

1.23.1. 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.

1.23.2. 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.

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

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

1.23.3.2. 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;

1.23.3.3. 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

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

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

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

1.23.4.2. 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;

1.23.4.3. 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

1.23.4.4. 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.

9. Modify Exhibit B, Scope of Services, Section 1.24.8., to read:

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

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

1. This Agreement is funded by:

1.1. 86.55% 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. 8.86% Other funds (Governor’s Commission).

1.3. 4.59% General funds

11. 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 #2.

12. 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 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

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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.

13. Modify Exhibit C-2, Doorway Services Budget, Amendment #1, by replacing it in its entirety with Exhibit C-2, Doorway Services Budget – Amendment #2, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-3, Doorway Services Budget – Amendment #2, which is attached hereto and incorporated by reference herein.

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

5/11/2026

Date

DocuSigned by:
Katja S. Fox

Name: Katja S. Fox
Title: Director

Littleton Hospital Association

5/11/2026

Date

DocuSigned by:
Robert F. Nutter

Name: Robert F. Nutter
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2026

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Department of Health and Human Services						
Contractor Name: <i>Littleton Hospital Association</i>						
Budget Request for: <i>DOORWAY SERVICES: September 30, 2025 through September 29, 2026</i>						
Indirect Cost Rate (if applicable) 0.00%						
Line Item	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
1. Salary & Wages	\$336,720	\$22,000	\$314,720	\$113,393	\$8,000	\$105,393
2. Fringe Benefits	\$57,242	\$0	\$57,242	\$19,277	\$0	\$19,277
3. Consultants	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment						
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,205	\$0	\$2,205	\$634	\$0	\$634
5(a) Supplies - Educational	\$0	\$0	\$0	\$0	\$0	\$0
5(b) Supplies - Lab	\$0	\$0	\$0	\$0	\$0	\$0
5(c) Supplies - Pharmacy	\$6,500	\$0	\$6,500	\$500	\$0	\$500
5(d) Supplies - Medical	\$8,382	\$0	\$8,382	\$2,800	\$0	\$2,800
5(e) Supplies - Office	\$3,600	\$0	\$3,600	\$731	\$0	\$731
6. Travel	\$1,613	\$0	\$1,613	\$600	\$0	\$600
7. Software	\$30,555	\$0	\$30,555	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$700	\$0	\$700	\$500	\$0	\$500
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0
<i>Occupancy Telephone and internet</i>	\$4,200	\$0	\$4,200	\$1,398	\$0	\$1,398
<i>Occupancy Rent</i>	\$31,917	\$0	\$31,917	\$11,000	\$0	\$11,000
<i>Occupancy Repairs</i>	\$575	\$0	\$575	\$200	\$0	\$200
<i>License Renewals</i>	\$1,400	\$0	\$1,400	\$500	\$0	\$500
<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	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$485,609	\$22,000	\$463,609	\$151,532	\$8,000	\$143,532
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotals	\$485,609	\$22,000	\$463,609	\$151,532	\$8,000	\$143,532
TOTAL						\$607,141

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Contractor Initials:

Date: 5/11/2026

New Hampshire Department of Health and Human Services						
Contractor Name: <i>Littleton Hospital Association</i>						
Budget Request for: <i>DOORWAY SERVICES: September 30, 2026 - September 29, 2027</i>						
Indirect Cost Rate (if applicable) 0.00%						
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	\$326,324	\$22,000	\$304,324	\$106,222	\$7,333	\$98,889
2. Fringe Benefits	\$65,265	\$0	\$65,265	\$21,244	\$0	\$21,244
3. Consultants	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment						
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,205	\$0	\$2,205	\$735	\$0	\$735
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$6,503	\$0	\$6,503	\$4,407	\$0	\$4,407
5.(d) Supplies - Medical	\$8,190	\$0	\$8,190	\$2,730	\$0	\$2,730
5.(e) Supplies - Office	\$4,795	\$0	\$4,795	\$1,200	\$0	\$1,200
6. Travel	\$674	\$0	\$674	\$1,105	\$0	\$1,105
7. Software	\$30,555	\$0	\$30,555	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$750	\$0	\$750	\$425	\$0	\$425
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0
<i>Telephone and internet</i>	\$4,200	\$0	\$4,200	\$1,400	\$0	\$1,400
<i>Occupancy Rent</i>	\$33,201	\$0	\$33,201	\$11,397	\$0	\$11,397
<i>Occupancy Repairs</i>	\$1,547	\$0	\$1,547	\$0	\$0	\$0
<i>License renewal</i>	\$1,400	\$0	\$1,400	\$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-	\$0	\$0	\$0	\$0	\$0	\$0
0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$485,609	\$22,000	\$463,609	\$150,865	\$7,333	\$143,532
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Subtotals	\$485,609	\$22,000	\$463,609	\$150,865	\$7,333	\$143,532
TOTAL					\$	607,141

Contractor Initials: DS
RFN

Date: 5/11/2026

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 LITTLETON HOSPITAL ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 04, 1906. 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: **60919**

Certificate Number: **0007891931**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 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, Ashley Garrison hereby certify that:


1. I am a duly elected Clerk/Secretary/Officer of Littleton Hospital Association dba Littleton Regional Healthcare
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December 12, 2016, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Robert F. Nutter, President & CEO

is duly authorized on behalf of Littleton Hospital Association dba Littleton Regional Healthcare 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: May 12, 2026



Ashley W Garrison (May 12, 2026 13:38:39 EDT)
Signature of Elected Officer
Name: Ashley Garrison
Title: Chair, Board of Trustees

NONPROFIT COVER SHEET

A. Entity Name: Littleton Hospital Association

B. Entity's Contact Information:

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

Name / Phone / Email: Dawn McPhee, 603-444-9588, dmcphree@lrhcares.org

Person responsible for Accuracy and Completeness of information provided:

Name: Dawn McPhee Title: Exec Assistant/Decision Support/Board Liaison

Signature: 

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u>	<u>Affiliations</u>
E.g., John Doe (President)	
Emig Eric (Ex-Officio, President of Medical Staff)	Physician, Radiology
Fitzpatrick Patrick (Elected Member, Secretary)	Physician, ENT, Chief of Surgical Services
Garrison Ashley (Elected Member, Chair)	Attorney
Goldberg Stephen (Elected Member)	Physician, Hospitalist
Goudie Audrey (Elected Member)	Executive Director, White Mountain Community Health Center
Jesseman Richard (Elected Member)	Executive VP, New England Wire Company
Karol Nathan (Elected Member, Treasurer)	Founder & President of Cardinal Consulting
Mei Claire (Ex-Officio, LRH Auxiliary)	Educator
Morgan Laurie (Elected Member)	Retired, Educator
Noyes Stephen (Elected Member)	LICSW, Ammonoosuc Community Health Services
Nutter Robert (Ex-Officio, LRH President & CEO)	President & CEO, LRH
Reardon Charyl (Elected Member)	President, White Mountain Attractions
Smith Paul (Elected Member)	Chief of Police, Town of Littleton
Ide Susan (Elected Member, Vice Chair)	Pharmaceutical Sector

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>
Oleg Gerasimov	APRN medical provider	\$68,640.00	\$68,640.00
Andrea Berry, DO	Medical Director	\$41,600.00	\$41,600.00
Scott Pontti	Service line director	\$111,113.60	\$22,222
Brittany Peltier	Office manager	\$80,371.20	\$80,371.20
Janessa White	Case manager	\$55,432.00	\$55,432.00
Stephaine Dewolf	LICSW	\$80,005.12	\$80,005.12

Catherine Johnson	Medical secretary	\$46,155.20	\$46,155.20
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DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

-] 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:

-] 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>

6277	Littleton Hospital Association	600 Saint Johnsbury Road	Littleton	NH	03561	G	2/15/2026
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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>	\$		



LITTLETON 
REGIONAL HEALTHCARE

Where good health begins.

Our Mission

To provide quality, compassionate, and accessible healthcare in a manner that brings value to all

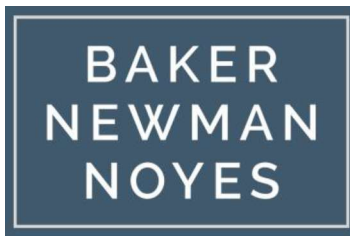
Our Vision

LRH will be the leading provider of health care, and the best organization in which to work.

Our Values

ICARE: Integrity, Compassion, Accountability, Respect, Excellence

Littleton Hospital Association, Inc. dba Littleton Regional Healthcare
Non-For-Profit Entity | Tax ID: 02-0222152
600 St. Johnsbury Road | Littleton, New Hampshire 03561
Tel: 603-444-9000 | www.littletonhealthcare.org



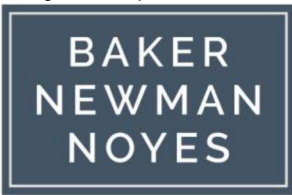
**Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)**

Financial Statements

*For the Years Ended September 30, 2025 and 2024
With Independent Auditors' Report*

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnn CPA.com





INDEPENDENT AUDITORS' REPORT

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

Opinion on the 2025 Financial Statements

We have audited the financial statements of Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare) (the Hospital), which comprise the balance sheet as of September 30, 2025, the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements.

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

Basis for 2025 Opinion

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

Qualified Opinion on the 2024 Financial Statements

We have also audited the 2024 financial statements of the Hospital, which comprise the balance sheet as of September 30, 2024, the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as of September 30, 2024, and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Board of Trustees
Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare)

Basis for 2024 Opinion

The Hospital went live with a new electronic medical records and billing system at the beginning of fiscal year 2023. During fiscal year 2024, the Hospital identified deficiencies with the electronic medical records and billing system, negatively impacting many aspects of the Hospital's revenue cycle and revenue recognition processes. The Hospital's significant accounting processes related to the recognition of patient service revenues include billing, recording accounts receivable, processing of claims, posting of cash receipts, and processing refunds. We were unable to obtain sufficient appropriate audit evidence surrounding the Hospital's accuracy of billing and classification of discounts, contractual allowances and adjustments, and other deductions from patient service revenues. In addition, the accuracy of certain patient refunds, including both those reflected on the balance sheet at September 30, 2024 totaling approximately \$5 million which are included in accounts payable, accrued expenses and other current liabilities, as well as a reversal of \$2.5 million in patient accounts receivable credits in fiscal year 2024 that were taken into patient service revenues, could not be independently verified. While management has made efforts to reconcile discrepancies, we were unable to determine whether any adjustments to these amounts are necessary. Patient accounts receivable at September 30, 2024 are based on subsequent cash receipts for services provided in the 2024 fiscal year, as well as an estimate for future collections for fiscal 2024 services provided.

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Board of Trustees
Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare)

- 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 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.

