STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Lori A. Weaver
Commissioner

Marie Noonan
Director

May 28, 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 Children, Youth and Families, to enter into a **Sole Source** contract with Mary Hitchcock Memorial Hospital (VC#177160), Lebanon, NH, in the amount of $1,499,410 to assist the Division for Children, Youth and Families (DCYF) with the medical evaluation and diagnosis of child abuse or neglect, with the option to renew for up to four (4) additional years, effective July 1, 2026, upon Governor and Council approval through June 30, 2028. 8% Federal Funds. 92% General Funds.

Funds are available in the following accounts for State Fiscal Year 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.

05-95-47-470010-79480000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIV MEDICAID SERVICES, OFC MEDICAID SERVICES, MEDICAID CARE MANAGEMENT

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2027	101-500729	Medical Payments to Providers	47004033	$120,000
2028	101-500729	Medical Payments to Providers	47004033	$120,000
			Subtotal	***$240,000***

05-95-42-421010-34430000 HEALTH AND SOCIAL SVS, HEALTH AND HUMAN SVCS DEPT, HHS: DIV CHILDREN, YOUTH & FAMILIES, CHILD PROTECTION, BCFPS - CHILD & FAMILY PROG

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2027	102-500731	Contracts for Program Services	42104321	$390,240

2028	102-500731	Contracts for Program Services	42104321	$390,240
			Subtotal	***$780,480***

05-95-42-421010-34430000 HEALTH AND SOCIAL SVS, HEALTH AND HUMAN SVCS DEPT, HHS: DIV CHILDREN, YOUTH & FAMILIES, CHILD PROTECTION, BCFPS - CHILD & FAMILY PROG

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2027	103-502507	Contracts for Program Services	42104321	$238,930
2028	103-502507	Contracts for Program Services	42104321	$240,000
			Subtotal	***$478,930***
			Total	**$1,499,410**

EXPLANATION

The Contractor's Child Advocacy and Protection Program will conduct physical examinations of children who are suspected victims of abuse and provide DCYF with medical opinions and explanations based on these examinations. The Contractor will also provide case reviews, at the request of DCYF, and consultation to DCYF when necessary. Additionally, the Contractor will provide pre-service and in-service training to DCYF, nurses and child protective service workers.

This request is **Sole Source** because the Contractor operates the only Child Advocacy and Protection Program (CAPP) in New Hampshire and is the only provider that can offer the necessary services with 24/7 on call coverage, and ensure examinations are accessible in all areas of the state. The Contractor has established an expanded network of providers across the state which are affiliates to CAPP, which include clinics that are part of the CAPP provider network, including a clinic in Nashua and other individual physicians in the northern part of the state, to ensure statewide access.

Approximately 1,000 individuals will be served during State Fiscal Years 2027 and 2028.

The Contractor has been providing these services for the last five years and allows for CAPP services to be available in various regions of the state, reducing travel time for patients and their families. The expansion has also allowed the Contractor to ensure on-call access twenty-four (24) hours a day, seven (7) days a week to experienced health care professionals who are trained in and can advise on the standardized diagnostic methods, treatment, and disposition of suspected child sexual abuse and physical abuse. The Contractor provides these services to children involved with DCYF investigations, who are suspected victims of child abuse or neglect. These services are needed because DCYF, through its investigative process, often requires the expert opinion of appropriately trained medical professionals who specialize in the evaluation and diagnosis of child abuse and neglect. The medical providers have also testified as experts in a number of child protection adjudicatory hearings.

Since the start of the contract, there has been a steady increase of referrals to CAPP. In State Fiscal Year 2025 CAPP received 580 referrals with DCYF involvement, 84% of the referrals were seen for evaluation, which exceeds the current performance metrics outlined in the contract.

In addition to medical evaluations, the providers at CAPP also provide consultation, training, on call, medical record reviews and testimony. In March of 2026 CAPP facilitated a day long in person training with DCYF where participants learned the fundamentals of bruising, fractures, sexual abuse, injury patterns, child development, and history-taking. A major focus was on photographing injuries including best practices, common errors, and hands-on practice taking and evaluating photos. The training also included interactive case discussions, opportunities to ask questions, and guidance on collaborating effectively with CAPP providers. By the end of the in person training, participants had increased confidence in recognizing potential maltreatment, understanding medical terminology, and contributing to coordinated child protection efforts.