Baku Newman & Noyes LLC

Manchester, New Hampshire
February 17, 2026

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

BALANCE SHEETS

September 30, 2025 and 2024

ASSETS

	<u>2025</u>	<u>2024</u>
Current assets:		
Cash and cash equivalents	\$ 1,401,663	\$ 1,038,062
Patient accounts receivable	17,973,650	16,193,141
Estimated third-party payor settlements, net	2,274,195	—
Inventories	2,533,309	2,301,887
Prepaid expenses and other current assets	<u>1,326,285</u>	<u>1,603,224</u>
Total current assets	25,509,102	21,136,314
Assets whose use is limited:		
Board designated and donor restricted investments	32,527,436	39,446,598
Employee benefit plans and other	<u>5,409,107</u>	<u>5,572,876</u>
Total assets whose use is limited	37,936,543	45,019,474
Property and equipment, net	31,046,040	32,935,061
Operating lease right-of-use assets, net	2,643,764	2,832,390
Other assets	1,188,397	1,041,658
	_____	_____
Total assets	<u>\$98,323,846</u>	<u>\$102,964,897</u>

LIABILITIES AND NET ASSETS

	<u>2025</u>	<u>2024</u>
Current liabilities:		
Borrowings under line of credit agreement	\$ 400,000	\$ 1,650,000
Accounts payable, accrued expenses and other current liabilities	24,711,993	27,842,086
Accrued salaries, wages and related accounts	4,901,702	4,350,356
Estimated third-party payor settlements, net	—	5,457,621
Current portion of operating lease liabilities	178,375	166,968
Current portion of long-term debt and finance lease liabilities	<u>1,605,643</u>	<u>1,161,136</u>
Total current liabilities	31,797,713	40,628,167
Other liabilities	9,983,709	7,614,534
Operating lease liabilities, net of current portion	2,465,388	2,665,422
Long-term debt and finance lease liabilities, net of current portion	16,986,575	17,617,274
Fair value of interest rate swap	<u>317,045</u>	<u>495,257</u>
Total liabilities	61,550,430	69,020,654
Net assets:		
Without donor restrictions	32,367,408	29,912,854
With donor restrictions	<u>4,406,008</u>	<u>4,031,389</u>
Total net assets	<u>36,773,416</u>	<u>33,944,243</u>
Total liabilities and net assets	<u>\$98,323,846</u>	<u>\$102,964,897</u>

See accompanying notes.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

STATEMENTS OF OPERATIONS

Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Operating revenues:		
Patient service revenues	\$112,534,882	\$ 96,780,469
Disproportionate share hospital revenue	12,048,368	5,373,154
Other revenues	7,483,564	6,538,666
Net assets released from restrictions for operations	<u>153,789</u>	<u>624,925</u>
Total operating revenues	132,220,603	109,317,214
Operating expenses:		
Salaries, wages and fringe benefits	68,205,201	60,799,031
Contract labor	7,180,738	9,477,504
Supplies and other	47,515,470	44,517,753
New Hampshire Medicaid Enhancement Tax	4,290,914	4,753,634
Depreciation	4,551,886	4,426,434
Interest	<u>1,006,762</u>	<u>1,418,944</u>
Total operating expenses	<u>132,750,971</u>	<u>125,393,300</u>
Operating loss	(530,368)	(16,076,086)
Nonoperating gains (losses):		
Investment gain, net	2,806,710	7,750,019
Contribution expense and other nonoperating losses	-	(230,086)
Change in fair value of interest rate swap	<u>178,212</u>	<u>(141,235)</u>
Total nonoperating gains, net	<u>2,984,922</u>	<u>7,378,698</u>
Excess (deficiency) of revenues and nonoperating gains over expenses	\$ <u>2,454,554</u>	\$ <u>(8,697,388)</u>

See accompanying notes.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2025 and 2024

	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	<u>Total</u>
Balances at September 30, 2023	\$38,610,242	\$3,405,254	\$42,015,496
Deficiency of revenues and nonoperating gains over expenses	(8,697,388)	—	(8,697,388)
Restricted contributions	—	516,320	516,320
Investment gain, net	—	734,740	734,740
Net assets released from restrictions for operations	<u>—</u>	<u>(624,925)</u>	<u>(624,925)</u>
(Decrease) increase in net assets	<u>(8,697,388)</u>	<u>626,135</u>	<u>(8,071,253)</u>
Balances at September 30, 2024	29,912,854	4,031,389	33,944,243
Excess of revenues and nonoperating gains over expenses	2,454,554	—	2,454,554
Restricted contributions	—	48,879	48,879
Investment gain, net	—	479,529	479,529
Net assets released from restrictions for operations	<u>—</u>	<u>(153,789)</u>	<u>(153,789)</u>
Increase in net assets	<u>2,454,554</u>	<u>374,619</u>	<u>2,829,173</u>
Balances at September 30, 2025	<u>\$32,367,408</u>	<u>\$4,406,008</u>	<u>\$36,773,416</u>

See accompanying notes.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

STATEMENTS OF CASH FLOWS

Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Operating activities and net gains and losses:		
Change in net assets	\$ 2,829,173	\$ (8,071,253)
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities and net gains and losses:		
Depreciation	4,551,886	4,426,434
Gain on disposal of property and equipment, net	—	(8,742)
Net realized and unrealized gains on assets whose use is limited	(2,167,601)	(6,914,441)
Change in fair value of interest rate swap	(178,212)	141,235
Restricted contributions	(48,879)	(516,320)
Restricted investment gain, net	(479,529)	(734,740)
Changes in operating assets and liabilities:		
Patient accounts receivable	(1,780,509)	1,533,609
Inventories	(231,422)	(186,610)
Prepaid expenses and other current assets	276,939	(604,745)
Other assets	(146,739)	4,489,488
Accounts payable, accrued expenses and other current liabilities	(3,513,123)	6,910,914
Accrued salaries, wages and related accounts	551,346	(245,220)
Estimated third-party payor settlements, net	(7,731,816)	5,382,994
Other liabilities	<u>2,369,175</u>	<u>(4,018,735)</u>
Net cash (used) provided by operating activities	<u>(5,699,311)</u>	<u>1,583,868</u>
Cash flows from investing activities:		
Net sales of assets whose use is limited	9,250,532	4,876,131
Proceeds from the disposal of property and equipment, net	—	72,885
Purchases of property and equipment, net	<u>(1,081,918)</u>	<u>(3,332,617)</u>
Net cash provided by investing activities	<u>8,168,614</u>	<u>1,616,399</u>
Cash flows from financing activities:		
Repayment of long-term debt and finance lease liabilities	(1,384,110)	(1,028,376)
Proceeds from borrowings under line of credit agreement	—	600,000
Repayment of borrowings under line of credit agreement	(1,250,000)	(4,850,000)
Restricted contributions	48,879	516,320
Restricted investment gain, net	<u>479,529</u>	<u>734,740</u>
Net cash used by financing activities	<u>(2,105,702)</u>	<u>(4,027,316)</u>
Increase (decrease) in cash and cash equivalents	363,601	(827,049)
Cash and cash equivalents at beginning of year	<u>1,038,062</u>	<u>1,865,111</u>
Cash and cash equivalents at end of year	<u>\$ 1,401,663</u>	<u>\$ 1,038,062</u>
Supplemental disclosures of noncash transactions:		
Equipment purchases included in accounts payable at year end	<u>\$ 383,030</u>	<u>\$ —</u>
See note 8 with respect to certain noncash activities related to leases.		

See accompanying notes.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

1. Organization

Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare) (the Hospital) is a not-for-profit corporation which operates a community-oriented critical access hospital located in Littleton, New Hampshire.

Prior to 2024, the Hospital owned a 50% interest in Granite State UC, LLC, an urgent care clinic in Lincoln, New Hampshire which opened for operations during 2022 and was accounted for under the equity method of accounting. The Hospital purchased the remaining 50% interest, effective April 1, 2024. The results of Granite State UC, LLC from the acquisition date through September 30, 2024 were insignificant. Results from the acquisition date through September 30, 2024 as well as for fiscal year 2025 are included in the financial statements as a department of the Hospital.

The Hospital has incurred net operating losses, has negative working capital and has been liquidating board designated investments to help fund operations during the years ending September 30, 2025 and 2024. The bank has placed certain limitations on the Hospital's use of the revolving line of credit discussed in note 7 during the year ended September 30, 2025. Management has evaluated the Hospital's liquidity, future profitability, cash flows, and financing requirements for the coming twelve months and has concluded it has sufficient liquid financial resources and cash flows to meet its obligations over the next year from the date of the issuance of these financial statements.

In July 2025, the Hospital and Dartmouth Hitchcock Health signed a nonbinding letter of intent (LOI) to affiliate the organizations. This nonbinding LOI is the first step in a potential lengthy process that may include due diligence, negotiation of a definitive agreement, review and approval of each member's Board of Trustees, and federal and state regulatory approval processes. This agreement is intended to improve, integrate, and streamline patient care between the organizations, as well as gain other efficiencies. Expected benefits of the affiliation include maintaining and expanding access to premier healthcare services while allowing the Hospital to grow to support the region's future healthcare needs.

2. Significant Accounting Policies

The accounting policies that affect the more significant elements of the financial statements of the Hospital are summarized below:

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Estimates are used in the areas of patient accounts receivable, insurance costs, alternative investment funds, fair value of the interest rate swap, estimated third-party payor settlements and contingencies. It is reasonably possible that actual results could differ from those estimates. Adjustments made with respect to the use of estimates often relate to improved information not previously available.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less at the date of purchase, excluding assets whose use is limited.

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses on such accounts.

Patient Accounts Receivable

Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. Patient accounts receivable at September 30, 2025, 2024 and 2023 totaled \$17,973,650, \$16,193,141 and \$17,726,750, respectively.

Inventories

Inventories of supplies and pharmaceuticals are carried at the lower of cost (determined by the first-in, first-out method) or net realizable value.

Assets Whose Use is Limited and Investment Income

Assets whose use is limited are comprised of investments that are measured at fair value in the accompanying balance sheets. See note 9 for further discussion regarding fair value measurements. The Hospital carries an alternative investment at net asset value (NAV), which estimates fair value as determined by management based upon valuation provided by fund managers or general partners. The alternative investment is an investment in a limited partnership. The Hospital's investments are subject to various risks, such as interest rate, credit, and overall market volatility, which may substantially impact the value of such investments at any given time. Investment income or loss (including gains and losses on investments, and interest and dividends) is included in the excess (deficiency) of revenues and nonoperating gains over expenses as the Hospital has elected to reflect changes in the fair value of assets whose use is limited, including both increases and decreases in value, in nonoperating gains or losses unless the income or loss is restricted by donor or law, in which case it is reported as an increase or decrease in net assets with donor restrictions.