The Department will monitor services by ensuring:

- 90% of all clients are contacted and offered a family appointment within ten (10) days of CAPP receiving the referral from DCYF.
- 80% of all cases referred to CAPP by the Department receive a completed evaluation and assessment within two (2) months of the referral from DCYF if family agrees to the CAPP evaluation.
- 100% of CAPP medical providers participate in a minimum of five (5) peer review sessions annually.

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

Should the Governor and Council not authorize this request, DCYF will not have continued access to the expert opinions of trained medical professionals to evaluate suspected victims of child abuse or neglect and ensure they receive appropriate treatment and services.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.778, FAIN #2505NH5MAP.

Respectfully submitted,

For:

Lori A. Weaver
Commissioner

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

Subject: Special Medical Evaluation Services SS-2027-DCYF-01-SPECI-01

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756	
1.5 Contractor Phone Number (603)650-5000	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2028	1.8 Price Limitation $1,499,410
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Signed by: [signature] 8ACA3CFCA0CC438... Date: 5/21/2026		1.12 Name and Title of Contractor Signatory Edward Merrens Chief Clinical Officer	
1.13 State Agency Signature DocuSigned by: Marie Noonan 2FCCB724C31F40F... Date: 5/22/2026		1.14 Name and Title of State Agency Signatory Marie Noonan DCYF Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino 748734844941460...		On: 5/25/2026	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: Initial [signature]
Date: 5/21/2026

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

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

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

Initial

Contractor Initials

Date 5/21/2026

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

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

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

Initial

Contractor Initials

Date 5/21/2026

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

14. INSURANCE.
14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:
14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and
14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CHOICE OF LAW AND FORUM.
19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.
19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

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

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

22. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

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

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

25. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Initial
Contractor Initials _____
Date 5/21/2026

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

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

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall become effective on July 1, 2026 ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3., as follows:

3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:

6.1. In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

1.4. Paragraph 9, Termination, is amended to read:

9.2. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than thirty (30) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within thirty (30) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

Initial

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

1.5. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3., as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

1.6. Paragraph 14, Insurance, is amended by adding subsection 14.1.3., to read:

14.1.3. Professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 per annual aggregate.

1.7. Paragraph 14, Insurance, is amended by modifying subparagraph 14.2., to read:

14.2. The policies described in subparagraph 14.1., herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance and issued by insurers licensed in the State of New Hampshire or registered to conduct business in the State of New Hampshire. These insurance requirements may be satisfied through a program of self-insurance.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Scope of Services

1. Statement of Work

1.1. The Contractor must provide Special Medical Evaluation Services to the Department's Division for Children, Youth and Families (DCYF) to service children who are suspected victims of abuse or neglect through its Child Advocacy and Protection Program (CAPP).

1.2. The Contractor must ensure services are available in multiple locations throughout the state.

1.3. For the purposes of this Agreement, all references to business hours mean Monday through Sunday, twenty-four (24) hours per day.

1.4. The Contractor must provide on-call access twenty-four (24) hours a day, seven (7) days a week to the Department and other health care providers including, but not limited to:

1.4.1. Pediatricians.

1.4.2. Emergency Room staff.

1.4.3. Family Care Doctors.

1.4.4. Medical providers who are treating a child with a suspicion of abuse or neglect.

1.5. The Contractor must evaluate children who are suspected victims of abuse or neglect, ensuring:

1.5.1. Evaluations are conducted on both an inpatient and outpatient basis, as appropriate.

1.5.2. Professional guidance as to the severity or possible origin of injuries is provided to the referral source.

1.6. The Contractor must ensure on-call staff are experienced health care professionals who are trained in, and can advise on, standardized diagnostic methods, treatment, and disposition of suspected child sexual abuse; physical abuse; or neglect.

1.7. The Contractor must determine the level of the client's injuries and coordinate client transfer or care to the Children's Hospital at Dartmouth (CHAD) or other medical facilities, as appropriate.

1.8. The Contractor must complete an intake and referral form during the initial contact with the provider, which includes, but is not limited to:

1.8.1. Name of agency/organization.

1.8.2. Patient name.

1.8.3. Patient date of birth.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

1.8.4. Patient address.

1.8.5. Nature of child maltreatment, which may include, but is not limited to:

1.8.5.1. Physical abuse.

1.8.5.2. Sexual abuse.

1.8.5.3. Neglect.

1.8.5.4. Psychological/Emotional Abuse.

1.8.6. Brief history of concern.

1.8.7. Parent or guardian contact information.

1.8.8. Referral from DCYF, or law enforcement.

1.9. The Contractor must provide information to non-DCYF callers relative to filing a report with the Department, if appropriate, and document the assessment/report number provided by DCYF Central Intake.