Endowment, Investment and Spending Policies

The Hospital's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds. Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. Specific purpose funds are restricted as to time or purpose as identified by the donor or grantor. Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees (the Board).

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

The Hospital has interpreted the State of New Hampshire *Uniform Prudent Management of Institutional Funds Act* (UPMIFA) such that the Board is allowed to appropriate funds for expenditure for the uses and purposes for which the endowment fund is established, unless otherwise specified by the donor, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the endowment fund over the historic dollar value of the fund, as is prudent. In so doing, the Board must consider the long-term and short-term needs of the Hospital in carrying out its purpose, its present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions. As a result of this interpretation, the Hospital classifies as net assets with perpetual donor restriction (a) the original value of the gifts donated to the perpetual endowment when explicit donor stipulations requiring perpetual maintenance of the historical fair value are present, and (b) the original value of the subsequent gifts to be maintained in perpetuity when explicit donor stipulations requiring perpetual maintenance of the historical fair value are present. The remaining portion of the donor restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified as net assets with donor restrictions temporary in nature until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The Board approves amounts to be appropriated from time to time, based on the Hospital's needs and the provisions of UPMIFA.

In managing its diversified portfolio, the Hospital measures the performance of its investment portfolio's components against the appropriate market benchmark. The investment objective for the portfolio is to achieve the highest long-term total return on assets that is consistent with prudent investment practices. Over the long term, the policy provides that good investment performance should maintain or enhance the purchasing power of the portfolio's assets. A secondary objective is to achieve an annualized return that meets or exceeds a policy index that is comprised of reasonable market benchmarks in a weighting that is consistent with the target asset allocation as approved by the Hospital.

To satisfy its long-term objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and yield (dividends and interest). The Hospital targets a diversified asset allocation that places emphasis on equity and equity-like investments due to their higher long-term return expectations.

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level of the donors' original gifts or what UPMIFA may require the Hospital to retain as a fund of perpetual duration ("underwater"). The Hospital's policy prohibits appropriating amounts from underwater endowment funds and there were no deficiencies of this nature that are reported in net assets with donor restrictions as of September 30, 2025 or 2024.

Property and Equipment

Property and equipment is stated at cost at time of purchase, or fair market value at time of donation, less reductions in carrying value based upon impairment and less accumulated depreciation. The Hospital's policy is to capitalize expenditures for major improvements and charge maintenance and repairs for expenditures which do not extend the lives of the related assets. The provision for depreciation is computed on the straight-line method at rates intended to amortize the cost of the related assets over their estimated useful lives. Assets which have been purchased but not yet placed in service are included in construction and projects in progress and no depreciation expense is recorded.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

Leases

At inception of an arrangement, the Hospital determines whether the arrangement is, or contains, a lease based on the unique facts and circumstances present in the arrangement. A lease is a contract, or part of a contract, that conveys the right to control the use of identified property, plant, or equipment (an identified asset) for a period of time in exchange for consideration. The Hospital determines if the contract conveys the right to control the use of an identified asset for a period of time. The Hospital assesses throughout the period of use whether the Hospital has both of the following: (1) the right to obtain substantially all of the economic benefits from use of the identified asset, and (2) the right to direct the use of the identified asset. This determination is reassessed if the terms of the contract are changed. Leases are classified as operating or finance leases based on the terms of the lease agreement and certain characteristics of the identified asset. Leases with a term greater than one year are recognized on the balance sheets as right-of-use assets and lease obligations, as applicable.

Lease liabilities are initially recorded based on the present value of lease payments over the expected remaining lease term. Lease payments are comprised of fixed and in-substance fixed contract consideration. The Hospital has made a policy election not to separate lease components, nonlease components, and noncomponents. The right-of-use asset is based on the lease liability, adjusted for certain items such as lease prepayments or lease incentives received. Finance lease assets are amortized on a straight-line basis, with interest costs reported separately, over the lesser of the useful life of the leased asset or lease term. Operating lease expense is recognized on a straight-line basis. Variable lease payments are expensed as incurred.

The interest rate implicit in lease contracts is typically not readily determinable. As a result, the Hospital has elected to utilize a risk-free rate as the rate to discount lease payments.

The Hospital assesses at the commencement of a lease any options to extend or terminate the lease agreement and will include in the lease term any extensions or renewals which it determines it is reasonably certain to exercise. Assumptions made at the lease commencement date are re-evaluated upon the occurrence of certain events, including a lease modification. A lease modification results in a separate contract when the modification grants the lessee an additional right-of-use not included in the original lease and when lease payments increase commensurate with the standalone price for the additional right-of-use. When a lease modification results in a separate contract, it is accounted for in the same manner as a new lease.

Employee Fringe Benefits

The Hospital has an earned time plan. Under this plan, each qualifying employee earns paid leave for each pay period worked. These hours of paid leave may be used for vacations, holidays or illnesses. Hours earned but not used are vested with the employee and are paid to the employee upon termination subject to certain limits. The Hospital accrues a liability for such paid leave as it is earned, which totaled approximately \$2,176,000 and \$1,834,000 at September 30, 2025 and 2024, respectively, and is recorded in accrued salaries, wages and related accounts on the accompanying balance sheets.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

Retirement and Deferred Compensation Plans

The Hospital sponsors a 403(b) retirement savings plan available to employees depending on certain service requirements. Contributions to the plan made by the Hospital are computed as a percentage of earnings up to one-half of the employee's contribution to a maximum of 6% of their annual base pay. Total expense incurred by the Hospital under this plan for the years ended September 30, 2025 and 2024 was approximately \$976,000 and \$840,000, respectively.

In addition, the Hospital sponsors deferred compensation plans for certain qualifying employees. The amounts ultimately due to employees are to be paid upon the employees attaining certain criteria, including age. At September 30, 2025 and 2024, approximately \$5,409,000 and \$5,573,000, respectively, is reflected in both assets whose use is limited and in other liabilities related to such agreements in the accompanying balance sheets.

Self-Insurance Program

The Hospital sponsors a self-insurance plan for healthcare group coverage. Under the terms of the plan, employees meeting certain eligibility requirements and their dependents are eligible for participation and, as such, the Hospital is responsible for the administration of the plan and any resultant liability incurred. The Hospital maintains individual stop-loss insurance coverage. The Hospital estimates an accrual for claims incurred but not reported which totaled approximately \$1,878,000 and \$2,163,000 as of September 30, 2025 and 2024, respectively, which is included in accounts payable, accrued expenses and other current liabilities on the accompanying balance sheets.

Professional and General Liability Contingencies

The Hospital has been and is insured against professional and general liability contingencies under claims-made insurance policies. A claims-made policy provides specific coverage for claims made during the policy period. The Hospital has established a reserve to cover professional liability exposure that may not be covered by prior or current insurance policies. The possibility exists, as a normal risk of doing business, that professional and general liability claims in excess of insurance coverage may be asserted against the Hospital.

At September 30, 2025 and 2024, the Hospital recorded a liability of approximately \$2,575,000 and \$2,042,000, respectively, related to estimated professional liability losses. At September 30, 2025 and 2024, the Hospital also recorded a receivable of approximately \$1,188,000 and \$1,042,000, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in other liabilities and other assets, respectively, on the accompanying balance sheets.

Litigation

The Hospital is involved in litigation and regulatory reviews arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's financial position, results of operations or cash flows.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

Employee Retention Credit

The Employee Retention Credit (ERC) was established by the *Coronavirus Aid, Relief and Economic Security Act* (CARES Act) and was intended to help organizations retain their workforce during the pandemic. ERC provides a per employee credit to eligible businesses based on a percentage of qualified wages and health insurance benefits paid to employees. ERC is a refundable tax credit claimed quarterly as either a reduction in payroll taxes or cash refunds. The *One Big Beautiful Bill Act* (OBBBA) enacted July 4, 2025, further changed the ERC statute of limitations, primarily by extending the Internal Revenue Service's (IRS) timeframe for audits and collections for certain quarters and retroactively disallowing specific late claims. While management believes the Hospital met the requirements of the ERC program, a reserve has been established totaling approximately \$2,700,000 as of September 30, 2025 and 2024, should the IRS determine the Hospital is not eligible to receive the credits and seeks reimbursement. This reserve is included in accounts payable, accrued expenses and other current liabilities in accompanying balance sheets.

Debt Issuance Costs

Issuance costs incurred to obtain financing are being amortized over the life of the associated debt and are presented as a component of long-term debt and finance lease liabilities, net of current portion on the accompanying balance sheets.

Derivative Financial Instrument

The Hospital has an interest rate swap to fix the interest rate on certain debt (see note 7) which is a derivative instrument. The Hospital accounts for its derivative as either an asset or liability measured at fair value. Changes in the derivatives' fair value are recognized in the excess (deficiency) of revenues and nonoperating gains over expenses unless specific hedge accounting criteria are met, including that the Hospital must formally document, designate and assess the effectiveness of transactions that receive hedge accounting. The swap agreement does not meet all of the requirements for hedge accounting and, therefore, changes in fair value are reflected in the statements of operations.

Net Assets

In accordance with GAAP, the Hospital is required to report information regarding its financial position and operations according to the following net asset classifications:

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

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

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), restricted net assets are reclassified as net assets without donor restriction and reported in the statements of operations as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for capital purchases (capital related items).

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

Income Taxes

The Hospital is a tax-exempt corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. Management evaluated the Hospital's tax position and concluded the Hospital has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying financial statements with the exception of the ERC reserve discussed above.

Performance Indicator

For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenue and expenses. Peripheral transactions are reported as nonoperating gains or losses.

Patient Service Revenues

Revenues generally relate to contracts with patients in which the Hospital's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services under an allowable cost reimbursement methodology. Services provided to patients having Medicaid coverage are generally paid on a prospectively determined rate per day of hospitalization for inpatient services and under a fee schedule reimbursement methodology for outpatient services. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

The collection of outstanding receivables for Medicare, Medicaid, managed care payors, other third-party payors and patients is the Hospital's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectibility of accounts receivable. In 2024, the Hospital experienced high denials in claims submitted to third-party payors for reimbursement. This had a negative impact on its cash collections for patient services provided, and decreased net patient service revenues and increased receivable write-offs. In 2025, the Hospital implemented enhancements to its revenue cycle management process. These improvements included coding improvements and updates to the Hospital charge description master, and the hiring of a Senior Director of Revenue Cycle, strengthened internal controls over revenue recognition, and increased oversight on key components of the revenue cycle process. These improvements aided in improving cash collections and decreasing receivable write-offs. Management maintains an ongoing focus on improving its internal controls and processes in this area.

Charity Care

The Hospital has a formal charity care policy under which patient care is provided without charge or at amounts less than its established rates to patients who meet certain criteria. The Hospital does not pursue collection of amounts determined to qualify as charity care and, therefore, they are not reported as revenue. The Hospital determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The cost of charity care provided was approximately \$663,000 and \$511,000 for the years ended September 30, 2025 and 2024, respectively.

Advertising Expense

Advertising costs are expensed as incurred and totaled approximately \$352,000 and \$315,000 for the years ended September 30, 2025 and 2024, respectively.

Fair Value of Financial Instruments

The fair value of financial instruments is determined by reference to various market data and other valuation techniques as appropriate. Financial instruments consist of cash and cash equivalents, patient accounts receivable, assets whose use is limited, accounts payable, accrued expenses and other current liabilities, estimated third-party payor settlements, net and the interest rate swap liability.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

2. Significant Accounting Policies (Continued)

The fair value of all financial instruments approximates their relative book value as these financial instruments have short-term maturities or are recorded at fair value as disclosed in note 9.

Subsequent Events

Events occurring after the balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through February 17, 2026 which is the date the financial statements were available to be issued.

3. Patient Service Revenues and Estimated Third-Party Payor Settlements, Net

An estimated breakdown of patient service revenues from major payor sources, is as follows for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Private payors	\$ 69,917,922	\$60,729,744
Medicare	33,085,255	27,243,702
Medicaid	8,665,186	6,735,921
Self-pay	<u>866,519</u>	<u>2,071,102</u>
	<u>\$112,534,882</u>	<u>\$96,780,469</u>

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

The Hospital is a Critical Access Hospital (CAH). Under the CAH program, the Hospital is reimbursed at 101% of allowable costs for its inpatient and most outpatient services provided to Medicare patients. The Hospital is reimbursed at tentative rates with final determination after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. Revenues from the Medicare program accounted for approximately 29% and 28% of the Hospital's patient service revenues for the years ended September 30, 2025 and 2024, respectively. The Hospital's Medicare cost reports have been final settled through September 30, 2020.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

3. Patient Service Revenues and Estimated Third-Party Payor Settlements, Net (Continued)

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology subject to certain limitations. The Hospital is reimbursed at an interim rate with final settlement determined after submission of annual costs reported by the Hospital and audits thereof by the State of New Hampshire Division of Audit. Revenues from the Medicaid program accounted for approximately 8% and 7% of the Hospital's patient service revenues for the years ended September 30, 2025 and 2024, respectively. The Hospital's Medicaid cost reports have been final settled through September 30, 2019.

Other

The Hospital has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, per diems and discounts from established charges.

The Hospital has made a provision in the financial statements for estimated final settlements to be paid as a result of the retroactive provision for third-party reimbursement programs. Actual results could differ from those estimates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. The Hospital believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. The differences between amounts previously estimated and amounts subsequently determined to be recoverable from third-party payors increased patient service revenues by approximately \$2,871,000 in 2025 and decreased patient services revenues by approximately \$825,000 in 2024.

4. Concentration of Credit Risk

The Hospital grants credit without requiring collateral from its patients, most of whom are local residents and insured under third-party payor agreements. The mix of receivables for patients and third-party payors was as follows for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Medicare	34%	35%
Medicaid	15	7
Private payors	48	57
Patients (self-pay)	<u>3</u>	<u>1</u>
	<u>100%</u>	<u>100%</u>

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

5. Assets Whose Use is Limited

Assets whose use is limited are reported in the accompanying balance sheets as follows at September 30:

	<u>2025</u>	<u>2024</u>
Board designated for capital acquisition and operations	\$28,475,452	\$35,769,233
Employee benefit plans and other	5,409,107	5,572,876
Donor restricted	<u>4,051,984</u>	<u>3,677,365</u>
	<u>\$37,936,543</u>	<u>\$45,019,474</u>

The composition of assets whose use is limited consist of the following at September 30:

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 221,924	\$ 125,387
Mutual funds	28,070,887	34,409,829
Alternative investment measured at NAV	4,234,625	4,911,382
Employee benefit plans and other	<u>5,409,107</u>	<u>5,572,876</u>
	<u>\$37,936,543</u>	<u>\$45,019,474</u>

Activity during the years ended September 30, 2025 and 2024 related to board designated and donor restricted funds is as follows:

	<u>Board Designated</u>	<u>Donor Restricted</u>	<u>Endowment</u>
2025			
Balances, beginning of year	\$ 35,769,233	\$ 1,601,704	\$ 2,075,661
Additions	3,019,641	48,829	50
Withdrawals	(13,189,899)	-	-
Investment gains, net	2,806,710	242,592	236,937
Transfer of investment gains on endowment	-	236,937	(236,937)
Appropriations for expenditures	-	(79,046)	(4,976)
Amounts released under spending policy	<u>69,767</u>	<u>(69,767)</u>	<u>-</u>
Balances, end of year	<u>\$ 28,475,452</u>	<u>\$ 1,981,249</u>	<u>\$ 2,070,735</u>
2024			
Balances, beginning of year	\$34,732,781	\$ 1,115,565	\$ 2,030,695
Additions	32,232	271,354	44,966
Withdrawals	(6,895,794)	-	-
Investment gains, net	7,750,019	260,923	473,817
Transfer of investment gains on endowment	-	473,817	(473,817)
Appropriations for expenditures	-	(369,960)	-
Amounts released under spending policy	<u>149,995</u>	<u>(149,995)</u>	<u>-</u>
Balances, end of year	<u>\$35,769,233</u>	<u>\$ 1,601,704</u>	<u>\$ 2,075,661</u>

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

5. Assets Whose Use is Limited (Continued)

Investment gains (losses), net consisted of the following for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Unrestricted:		
Interest and dividends, net of fees	\$ 639,109	\$ 835,578
Realized gains	2,559,621	1,548,346
Unrealized (losses) gains	<u>(392,020)</u>	<u>5,366,095</u>
	2,806,710	7,750,019
Restricted:		
Interest and dividends, net of fees	77,558	70,585
Realized gains	107,454	57,352
Unrealized gains	<u>294,517</u>	<u>606,803</u>
	<u>479,529</u>	<u>734,740</u>
	<u>\$3,286,239</u>	<u>\$8,484,759</u>

6. Property and Equipment

The major categories of property and equipment are as follows as of September 30:

	<u>2025</u>	<u>2024</u>
Land and land improvements	\$ 7,246,820	\$ 7,246,820
Buildings and improvements	46,128,123	46,128,123
Fixed equipment	16,964,870	15,785,462
Major movable equipment	46,778,215	45,419,422
Construction and projects in progress	<u>813,628</u>	<u>688,970</u>
	117,931,656	115,268,797
Less accumulated depreciation	<u>(86,885,616)</u>	<u>(82,333,736)</u>
	<u>\$ 31,046,040</u>	<u>\$ 32,935,061</u>

Depreciation expense was \$4,551,886 and \$4,426,434 for the years ended September 30, 2025 and 2024, respectively.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

7. Long-Term Debt and Finance Lease Liabilities

Long-term debt and finance lease liabilities consisted of the following as of September 30:

	<u>2025</u>	<u>2024</u>
Series 2015A fixed-rate bonds held by T.D. Bank N.A., payable in variable monthly principal and interest installments amortizing through September 2038, subject to an initial mandatory tender date in October 2025 which was extended to October 2027 as discussed below, at which point the bank may elect to extend its commitment to hold the bonds for an additional period; interest rate of 2.39% at September 30, 2025; collateralized by gross receipts and a security interest in certain property of the Hospital	\$ 3,376,433	\$ 3,595,008
Series 2015B variable-rate bonds held by T.D. Bank N.A., payable in variable monthly principal and interest installments amortizing through September 2038, subject to an initial mandatory tender date in October 2025 which was extended to October 2027 as discussed below, at which point the bank may elect to extend its commitment to hold the bonds for an additional period; interest rate of 69.75% of one-month Secured Overnight Financing Rate (SOFR) plus 0.73% (3.79% at September 30, 2025); collateralized by gross receipts and a security interest in certain property of the Hospital	13,945,724	14,749,717
Finance lease payable in monthly principal payments ranging from \$4,601 to \$4,748 including interest and maturing in September 2028; collateralized by specific assets	156,150	199,817
Finance lease payable in monthly principal payments totaling \$9,003 including interest and maturing in September 2028; collateralized by specific assets	287,923	393,098
Finance lease payable in monthly principal payments totaling \$35,655 including interest and maturing in February 2028; collateralized by specific assets	<u>966,661</u>	<u>—</u>
Unamortized debt issuance costs	18,732,891	18,937,640
Less current portion	(140,673)	(159,230)
	<u>(1,605,643)</u>	<u>(1,161,136)</u>
	<u>\$16,986,575</u>	<u>\$17,617,274</u>

The Series 2015 bonds required the Hospital to meet certain covenants. As of September 30, 2025, the Hospital was in compliance with all covenant requirements.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

7. Long-Term Debt and Finance Lease Liabilities (Continued)

Annual principal maturities on long-term debt, including finance leases, are as follows for fiscal years subsequent to September 30, 2025:

	<u>Bonds Payable</u>	<u>Finance Leases</u>
2026	\$ 1,066,035	\$ 539,608
2027	1,104,397	565,295
2028	<u>15,151,725</u>	<u>305,831</u>
	<u>\$17,322,157</u>	<u>\$1,410,734</u>

Interest paid totaled \$1,006,762 and \$1,418,944 for the years ended September 30, 2025 and 2024, respectively.

Interest Rate Swap

In connection with the issuance of the Series 2015B bonds, the Hospital entered into an interest rate swap agreement to hedge the associated interest rate risk. The swap's notional amount was \$10,797,000 and \$11,412,000 at September 30, 2025 and 2024, respectively. The interest rate swap agreement requires the Hospital to pay a fixed rate of 3.97% in exchange for a variable rate of 68% of one-month SOFR plus 0.06%. At September 30, 2025 and 2024, the fair value of the interest rate swap was a liability of \$317,045 and \$495,257, respectively. The interest rate swap was amended in connection with the subsequent bond amendment discussed below, which effectively extended the maturity of the interest rate swap through October 2027. The amended interest rate swap agreement requires the Hospital to pay a fixed rate of 3.97% in exchange for a variable rate of 68% of one-month SOFR plus 0.5%.