1.10. The Contractor must provide all assessment notes and documents, relative to each encounter with the family, including phone triage and clinical follow-up information, within twenty-four (24) hours of each encounter to the Department to enable the Department to develop:

1.10.1. An appropriate safety plan for each client; and

1.10.2. Further strategic planning in any occurrence in which a child requires ongoing consultation or follow-up due to hospitalization or extended need.

1.11. The Contractor must ensure an experienced health care professional is available to the Department twenty-four (24) hours per day, seven (7) days per week by telephone to clarify any diagnostic issues.

1.12. The Contractor must receive or initiate requests for hospital-based multi-disciplinary team meetings with the Department and subspecialists.

1.13. The Contractor must ensure multi-disciplinary team members include, but are not limited to:

1.13.1. Department staff.

1.13.2. Law enforcement.

1.13.3. County attorney.

1.14. The Contractor must ensure CAPP members provide medical testimonials in court per Department request.

1.15. The Contractor must facilitate a peer review meeting to the CAPP medical provider network, statewide, in order to present and receive guidance on active cases.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

1.16. The Contractor must ensure peer review entities include, but are not limited to:

1.16.1. New Hampshire Medical Providers Peer Review.

1.16.2. New England Provider Medical Peer Review.

1.17. The Contractor must maintain adequate staffing to ensure all referral demand is fulfilled.

1.18. The Contractor must ensure all CAPP medical providers attend a minimum of five (5) peer review sessions annually.

1.19. The Contractor must provide pre-service and in-service trainings to the Department, as requested, on topics that include, but are not limited to:

1.19.1. Child abuse and neglect.

1.19.2. Psychological and emotional abuse.

1.19.3. Physical abuse training that includes, but is not limited to:

1.19.3.1. Abusive skin injuries and fractures.

1.19.3.2. Types of abusive head trauma.

1.19.3.3. Abusive internal organ and burn injuries.

1.19.3.4. History and categories of child abuse and neglect.

1.19.3.5. CAPP Services.

1.19.3.6. How CAPP services can provide guidance to Department and medical providers.

1.19.3.7. Diagnostic approach and diagnostic work up protocols to child abuse and neglect.

1.19.3.8. Signs and indicators of neglect, sexual, physical and psychological abuse.

1.19.3.9. Photo documentation.

1.20. The Contractor must ensure Foster Care Health Nurses and Child Protective Service Worker professionals receive pre-service and in-service training on topics that include, but are not limited to:

1.20.1. Standardized diagnostic methods.

1.20.2. Follow up treatment needs.

1.20.3. Medical disposition of child abuse and neglect diagnosis.

1.21. The Contractor must participate in meetings with the Department on a monthly basis, or as otherwise requested by the Department.

1.22. The Contractor may be required to participate in on-site reviews conducted by the Department on an annual basis, or as otherwise requested by the

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Department.

1.23. The Contractor may be required to facilitate reviews of files conducted by the Department on an annual basis, or as otherwise requested by the Department.

1.24. Reporting

1.24.1. The Contractor must submit quarterly reports to the Department within fifteen (15) days following the end of the quarter, which must include, but are not limited to:

1.24.1.1. Number of calls to CAPP.

1.24.1.2. Number of cases referred to CAPP by the Department and evaluated for special medical services.

1.24.1.3. Number of record reviews conducted for the Department by CAPP.

1.24.1.4. Number of court appearances by CAPP members.

1.24.1.5. Number of multi-disciplinary team meetings attended by CAPP members, including but not limited to:

1.24.1.6. Number of county based multi-disciplinary case reviews.

1.24.1.7. Number of hospital-based multi-disciplinary interagency case reviews.

1.24.1.8. Number of trainings provided to the Department.

1.24.1.9. Number and duration of trainings provided to the Department staff by CAPP.

1.24.1.10. Number of over-the-phone consultations provided to the Department.

1.24.2. The Contractor must provide key data in a format and at a frequency specified by the Department for the following performance measures:

1.24.2.1. 90% of all clients will be contacted and offered a family appointment within ten (10) days of CAPP receiving the referral from DCYF.