Line of Credit Agreement

The Hospital has a revolving line of credit agreement with T.D. Bank N.A. with maximum borrowings up to \$1,650,000 (see below) at a variable interest rate as defined in the agreement (6.25% at September 30, 2025). The line of credit is collateralized by a lien on all business assets of the Hospital, a security interest in certain property and an assignment of leases and rents. The agreement expired on October 1, 2025. In October 2025, the agreement was amended to establish maximum borrowings of \$1,650,000 from January 1 through March 31, and for July 1 through December 31. Maximum borrowings are increased to \$3,000,000 from April 1 through June 30 of each calendar year, defined as the "Seasonal Credit Period". The amendment also extended the maturity date to October 1, 2026. Funds drawn during the "Seasonal Credit Period" in excess of \$1,650,000 are to be used solely to fund the Hospital's annual Medicaid Enhancement Tax (MET), per the agreement. Further, the Hospital is required per the agreement to reduce the balance of the line of credit to zero for at least thirty consecutive days during the term of the line of credit. At September 30, 2025 and 2024, the outstanding balance on the line of credit was \$400,000 and \$1,650,000, respectively.

**LITTLETON HOSPITAL ASSOCIATION, INC.
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NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

7. Long-Term Debt and Finance Lease Liabilities (Continued)

Subsequent Bond Amendment

On October 1, 2025, the 2015A and 2015B Series Revenue Bonds held by T.D. Bank N.A. were amended through a bond purchase agreement which effectively extended the initial mandatory tender date from October 1, 2025 to October 1, 2027. The interest rate on the amended 2015A Series Bonds is a fixed rate equal to 4.95%. The interest rate on the amended 2015B Series Bonds is a variable rate equal to 78% of SOFR plus 1.79%.

8. Leases

The Hospital leases various space under an operating lease, as well as equipment under finance leases. Leases are classified as either operating or finance in accordance with ASC 842. The Hospital has elected not to separate fixed or in-substance fixed payments for maintenance, repairs, property taxes and insurance from lease consideration in its determination of right-of-use assets or lease liabilities. However, when such costs are variable based on actual costs incurred during each applicable period, they are excluded from the determination of the right-of-use asset and lease liability and expensed during the period as variable lease costs. Variable lease cost also includes escalating rent payments that are not fixed at commencement but are based on an index that is determined in future periods over the lease term. Certain leases contain options to extend the lease term at the Hospital's option, with only those that are reasonably certain to be exercised included in the determination of the lease term at inception.

At September 30, 2025 and 2024, finance lease right-of-use assets of \$1,588,109 and \$562,471, respectively, (net of accumulated amortization of \$496,814 and \$308,054, respectively), are reported on the Hospital's balance sheets within property and equipment, net. The Hospital's lease liabilities are reported on the balance sheets as obligations under leases according to their related lease classification.

The components of operating and finance lease costs were as follows for the years ended September 30:

<u>Description</u>	<u>Statements of Operations Classification</u>	<u>2025</u>	<u>2024</u>
Operating lease expense	Supplies and other	\$301,146	\$301,146
Finance lease costs:			
Amortization of assets	Depreciation	\$188,760	\$128,777
Interest on lease liabilities	Interest	56,720	31,731

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

8. Leases (Continued)

The weighted-average lease terms and discount rates for operating and finance leases are as follows for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Weighted average remaining lease term:		
Operating leases	11 years	12 years
Finance leases	3 years	4 years
Weighted average discount rate:		
Operating leases	4.00%	4.00%
Finance leases	4.52%	4.81%

Supplemental cash flow and other information related to leases are as follows as of and for the years ended September 30:

	<u>2025</u>	<u>2024</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases (fixed payments)	\$ 279,487	\$275,045
Operating cash flows from finance leases (interest payments)	56,720	31,731
Financing cash flows from finance leases (liability reduction)	368,332	129,825
Right-of-use assets obtained in exchange for lease obligations:		
Finance leases	1,197,918	480,334

Commitments relating to noncancelable operating lease obligations for each of the next five fiscal years after September 30, 2025, and the years thereafter, are as follows:

2026	\$ 284,008
2027	288,608
2028	293,288
2029	298,050
2030	302,895
Thereafter	<u>1,923,979</u>
Total future minimum payments	3,390,828
Less imputed interest	<u>(747,065)</u>
Total liabilities	2,643,763
Less current portion	<u>(178,375)</u>
Long-term liabilities	<u>\$2,465,388</u>

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

9. Fair Value Measurement

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Hospital uses various methods including market, income and cost approaches. Based on these approaches, the Hospital often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Hospital is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the Hospital performs a detailed analysis of the assets and liabilities that are subject to fair value measurements. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

9. Fair Value Measurement (Continued)

The following presents the balances of assets whose use is limited measured at fair value on a recurring basis at September 30, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 221,924	\$ —	\$ —	\$ 221,924
Mutual funds:				
Fixed income	3,621,413	15,390,237	—	19,011,650
Equity	2,592,853	2,686,523	—	5,279,376
Balanced	—	3,779,861	—	3,779,861
Employee benefit plans and other	<u>5,409,107</u>	<u>—</u>	<u>—</u>	<u>5,409,107</u>
	<u>\$11,845,297</u>	<u>\$21,856,621</u>	<u>\$ —</u>	33,701,918
Alternative investment measured at NAV				<u>4,234,625</u>
Total assets				<u>\$37,936,543</u>
Liabilities:				
Interest rate swap	\$ —	\$ —	\$(317,045)	\$ (317,045)
Total liabilities	<u>\$ —</u>	<u>\$ —</u>	<u>\$(317,045)</u>	<u>\$ (317,045)</u>

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows:

	<u>Interest Rate Swap</u>
Beginning balance	\$(495,257)
Change in fair value of interest rate swap	<u>178,212</u>
Ending balance	<u>\$(317,045)</u>

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

9. Fair Value Measurement (Continued)

The following presents the balances of assets whose use is limited measured at fair value on a recurring basis at September 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Cash and cash equivalents	\$ 125,387	\$ —	\$ —	\$ 125,387
Mutual funds:				
Fixed income	3,083,349	19,560,408	—	22,643,757
Equity	3,081,629	3,871,167	—	6,952,796
Balanced	—	4,813,276	—	4,813,276
Employee benefit plans and other	<u>5,572,876</u>	<u>—</u>	<u>—</u>	<u>5,572,876</u>
	<u>\$11,863,241</u>	<u>\$28,244,851</u>	<u>\$ —</u>	40,108,092
Alternative investment measured at NAV				<u>4,911,382</u>
Total assets				<u>\$45,019,474</u>
Liabilities:				
Interest rate swap	\$ —	\$ —	\$(495,257)	\$(495,257)
Total liabilities	<u>\$ —</u>	<u>\$ —</u>	<u>\$(495,257)</u>	<u>\$(495,257)</u>

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows:

	<u>Interest Rate Swap</u>
Beginning balance	\$(354,022)
Change in fair value of interest rate swap	<u>(141,235)</u>
Ending balance	<u>\$(495,257)</u>

Cash and cash equivalents and certain mutual funds are based upon quoted prices in active markets for identical assets and are reflected as Level 1. Certain mutual funds are valued based on stated market prices and at the net asset value of shares held by the Hospital at year end, which generally results in classification as Level 2 within the fair value hierarchy. Underlying plan investments within the employee benefit plans and other funds are stated at quoted market prices. These investments are generally classified as Level 1 within the fair value hierarchy.

The fair value of the interest rate swap is measured using other than quoted prices that are observable to value the interest rate swap. These values represent the estimated amounts the Hospital would receive or pay to terminate the swap agreement, taking into consideration current interest rates and the current creditworthiness of the counterparty.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

9. Fair Value Measurement (Continued)

Investment Measured at NAV

The Hospital invests in an alternative investment that includes a limited partnership interest in an investment fund, which, in turn, invests in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the Hospital values this investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. This investment is classified at net asset value.

Hospital management is responsible for the fair value measurement of the alternative investment reported in the financial statements. Such amount is generally determined using audited financial statements of the fund and/or recently settled transactions. Because of inherent uncertainty of valuation of the alternative investment, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair value of its alternative investment at the balance sheets date is reasonable.

The following table sets forth a summary of the Hospital's investment valued using a reported NAV at September 30:

<u>Investment</u>	<u>Balance</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
2025				
Drake Capital Offshore Partners, LP	\$4,234,625	Semi- Annually	100% Annually (December 31) 25% Annually (June 30)	90 days
2024				
Drake Capital Offshore Partners, LP	\$4,911,382	Semi- Annually	100% Annually (December 31) 25% Annually (June 30)	90 days

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying balance sheets and statements of operations.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

10. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2025</u>	<u>2024</u>
Funds maintained with donor restrictions temporary in nature:		
Construction fund	\$ 273,555	\$ 234,108
Indigent care	340,478	290,818
Health education	175,560	159,209
Pastoral care	9,797	8,572
Veterans transportation	7,435	6,505
Volunteer services	418,578	290,695
Other health-related services	<u>1,109,870</u>	<u>965,821</u>
Total funds maintained with donor restrictions temporary in nature	2,335,273	1,955,728
Endowment funds maintained in perpetuity:		
Investments to be held in perpetuity, the income from which is expendable to support healthcare services	<u>2,070,735</u>	<u>2,075,661</u>
Total net assets with donor restrictions	<u>\$4,406,008</u>	<u>\$4,031,389</u>

11. Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. Expenses related to healthcare and support services are as follows for the years ended September 30:

	<u>Healthcare</u>	<u>General and Administrative</u>	<u>Total</u>
2025			
Salaries, wages and fringe benefits	\$47,134,371	\$21,070,830	\$ 68,205,201
Contract labor	6,454,476	726,262	7,180,738
Supplies and other	26,717,807	20,797,663	47,515,470
New Hampshire Medicaid Enhancement Tax	-	4,290,914	4,290,914
Depreciation	1,534,462	3,017,424	4,551,886
Interest	<u>502,576</u>	<u>504,186</u>	<u>1,006,762</u>
	<u>\$82,343,692</u>	<u>\$50,407,279</u>	<u>\$132,750,971</u>
2024			
Salaries, wages and fringe benefits	\$42,055,971	\$18,743,060	\$ 60,799,031
Contract labor	8,957,808	519,696	9,477,504
Supplies and other	24,943,303	19,574,450	44,517,753
New Hampshire Medicaid Enhancement Tax	-	4,753,634	4,753,634
Depreciation	1,344,563	3,081,871	4,426,434
Interest	<u>708,394</u>	<u>710,550</u>	<u>1,418,944</u>
	<u>\$78,010,039</u>	<u>\$47,383,261</u>	<u>\$125,393,300</u>

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

NOTES TO FINANCIAL STATEMENTS

September 30, 2025 and 2024

11. Functional Expenses (Continued)

The financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

12. Medicaid Enhancement Tax and Disproportionate Share Hospital Revenue

Under the State of New Hampshire's (the State) tax code, the State imposes a MET equal to 5.4% of the Hospital's patient service revenues in State fiscal years 2025 and 2024 with certain exclusions. The amount of the tax provided for by the Hospital for the years ended September 30, 2025 and 2024 was \$4,290,914 and \$4,753,634, respectively.

The State provides disproportionate share payments (DSH) to hospitals based on a set percentage of uncompensated care provided. In 2025 and 2024 the Hospital recognized disproportionate share hospital revenue (net of related reserves) totaling \$12,048,368 and \$5,373,154, respectively, in the accompanying statements of operations. These programs are subject to the State DSH annual audit and potential redistributions.

13. Financial Assets and Liquidity Resources

As of September 30, 2025, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, consisted of the following:

Cash and cash equivalents	\$ 1,401,663
Patient accounts receivable	<u>17,973,650</u>
	<u>\$19,375,313</u>

To manage liquidity, the Hospital maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the Hospital. In addition, the Hospital has board-designated assets that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2025, the balance in board-designated assets was \$28,475,452.

Resume:

Oleg A. Gerasimov, APRN, FNP, RN

I graduated from the University of Southern Maine (USM) with a master's degree in nursing, APRN, FNP (a Family Nurse Practitioner) in December 2020. I successfully passed a certification exam (AANP) in July 2021, and applied for an APRN, FNP license. In August 2021, I received APRN, FNP license and in October 2021 - a DEA license and later in December 2021 a DEAX license (x-waiver, I am Suboxone provider).

I earned my BS degree in nursing also from the University of Southern Maine in 2015. I received my RN license in July 2015 in Concord, New Hampshire, after successful passing of an NCLEX exam there from the first attempt. New Hampshire is my state of residence.

Work & Education: I worked for the US Government: US Department of State (US Embassy in Moscow, Russia) – from 1 November 1993 till 1 May 2002, and for the Department of Defense (US army) - from 28 June 2005 till 10 August 2012, and as an LPN from 1 January 2005 till 27 June 2005.

- 1 September 1987 – 1 August 1993 – The Russian State University for Humanities (I earned Master & Baccalaureate Degrees in World History)
- 1 November 1993 – 1 May 2002 – Consular assistant (Personal assistant to our Consul General in Moscow and to other Consuls) and other special tasks and field trips within Russia (US Department of State, American Embassy in Moscow, Russia) (E8/FSN8).
- 03 September 2003 – 31 December 2004 – New Hampshire Technical Institute, Concord (NHTI), LPN diploma; I worked part time as an LNA while I was studying at NHTI, including taking pre-requisite courses (01 September 2002 – 31 December 2004).
- 1 January 2005 – 27 June 2005 – work at Mount Carmel Nursing Home, Manchester, NH, as an LPN
- 28 June 2005 – 10 August 2012 – US Army (Department of Defense, Military Intelligence, Human Resources, Admin, Reports for the State Department): Germany (Friedberg), Iraq (Tal Afar, Mosul, Al Ramadi), Kuwait, National Security Agency (Fort George Meade, Maryland), Germany (Wiesbaden), SGT Retired (honorable discharge in August 2012) (E5). I successfully completed a WLC in Grafenwöhr, Germany in 2011.
- 1 May 2006 – 5 August 2011 – University of Oklahoma, I earned a combined master's degree in international Relations and Human Relations while I was on active duty in the United States army
- 1 September 2012 – 5 September 2015 – University of Southern Maine (USM),

Portland, Maine. I earned a BSN degree and became an RN

- 9 May 2015 – 24 July 2015 - preparation for NCLEX, I took several short-term courses
- NCLEX exam – 24 July 2015
- 6 September 2015 – 20 February 2017 - work at a skilled nursing facility in Franconia, New Hampshire as an IV certified RN. 6 September 2015 – 15 August 2020, I also worked as a per diem RN for Grafton County Nursing home in North Haverhill, New Hampshire. I had to leave both jobs because I could not maintain even a per diem status because of the increasing workload at school and in my clinical rotations (a Family Nurse Practitioner (FNP) program at the University of Southern Maine, in Portland, Maine (USM).
- 6 September 2015 – 20 December 2020 - FNP program at the University of Southern Maine (USM). I graduated from this program after meeting all the academic and clinical requirements in December 2020 with a master's degree in nursing, APRN, FNP. I worked as an FNP intern student for York hospital and family practice in Maine from 1 November 2020 till 1 February 2021 (part of FNP program).
- 20 January 2021 – 20 October 2021, work for Coos county nursing hospital in Northern New Hampshire as an RN.
- 1 September 2020 - current, work part time for the home care nursing visiting agency - Heavens caring, Deerfield, NH, as an RN. I do home visits of my clients.
- 20 September 2021 – 1 December 2021, work per diem as an APRN, FNP for the company Centurion in New Hampshire's state prisons (40 hours per week). I obtained great experience working with patients. My strongest area of expertise is diagnosing. I was doing great and was successful clinically. I became an expert in assessing my patients, in ordering medications and labs, in referring my patients for onsite and offsite consultations. Documentation is another strong area of expertise. I professed in charting in EMRs.
- 1 December 2021 - 1 November 2022, one year contract, work as a full time APRN, FNP for Valley Vista Rehabilitation facility in Vermont (40 hours per week). This facility is specializing in detox services and rehabilitation of clients with opioid and alcohol addiction disorders as well as in general treatment of chronic and acute comorbid conditions such as asthma, diabetes, COPD, cirrhosis, cardiovascular disease, hypothyroidism. I assess and treat my patients. I prescribe medications. I perform initial head to toe intake physical assessments.

Family: I have a daughter (23) and a father (80) who just had a stroke (he is now retired and an invalid).

I live in New Hampshire permanently (I am a resident of New Hampshire). I have a farm in North Haverhill, New Hampshire. My father moved here permanently and lives both with me and in his apartment in Boston.

Languages: English, Russian (fluent), French (fair), German (fair), Spanish (some), Arabic (poor)

Awards: US State Department Meritorious Honor Award (2006), Army Commendation Medal (Iraq, January 2006 – March 2007), Army Achievement Medal (National Security Agency, Fort George Meade, winning of several military boards), Iraqi Operation Medal (2007), War on Terrorism Medal (2006) and other

Clinical experiences: as part of my BSN/RN program at USM, I worked in PACU at Maine Medical Center in Portland. I got to learn a pre-op and post-op routine through that practicum. I also worked in nursing rehab facilities as an LPN, LNA and RN. These skills became useful in my RN and FNP work in both hospital and family practice settings. I had my medical surgical and high acuity nursing clinical rotations also at Maine Medical center in Portland, Maine (clinical, BSN/RN program at USM). I also had one of my clinical rotations at St. Mary's facility, at detox center at St. Mary's facility. I was among few nurses at my works places who was IV certified.

As part of APRN, FNP program, I had clinical experiences in Ammonoosuc family practice clinic in Lincoln, New Hampshire, in nursing homes both in New Hampshire and Maine, in Wolfeboro pediatric clinic in New Hampshire, in a student health center at the University of New England in Portland, Maine, and at York hospital, and family practice in Maine.

Andrea M. Berry, D.O.

QUALIFICATIONS SUMMARY

- Professional, dedicated, self-motivated family practitioner with experience in a busy rural family practice office
- Understanding of medical issues affecting individuals and family dynamic
- Understanding and implementation of Hospice concept
- Waivered Substance Use Disorder treatment provider

PROFESSIONAL EXPERIENCE

Mid-State Health Center, Plymouth, Bristol, NH, 8/2012-present
Family Physician, Substance Use Disorder (Medication Assisted Treatment) provider
Lead clinician of Bristol office, 2/2019-present

Newfound Area Nursing Association, Bristol, NH, 3/2013-present
Hospice Medical Director

Newfound Area Nursing Association, Bristol, NH, 5/2014-present
Medical Director

University of New England College of Osteopathic Medicine, 8/2015-present
Preceptor for third and fourth year medical students for Community Health rotation

The Doorway at Littleton Regional Hospital, Littleton, NH, 1/2020-present
Medical Director
SUD treatment provider

EDUCATION

University of New England College of Osteopathic Medicine, Biddeford, ME
Doctor of Osteopathic Medicine, 2009
W. Hadley Hoyt Award Recipient, 2009

Seton Hall University, South Orange, NJ
Bachelor of Science, 2003
Cum laude
Masters of Science, 2005
Summa cum laude

POSTGRADUATE TRAINING

PCOM/Heart of Lancaster Regional Medical Center, Lititz, PA

Family Medicine Resident, 6/2009 – 6/2012

Surgery and Pediatrics Department Awards, 2010

Chief Family Medicine Resident, 2011 – 2012

LICENSURE AND CERTIFICATION

NH Board of Medicine, 2011-present

BLS Certification, 2009 - present

ACLS Certification, 2009 – 2012

Buprenorphine prescriber certification/DATA2000 Waiver, 2014 - present

PROFESSIONAL MEMBERSHIPS

American College of Osteopathic Family Physicians, 2009 - present

American Academy of Family Physicians, 2011 - present

American Osteopathic Association, 2005 – present

REFERENCES

Available upon request

Scott Pontti PT, MBA

Experience

Rehabilitation Director - Physical Therapist, HealthPro - Coos County Nursing Home

Berlin, NH March 2019 - current

I am a physical therapist and rehabilitation director providing clinical and management services at a skilled nursing and long term care facility in Berlin, NH

- I am a contracted by HealthPro to provide management and clinical services to Coos County Nursing Home in Berlin, NH
- Directly manage a staff of physical therapists, occupational therapists, assistants, and speech language therapist
- Maintain corporate productivity levels to facilitate profitability margins while ensuring high quality clinical care
- Work with the interdisciplinary team to maintain clinical and financial compliance with the Centers for Medicare & Medicaid Services.
- Develop monthly QAPI projects with the quality department
- Implement strategies with the administrator and MDS coordinator to maximize case mix index scores
- Built a strong respectful rapport with subordinate staff to mitigate turnover, while maintaining a well functioning department

Rehabilitation Director, The Morrison Whitefield, NH October 2017 - March 2019

I was the rehabilitation director of a skilled nursing and long term care facility called The Morrison in Whitefield, NH.

Accomplishments

- Facilitated the transition of rehab services from the contracted services with Synertx to direct services provided by The Morrison
- The rehab department has had 0% staff turnover in two years while maintaining quality, volume, and strong patient satisfaction
- Zero state survey deficiencies for three years in the rehab department
- Developed the policy for Morrison's new hire physical performance testing and implement the testing on all new hires
- Involved in monthly Quality Assurance/Performance Improvement programs
- Audit therapist charts for proper documentation and compliance requirements

Rehabilitation Director, Synertx

Whitefield, NH September 2015 - October 2017

I was the rehabilitation director of a company that was contracted to provide services for a skilled nursing and long term care facility called The Morrison in Whitefield, NH. When Morrison decided to employ the therapists directly rather than through the contract, then I became employed by Morrison.