1.24.2.2. 80% of all cases referred to CAPP by the Department will have received a completed evaluation and assessment within two (2) months of the referral from DCYF if family agrees to the CAPP evaluation.

1.24.2.3. 100% of CAPP medical providers participate in a minimum of five (5) peer review sessions annually.

1.24.3. The Contractor must actively and regularly collaborate with the Department to enhance contract management.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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

1.25. The Contractor must share data and files with the Department in a format specified by the Department.

1.26. Background Checks

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

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

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

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

1.27. Confidential Data

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

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

1.28. Privacy Impact Assessment

1.28.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

1.28.1.1. How PII is gathered and stored;

1.28.1.2. Who will have access to PII;

1.28.1.3. How PII will be used in the system;

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

1.28.1.5. Privacy practices.

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

1.29. Department Owned Devices, Systems and Network Usage

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

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

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

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

1.29.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

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

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

1.29.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."

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

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

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

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

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

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

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

1.29.1.10.1. Complete the Department's Annual Information Security & Compliance

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

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

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

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

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

1.29.2. Workspace Requirement

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

1.30. Contract End-of-Life Transition Services

1.30.1. General Requirements

1.30.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

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

1.30.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department data is complete.

1.30.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.

1.30.1.5. In the event the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

1.30.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

terms and conditions of the Department's DHHS Information Security Requirements Exhibit.

1.30.2. Completion of Transition Services

1.30.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of fifteen (15) business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said fifteen (15) business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.

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

1.30.3. Disagreement over Transition Services Results

1.30.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

1.31. Website and Social Media

1.31.1. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

1.31.2. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

1.31.3. State of New Hampshire's Website Copyright

1.31.3.1. All right, title and interest in the State WWW site, including copyright to all data and information, shall remain with the State of New Hampshire. The State of New Hampshire shall also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information shall, where applicable, display the State of New Hampshire's copyright.

2. Exhibits Incorporated

2.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

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

2.3. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit F, Business Associate Agreement, which has been executed by the parties.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

3.2.1. The Contractor must submit:

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

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

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

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

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to reports, protocols, guidelines, brochures, posters, and resource directories.

3.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

Initial

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor must keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, records regarding the provision of services. and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

4.3. If, upon further review, the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Payment Terms

1. This Agreement is funded by:
   1.1. 8% Federal funds, Medicaid, as awarded on October 1, 2024, by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services, ALN # 93.778, FAIN #2505NH5MAP.
   1.2. 92% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Contractor, based on criteria specified in 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR 200.332.
   2.3. The Indirect Cost Rate for this Agreement as 0%.
3. Payment shall be on a cost reimbursement basis for actual allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget.
4. The Contractor shall submit an invoice to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a format as provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment in accordance with Section 3, above.
   4.4. Includes supporting documentation with each invoice, including, but not limited to, proof of expenditures, itemized receipts for purchases, time sheets, and payroll records with position or staff detail, as applicable.
   4.5. Is completed, dated and returned to the Department to initiate payment.
   4.6. Is assigned an electronic signature and is emailed to DCYFInvoices@dhhs.nh.gov or mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301
5. The Contractor shall bill NH Medicaid in the amount of up to $400 per medical evaluation performed. The Contractor shall submit NH Medicaid expenses via the Website below:

   https://www.nhmmis.nh.gov

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

6. The Department shall make payments to the Contractor within thirty (30) calendar days only upon receipt and approval of the submitted invoice and required supporting documentation.

7. The final invoice and any required supporting documentation shall be due to the Department no later than forty (40) calendar days after the contract completion date specified in Form P-37, General Provisions Block 1.7., Completion Date.

8. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

9. Audits

    9.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

        9.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.

        9.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.

        9.1.3. Condition C - The Contractor is a public company and required by Securities and Exchange Commission (SEC) regulations to submit an annual financial audit.

    9.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

        9.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

    9.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

    9.4. The Contractor, regardless of the funding source and/or whether Conditions A, B, or C exist, may be required to submit annual financial

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

audits performed by an independent CPA upon request by the Department.

9.5. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception, within sixty (60) days.

10. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *Special Medical Evaluation Services*
Budget Period: *July 1, 2026 - June 30, 2028*
Indirect Cost Rate (if applicable) 0.00%

Line Item	Program Cost - Funded by DHHS - SFY 27	Program Cost - Funded by DHHS - SFY 28
Medical Consultation:		
24/7 Phone Availablity	$131,040	$131,040
Medical Provider Case Review	$104,000	$104,000
Training for DCYF Staff	$5,600	$5,600
Network Coordination	$79,805	$79,805
Network Support:		
Case Review Sessions	$39,600	$39,600
Continuing Education	$30,195	$30,195
Training - One Cohort in Biennium:		
Training for Physicians, APRNs, 7 RNs	$0	$0
Non-Clinical DCYF Services	$120,000	$120,000
Non-Covered Medicaid Services	$118,930	$120,000
Covered Medicaid Services through MMIS (up to $400 per evaluation)	$120,000	$120,000
Total Direct Costs	$749,170	$750,240
Total Indirect Costs	$0	$0
Subtotals	$749,170	$750,240
	TOTAL	**1,499,410.00**

Contractor Initials: Initial

Date: 5/21/2026

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub- contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

1. The Contractor certifies that it will or will continue to provide a drug-free workplace by:
   1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   1.2. Establishing an ongoing drug-free awareness program to inform employees about
      1.2.1. The dangers of drug abuse in the workplace;
      1.2.2. The Contractor's policy of maintaining a drug-free workplace;
      1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
      1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   1.3. Making it a requirement that each employee to be engaged in the performance of the Agreement be given a copy of the statement required by paragraph (a);
   1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the Agreement, the employee will
      1.4.1. Abide by the terms of the statement; and
      1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see https://omb.report/icr/201009-0348-022/doc/20388401

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

SECTION C: CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context.

6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) https://www.ecfr.gov/current/title-22/chapter-V/part-513.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).

14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

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

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to comply with the provisions indicated above.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: QYLXERHDAQL4

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

   X NO _____ YES

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

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

   _____ NO _____ YES

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Name: Dartmouth-Hitchcock

5/21/2026
_____
Date:

Signed by:
_____
8ACA3CFCA0CC438...
Name: Edward Merrens
Title: Chief Clinical Officer

Initial

New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss

Initial

Contractor Initials _____

Date 5/21/2026

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

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

Initial

Contractor Initials _____

Date 5/21/2026

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

Contractor Initials Initial

Date 5/21/2026

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

Contractor Initials Initial

Date 5/21/2026

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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

Initial

Contractor Initials _____

Date 5/21/2026

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16. The Contractor must ensure that all End Users:

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

    b. safeguard this information at all times.

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

Initial

Contractor Initials _____

Date 5/21/2026

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

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

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

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

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

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

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

V. LOSS REPORTING

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

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

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

Initial

Contractor Initials _____

5/21/2026

Date _____

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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov B.

DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

BUSINESS ASSOCIATE AGREEMENT

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

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

(1) Definitions

a. The following terms shall have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:

"Breach," "Designated Record Set," "Data Aggregation," Designated Record Set," "Health Care Operations," "HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."

b. Business Associate Agreement, (BAA) means the Business Associate Agreement that includes privacy and confidentiality requirements of the Business Associate working with PHI and as applicable, Part 2 record(s) on behalf of the Covered Entity under the Agreement.

c. "Constructively Identifiable," means there is a reasonable basis to believe that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information.

d. "Protected Health Information" ("PHI") as used in the Agreement and the BAA, means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records, if applicable, as defined below.

e. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.

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

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

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

Contractor Initials

Date 5/21/2026

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

b. Business Associate may use or disclose PHI, as applicable:

I. For the proper management and administration of the Business Associate;

II. As required by law, according to the terms set forth in paragraph c. and d. below;

III. According to the HIPAA minimum necessary standard;

IV. For data aggregation purposes for the health care operations of the Covered Entity; and

V. Data that is de-identified or aggregated and remains constructively identifiable may not be used for any purpose outside the performance of the Agreement.

c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor prior to making any disclosure, the Business Associate must obtain, a business associate agreement or other agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.

d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate

a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.

b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.

c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.

d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or

security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:

I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

II. The unauthorized person who accessed, used, disclosed, or received the protected health information;

III. Whether the protected health information was actually acquired or viewed; and

IV. How the risk of loss of confidentiality to the protected health information has been mitigated.

e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.

f. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.

g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein.

h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.

i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in

accordance with 45 CFR Section 164.528.

m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.