Accomplishments

- Developed a functional system and process for outpatient admission in a newly constructed rehabilitation gym at The Morrison

- Secured financing and oversaw the construction of an award winning medical office building in Franconia, NH
- Responsible for obtaining and overseeing the implementation of an MRI system, and an x-ray system for the diagnostic imaging department
- Managed 5 orthopedic office locations, and 2 physical therapy office locations, and 1 diagnostic imaging department with 24 FTEs and the partnered surgeons throughout Northern New Hampshire
- Managed 25 staff members, including radiology, orthopedics, and physical therapy
- Oversaw the implementation an electronic medical record system, eClinicalWorks
- Demonstrated a diverse set of management skills including all human resource duties, financial manager / controller / data analyst, IT director, liaison with the corporate accountant and legal counsel, and effective communicator with all executive relationships to outside affiliates

**Director of Rehabilitation Services, Cottage Hospital
Woodsville, NH August 2007 -November 2008**

I was the rehabilitation department's director and physical therapist.

Accomplishments

- Responsible for department budget development and adherence
- Developed clinical pathways to treat post-surgical rehabilitation programs
- Accountable for the day to day operations of a team of occupational therapists, physical therapists, COTAs, PTAs, speech pathologist
- Established a part-time neurologist office and practice within the rehab department

**Chief Operating Officer, Rehabilitation Specialists
Jamestown, NY May 2003 - August 2007**

I advanced my position from a staff physical therapist to become the company's COO of an expanding comprehensive rehabilitation service company in Western New York. We had several PT's, PTA's, OT's, COTA's, and special educators.

Accomplishments

- Managed a broad variety of outpatient therapy services among several offices.
- Worked daily with the other rehabilitation team members, including special educators for the pediatric population
- Developed care planning for adults and pediatrics as a physical therapist for a contract with Aspire, which is a day service center for people with disabilities
- Expanded the role of the company's occupational health contract within the Cummins Engine Plant in Jamestown, NY
- Completed my internship within the occupational health department of Cummins Engine Plant, and completed my didactic coursework to receive my Six Sigma certifications

- Oversaw the day to day operational management of 4 office locations within Western New York

Physical Therapist, Olean General Hospital
Olean, NY June 2002 -May 2003

I was a staff therapist within a community based hospital in Western New York.

Accomplishments

- Provided outpatient and inpatient physical therapy services for a broad variety of patients
- Worked very closely with the discharge planning team, OTs, speech therapists, nursing staff and other PTs to ensure successful transition of patients

Physical Therapist, Cattaraugus - Little Valley Regional School
Little Valley, NY August 2001-June 2002

I provided school based physical therapy services for a regional school system in Western New York

Accomplishments

- Created policies and procedures for the school district's physical therapy department; I was the first district-employed Physical Therapist
- Performed physical therapy treatments, evaluations, and IEP assessments
- Established a department budget for clinical equipment and testing tools

Physical Therapist, Diversified Rehabilitation Services
Buffalo, NY January 2001-August 2001

I was a contracted physical therapist at a sub-acute rehabilitation facility in Western New York

Accomplishments

- Provided physical therapy services for the Cattaraugus County Nursing Home and Rehabilitation Center in Olean, NY
- Assisted in the development of a new MDS record keeping system
- Worked very closely with the nursing staff, discharge planners, OT's , and speech therapy department to provide quality care to sub-acute and long term care patients

Education

Villanova University

Six Sigma and Lean Six Sigma Certification -December 2005

Internship with Cummins Engine Plant health care services in Jamestown, NY

Regis University

Masters of Business Administration - May 2005

Graduated with High Honors concentrating in health care administration.

Daemen College

Bachelors of Science - May 2000

Graduated with Honors concentrating with a degree in physical therapy; minors in chemistry and biology

Brittany Pelletier

Work Experience

Case Manager

Grafton County-Haverhill, NH

November 2023 to Present

- Provides case management services to participants who have been convicted and sentenced to any of the Alternative Sentencing programs;
- Completes daily appointments, enrolls sentenced individuals into programs and prepares necessary files;
- Collects fees and monitors space availability for various Alternative Sentencing Programs;
- Communicates by telephone, letter, report, and affidavit with the judges, prosecutors, defense attorneys, and probation and parole officers about participants who are struggling or have failed to complete programs;
- Receives Judgments of Conviction and processes all required paperwork;
- Maintains files for affidavits and when required, appears in court to testify to the affidavit;
- Works with participants through schedule changes, non-appearance and behavior issues.

Senior Court Operation Specialist

State of New Hampshire-Lancaster, NH

May 2023 to Present

Recommends procedures and interpret rules and regulations

Limited courtroom responsibility, signature authority, scheduling responsibility, and may regularly supervise up to one full-time Court Assistant II or have occasional supervision of more than one full time court assistant

Reports to the Clerk of Court or Deputy clerk and has limited supervisory responsibilities over subordinate court assistant

Opens, date stamps, sorts and distributes mail

Checks and reviews incoming and outgoing documents for completeness and accuracy of information; assigns general case categories and processes documents as required in accordance with the court rule's

Assigns docket numbers and records information as required in the appropriate files

Files court records using chronological, alphabetical, and numerical filing systems; retrieves and distributes files for court personnel, the public, and attorneys

Type notices, orders and decrees, correspondence, hearing and trial lists

Answers telephone, prepares copies, and assists the public

Prepares summonses, notices, warrants, subpoenas and similar processes; computes applicable dates for service and return of service, affixes court seal, and prepares copies of documents

Operates electronic recording machine; serves as courtroom clerk as required; prepares juror lists, and performs related work relative to questionnaires, summonses, appearances, and payment of jurors

Schedules trials, hearings, continuances and other matters

Answers inquiries and furnishes information by reviewing court records

Performs a variety of bookkeeping functions which may include receipt and disbursement of revenues, journal maintenance, bank reconciliation, and preparation of financial reports

Signs court documents as required in the absence of the clerk

Performs limited supervision of up to one full-time lower-level court assistant including assignment of work, responding to questions, and limited training

Drug Court Case Manager

The Mental Health Center - Northern Human Services-Berlin, NH

September 2021 to March 2022

Provides assessment and service-planning to support participants in their treatment and their long-term recovery.

Provides referral and linkages to other services and agencies in the community such as social services, housing, medical services, and educational programs.

Provides information and updates to the rest of the Drug Court team regarding the participants' compliance with program rules, their overall progress toward goals, and any barriers they face.

Resident Services Coordinator

AHEAD INC-Littleton, NH

September 2020 to September 2021

Manage and provide access to necessary supportive services in the community.

Provide case management services as needed and requested.

Develop programs and resources that support wellness for the entire resident population.

Advocates on behalf of the residents.

Act as a resource for residents on available community-based services, and can answer any questions.

Facilitate wellness and other educational programs for residents.

Motivate and empower residents to be as independent as possible.

Educate and provide trainings and assistance to residents and other property staff.

Advise residents with building support networks and consult with tenant organizations and resident management.

Connect residents to service providers who can meet their needs.

Case Manager II

FRANKLIN COUNTY GOVERNMENT-Chambersburg, PA

September 2019 to March 2020

Conducts case management services for individuals age 50+ who have been referred to the Office of Aging, and assist them in accessing resources in the community.

Respond to referrals within 24 hours and conduct individual comprehensive assessment in the client's home and develops an Individual care plan for each client.

Keep case note records and maintains an awareness of participants' needs and connect them to appropriate services.

Maintain client follow-up within 30 days to ensure participant has received adequate services.

Assist the participant in establishing attainable goals to maintain stability.

Directly refers clients to other appropriate services within the community by providing advocacy, information and assistance, and act as liaison with other social service agencies that provide services for older adults.

Works in collaboration with providers, Aging and Adult Services, local hospitals, physicians, and other community based organizations.

Maintains program statistics including: entering of client demographics, care plan, information and assistance data and services provided, outcomes and billable hours.

Maintains confidentiality of client information at all times.

Executive Assistant/Medical Secretary

Littleton Regional Healthcare-Littleton, NH

January 2010 to August 2014

Answer phone calls.

Response to emails.

Schedule appointments.

Greet patients upon arrival.

Collect patient's personal information.

Validate payment methods and medical insurance coverage.

Record patient's information in the EMR System.

Education

BS in Business Administration

University of New Hampshire

August 2021 to Present

Paralegal

Granite State College - Hooksett, NH

September 2008 to June 2011

Skills

- Hospital
- Insurance Verification
- Medical Insurance
- Case Management

- Documentation
- Microsoft Excel
- Outlook
- Time Management
- CRM Software
- Personal Assistant Experience
- Social Work
- Legal Research
- Legal Drafting
- COMMUNICATION SKILLS
- RESEARCH SKILLS
- Organizational Skills
- Paralegal
- Document management
- Litigation
- Filing
- Organizational skills
- Time management
- English
- Sales
- Cash register
- Retail sales
- Sales management
- Mental health counseling

Certifications and Licenses

Paralegal Certificate

Certified Notary Public

Driver's License



Janessa White

Objective

To obtain a position as an Administrative Assistant in a medical setting that will enable me to contribute my professional experience in an established organization.

Professional Qualifications

- Warm, outgoing personality with the ability to interact effectively and in a supportive manner with persons of all ages and backgrounds.
- Extensive knowledge of MS Office and the operation of standard office equipment.
- Ability to handle several situations at once with confidence while maintaining accuracy and efficiency.
- Outstanding communication skills both verbal and written.
- Excellent telephone etiquette.
- Flexible and adaptable.
- Stress tolerant.

Professional Experience

2015 - present **Q Burke Mountain Resort** East Burke, VT
Food and Beverage Administrator

- Work with Director of Food and Beverage on the creation and maintenance of reports; including inventory, purchases, revenue and labor.
- Interdepartmental communications for IT and maintenance.
- Administer and log paperwork as required by Human Resources.
- Develop alternatives to handle requests when many times the problems are not clearly identified or involve sensitive issues.
- Compose all types of correspondence or documents, many times on behalf of the Director of Food and Beverage and/or the management team. Correspondence may be directed toward outside vendors, customers or senior level executives.
- Research questions and/or problems, including those complex in nature. Research typically will require obtaining and analyzing data from multiple sources both inside and external to the organization. Proactively makes recommendations for resolution; documents and communicates broadly to eliminate potential of repeat occurrence. Reconciles discrepancies with disparate information; report out to Director of Food and Beverage and/or appropriate Stakeholder.
- Proactively keeps Director of Food and Beverage apprised of status of all projects.
- Responsible for gathering data from multiple sources and merging into reports, presentations and or other sources for quick analysis and/or decision making by the Director of Food and Beverage.