VI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, or if retention is governed by state or federal law, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for as long as the Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall post a current version of the Notice of the Privacy Practices on the Covered Entity's website:

https://www.dhhs.nh.gov/oos/hipaa/publications.htm in accordance with 45 CFR Section 164.520.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this BAA, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination of Agreement for Cause

a. In addition to the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity.

(6) Miscellaneous

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

Initial

Contractor Initials _____

5/21/2026

Date _____

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

b. **Change in law** - Covered Entity and Business Associate agree to take such action as is necessary from time to time for the Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other applicable federal and state law.

c. **Data Ownership** - The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. **Interpretation** - The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.

e. **Segregation** - If any term or condition of this BAA or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this BAA are declared severable.

f. **Survival** - Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) g. and (3) n.l., and the defense and indemnification provisions of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA.

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

Department of Health and Human Services	Dartmouth-Hitchcock
The State	Name of the Contractor
DocuSigned by: Marie Noonan 2FCCB724C31F40F...	Signed by: 8ACA3CFCA0CC438...
Signature of Authorized Representative	Signature of Authorized Representative
Marie Noonan	Edward Merrens
Name of Authorized Representative	Name of Authorized Representative
DCYF Director	Chief Clinical Officer
Title of Authorized Representative	Title of Authorized Representative
5/22/2026	5/21/2026
Date	Date

Initial
Contractor Initials

5/21/2026
Date

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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 MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. 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: **68517**
Certificate Number: **0007804280**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of February A.D. 2026.

David M. Scanlan
Secretary of State

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth Health

Dartmouth-Hitchcock Boards of Trustees

CERTIFICATE OF VOTE/AUTHORITY

I, Mark S. Speers, MBA, do hereby certify that:

1. I am the duly elected Chair of the Boards of Trustees of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (together, "Dartmouth-Hitchcock").
2. The following is a true and accurate excerpt from the Amended, Restated and Integrated Bylaws of the Dartmouth-Hitchcock Corporations:
   a. **"ARTICLE II – Section A. Fiduciary Duty. Stewardship over Corporate Assets**. As responsible stewards of tax-exempt, charitable Corporations, members of the Corporations' Boards have the fiduciary duty to oversee, with due care and loyalty, the stewardship of the Corporations' assets and operations in order to create a sustainable health system that is population focused and value-based, and to advance their respective corporate purposes. In exercising this duty, the Boards may, consistent with the respective Corporation's Articles of Agreement and these Bylaws, delegate authority to Board Committees and other bodies, or to various officers, to provide input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporations as may be necessary or desirable in furtherance of their charitable purposes."
3. Pursuant to policy approved and adopted by the Boards of Trustees consistent with the above Bylaws provision, the Chief Clinical Officer, Edward Merrens, MD, has subdelegated signature authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Boards of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 18th day of May, 2026.

Mark S. Speers, MBA, Board Chair

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

CERTIFICATE OF INSURANCE

DATE: June 17, 2025

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756
(603)653-6850

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002025-A	7/1/2025	7/1/2026	EACH OCCURRENCE	$1,000,000
					DAMAGE TO RENTED PREMISES	$1,000,000
X	**CLAIMS MADE**				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	$3,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY		0002025-A	7/1/2025	7/1/2026	EACH CLAIM	$1,000,000
X	**CLAIMS MADE**				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

New Hampshire DHHS
129 Pleasant Street, Brown Building
Concord, NH 03301

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

DARTHIT-01 CMENDOZA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 30 Donald B Dean Dr South Portland, ME 04106	CONTACT NAME: Autumn Reynolds PHONE (A/C, No, Ext): (207) 699-4643 FAX (A/C, No): E-MAIL ADDRESS: autumn.reynolds@hubinternational.com
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER A : The Gray Insurance Company — NAIC # 36307 INSURER B : Midwest Employers Casualty Company — 23612 INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		SPX0702603	7/1/2025	7/1/2026	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
B	Excess Workers' Comp			EWC010235	7/1/2024	7/1/2026	NH Only	1,000,000

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

Evidence of Workers Compensation coverage for:

Cheshire Medical Center
Dartmouth-Hitchcock Health
Mary Hitchcock Memorial Hospital
Alice Peck Day Memorial Hospital
New London Hospital Association
Visiting Nurse Associates and Hospice of Vermont and New Hampshire

CERTIFICATE HOLDER

New Hampshire DHHS
129 Pleasant Street, Brown Building
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