- Serve as liaison between Director of Food and Beverage and management team and all others needing information or action.
- Maintain and manage calendar for Director of Food and Beverage, including coordination with Sales bookings
- Anticipate, analyze and proactively react to changes in priorities and tasks.
- Handle and manage confidential and non-routine information with a high level of confidentiality and professionalism at all times.
- Types and designs general correspondence, letters, charts, PowerPoint, tables, graphs, business plans etc. with professionalism.
- Proofreads for spelling, grammar, layout and potential mistakes; making appropriate changes where necessary.
- Orders all necessary office supplies so that items are available on hand.
- Develops and maintains a continuity book.
- Assists when needed in F&B Events.
- Other office and Administrative duties as required by Director of Food and Beverage.
- Have knowledge of Restaurant POS systems and manage back office for Resort.

2012 – 2015

Norris Cotton Cancer Center

St. Johnsbury, VT

Medical Secretary

- Performed a variety of administrative support and customer service related duties to assist in overall function of the department to include greeting and welcoming patients and checking them in for appointments – often dealing with emotional and/or distraught family members.
- Schedule appointments for patients according to established procedures and physicians requests.
- Register all patients in accordance with all HIPPA regulations.
- Manage on-going projects requiring a high degree of independent decision making and professional judgement
- Manage incoming and outgoing medical records requiring a high degree of confidentiality.
- Handle incoming calls and respond to queries in a warm professional manner.
- Transcribe doctor notes for electronic employee files
- Perform essential clerical tasks to include but not limited to data entry, faxing and e-mail correspondence.

2009 – 2012

Danville Health Center

Danville, VT

Medical Receptionist

- Welcoming patients and checking them in for appointments.
- Scheduling appointments for patients according to established procedures.
- Registering patients in accordance with all HIPPA regulations.
- Checking and verifying the accuracy of insurance information and obtaining pre-authorization for procedures as needed.
- Managing incoming and outgoing medical records.
- Obtaining referrals as needed.
- Handling incoming calls and responding to queries in a warm professional manner.
- Collecting payments and co-payments following individual insurance guidelines.
- Performing essential clerical tasks to include but not limited to data entry, faxing and e-mail correspondence.

2005 – 2006 **Mobile Medical International Corporation** St. Johnsbury, VT

Administrative Assistant

- Answer phones and direct calls.
 - File documents
 - Assemble proposals.
 - Data entry.
 - Meet and greet visitors and potential clients.
 - Send and receive faxes
 - Prepare parcels for shipment
- Typed 70+ wpm

Education

St. Johnsbury Academy

St. Johnsbury, VT

High School Diploma

STEPHANIE DEWOLF

RELATED EXPERIENCE

September 2025- Present

Littleton Regional Hospital Littleton, NH

LICENSED CLINICAL SOCIAL WORKER (LICSW)

- Part of an integrated health care system
- Provide mental health counseling and SUD counseling to individuals
- Collaborate with the primary care physicians for continuity of care as well as the behavioral health team.
- Collaborate with community agencies to ensure continuity of care
- Assess for proper Level of care
- Referral to higher levels of care and coordination of referral to treatment
- Case management and referrals to community programs as needed
- Monitors, Evaluate and records client progress in treatment in the EMR

April 2024 –August 2025

Cottage Hospital- Rowe Health Center Woodsville, NH

LICENSED CLINICAL SOCIAL WORKER (LICSW)

- Part of an integrated health care system
- Provide emotional and mental health counseling to groups and/ or individuals
- Provides accurate assessment of the clients concerns and reviews with the behavioral health team and their primary care physician.
- Monitors, Evaluate and records client progress in treatment in the EMR

October 2023 –January 2024

Wexford Health Sources New Hampshire

MENTAL HEALTH CLINICIAN (LICSW)

- Interviews inmates to obtain information concerning medical history, mental health history, or other pertinent information.
- Observes inmates to detect indications of abnormal behavior.
- Reviews results of tests, treatment plans and treatment cases with the Psychiatrist/Psychologist to evaluate client needs and implement treatment.
- Consults with and offers feedback to New Hampshire Department of Corrections staff in classification, records, administration, and security in conveying inmate information related to level of functioning and program eligibility.
- Complete ANSA to determine if the resident is SPMI
- Plans and administers therapeutic treatment such as counseling, behavior modification and psychosocial education to assist inmates in managing their mental disorders and other interpersonal or environmental problems.
- Discusses progress toward treatment goals with inmates and ensures that the treatment plan is completed in a timely manner, adhered to as the barometer for treatment and is reflected in the progress notes.
- Upon receiving the necessary training and/or instruction, performs other related duties as required or assigned

October 2021 – October 2023

Northern Human Services- White Mountain Mental Health New Hampshire

CLINICIAN

- Complete intake assessments to include CANS/ ANSA and treatment plan to help determine service needs
- Provide ongoing individual and family outpatient counseling to clients from age 3 and older with varying diagnosis
- Completing clinical paperwork to include progress notes and reviews on a bi annual and annual basis

- Making referrals to other providers within and outside the agency for psychiatry, case management and other community supports.
- Engaged in clinical consultations and supervision with other clinicians and the team.
- Provided emergency services for those needing assessments for hospitalization and support post hospitalization
- When possible attend trainings related to children and trauma

May 2020- October 2021

Board of Child Care of The Methodist Church Inc, Baltimore, MD 21244

Located at the United Methodist Home for Children in Mechanicsburg

CASEWORK TREATMENT SPECIALIST

- Complete admission service needs assessments with the youth.
- Provide effective case management to assigned cases which includes internal and external service providers.
- Evaluate assigned youths' progress towards attaining goals.
- Complete and update all required clinical and authorization related documentation in a timely manner
- Maintain an electronic medical record.
- Provide group and individual therapy.
- Provide guidance to the family as determined by court order, a clinician and/ or care team coordinator.
- When possible attend trainings related to children in the foster care system.

January 2019-May 2020

Pennsylvania Counseling Services, Carlisle, PA

FAMILY BASED MENTAL HEALTH INTERN

- Provide individual and family therapy to the identified client and family in the home, school and/or community.
- Provide crisis intervention support with the Family based teams
- Provide case management services for identified client and family including linkages to community services
- Complete and update all required clinical and authorization related documentation in a timely manner
- Complete required clinical and billing documentation for every client contact, track utilization of units and internship hours.
- Maintain own schedule and appointments with identified client, family and coordinate with other family-based team members
- When possible attend Eco systemic family therapy training's

July 2015- January 2019

ChildLine, Harrisburg, PA

CHILDLINE CASEWORKER

- Analyzed situations per the Pennsylvania Child Protective Services Law
- Answered calls on the hotline and sent them to respective county or state agency within 5-10 minutes after the call ended
- Reviewed & analyze cases from Compass using critical thinking. Send the cases to respective county or state agency
- Took crisis calls and other duties as assigned

January 2018- December 2018

ChildLine, Harrisburg, PA

CHILDLINE INTERN

- Reviewed and recommended modifications to the ChildLine policy & procedure manuals
- Collaborate with outside agencies and management on the over-merge project
- Worked with ChildLine supervisors on County Contact Policy and presented to upper management
- Redesigned the paper process for when our computer system is down to make it user friendly
- Other projects as assigned

June 2013- July 2015

Gaudenzia, Mechanicsburg, PA

Administrative Assistant II May 2015 – July 2015

Administrative Assistant I June 2013 to May 2015

- Prepared data for Marketing reports, Compliance reports, and other statistics for my supervisor
- Helped train new hires on front desk duties
- Created and updated counselor schedules; Scheduled client's appointments
- Working with clients and community social service agencies
- Answering a 4-line telephone and other day to day Admin duties as assigned
- Archival of closed charts
- Initial set up, maintenance and safe keeping of client files
- Preparation of releases and admission paperwork
- Prepared paperwork for billing and entered clients into the Star database for billing
- Tracked group participation
- Completed Medical Assistance checks on the Promise system

LICENSURE

Licensed Clinical Social Worker (LCSW)

- ▶ New Hampshire license # 2947

CERTIFICATIONS

- ▶ Love is Not a Number Facilitator (previously would need to redo the training)

EDUCATION

Master of Social Work, December 2019

- ▶ University of Central Florida, Orlando, Florida

Bachelor of Science in Human Development and Family Studies, May 2012

- ▶ The Pennsylvania State University, Capital College, Middletown, PA

Associate in the Arts Business Management-Accounting, May 2009

Associate in the Arts Marketing- Real Estate, December 2008

- ▶ Harrisburg Area Community College, Harrisburg, PA

SKILLS

- ▶ Bi-Lingual in German and English
- ▶ Microsoft Office Specialist for Microsoft Word, Proficient in Excel, PowerPoint and Outlook
- ▶ Effective written and verbal communication
- ▶ Organizational skills/ Secretarial Skills/ Knowledge
 - ▶ Ability to multitask and operate office equipment

REFERENCES FURNISHED UPON REQUEST

CATHERINE JOHNSON

CUSTOMER SERVICE SPECIALIST

WORK EXPERIENCE

Patient Services Coordinator

Heading Health, Inc

September 2022 – January 2023 / Austin, TX

- Maintained the highest call rate in the company during my tenure.
- Assisted patients with scheduling, billing questions, and escalating of issues to the appropriate manager.
- Worked closely with four providers, improving the relationship, and collaborated on workflow improvements.
- Managed multiple communication channels including phone, email, voicemail and internet patient bookings.

Administrative Assistant, Human Resources

North Country Healthcare, Weeks Medical Center

January 2022 – July 2022 / Lancaster, NH

- Assisted in the development and implementation of the employee housing reservation procedure.
- Audited and completed I-9 forms, identifying, and correcting ten errors in my first 60 days of employment.
- Enhanced the employee/human resources relationship through being the first point of contact for all employee interactions.
- Worked closely with Director to design and deliver the companies first on-boarding and orientation program.

COVID-19 Health Screener

North Country Healthcare, Weeks Medical Center

January 2021 - January 2022 / Lancaster, NH

- Greeted and captured basic vital information from patients entering the facility.
- Assisted with patient appointment questions and provided guided directions.
- Monitored and sanitized all surfaces each hour to reduce possible infection.

First Assistant Manager

McDonald's Restaurant Chain

March 2008 - October 2020 / Lancaster, NH

- Successfully completed the ServSafe Certification in the first week of employment.
- Participated in and passed the Basic Shift Management and Advanced Shift Management courses during my tenure, earning four college credits towards future education.
- Participated in employee relation conversations and problem resolution implementation.
- Honed my customer service skills through various situational exposures, allowing me to provide feedback and training to on-site staff.

EDUCATION

Diploma

Littleton Regional HS

September 1994 - June 1998

Littleton, NH

SKILLS

Management

Data Analysis

Problem Solving

Organizational

Customer Service

Strategic Planning

Retail Management