NONPROFIT COVER SHEET

A. Entity Name: Mary Hitchcock Memorial Hospital

B. Entity's Contact Information: Sheila L. Ryan, PhD, JD, MPH, CCRP / 603-650-1801 / awards@hitchcock.org

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

Name / Phone / Email: Central Sponsored Projects Administration, 603-650-1801/ awards@hitchcock.org

Person responsible for Accuracy and Completeness of information provided:
Name: Sheila L. Ryan, PhD, JD, MPH, CCRP Title: Vice President, Research Operations
Signature: Signed by: Sheila L. Ryan PhD 760960982463492... 1/21/2026

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Roberta L. Hines, MD (Nicholas M. Greene Professor and Chair Department of Anesthesiology)	Yale School of Medicine
David P. Paul, MBA (Former President and COO)	JBG SMITH
Elyse Allan, MBA (Retired President and Chief Executive Officer)	General Electric Canada Company Inc.
Geraldine Bednash, PhD, RN, FAAN (Adjunct Professor)	Australian Catholic University
Laura M. Chiang, MD (Professor of Anesthesiology and Critical Care; Vice Chair for Education, Dept. of Anesthesiology and Co-Medical Director, Surgical Intensive Care Unit)	Dartmouth Hitchcock Medical Center
Marcus P. Coe, MD, MS (Program Director for the Orthopaedic Surgery Residency Program)	Dartmouth Hitchcock Medical Center
Joanne M. Conroy, MD (President and CEO)	Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic
Gary V. Désir, MD (Beeson Professor of Medicine; Chair, Internal Medicine; Vice Provost)	Yale School of Medicine, Yale University, and Yale New Haven Hospital
Tina M. Dooley-Jones, PhD (Retired Senior Foreign Service Officer)	
Jason T. Garbarino, DNP, RN, GERO-BC, CNL (Healthcare Talent Director)	inSpring
Steven D. Leach, MD (Interim Dean)	Geisel School of Medicine

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Keith J. Loud, MD, MSc, MMgmt, FAAP (Chair)	Dartmouth Health Children's
Jennifer L. Moyer, MBA (Managing Director and CAO)	White Mountains Insurance Group, Ltd.
Sherri C. Oberg, MBA (CEO and Co-Founder)	Particles for Humanity PBC
Laurel J. Richie (Director)	Synchrony Financial, Hasbro, Bright Horizons, and SeatGeek
Mark S. Speers, MBA (Co-founder and Senior Advisor)	Health Advances, LLC
Jonathan B. Thyng, MD (Medical Director)	Dartmouth Health
Emily P. Zeitler, MD, MHS, FACC, FHRS (Associate Professor)	Geisel School of Medicine and The Dartmouth Institute

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

Name	Role	Annual Salary	Amount Paid From This Contract
Amy Roy, MD	CAPP Medical Director	$310,000	$232,500 (75%)
Anna Marsh, MSN, CPNP-PC, SANE	CAPP APRN	$135,762	$33,941 (25%)
Jill Rockwell, MSN, APRN	CAPP APRN	$65,025	$36,414 (56%)
Catherine Collier	CAPP RN	$114,046	$1,140 (1%)
Patricia Glowa, MD	CAPP Physician	$69,323	$18,024 (26%)
Kathryn Walls, RN, BSN	CAPP RN	$99,590	$99,590 (100%)
Reanna Fishwick, APRN, FNP-BC	CAPP APRN	$129,022	$96,767 (75%)
Brooke Garrow	CAPP RN	$75,938	$37,969 (50%)
Anita Guthikonda	CAPP Team Lead	$31,221	$31,211 (100%)

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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

E. Check one of the following:

[XX] 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:

[XX] 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

15200	Mary Gale Foundation, Inc.	22 Concord Street	Manchester	NH	03101	G	5/13/2020
6278	Mary Hitchcock Memorial Hospital	1 Medical Center Drive	Lebanon	NH	03756	G	11/14/2026

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

FINANCIAL DISCLOSURES

G. Check one the following:

[XX] 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

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

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

2. BALANCE SHEET

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

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

The Ken & Vickie French Child Advocacy and Protection Program

Our mission is to provide objective, trauma-informed and family centered medical evaluations for children who may have been affected by maltreatment. We believe that families thrive together when children are safe and parents and caregivers are supported.

Dartmouth Health Lebanon
Pediatrics
1 Medical Center Drive, Lebanon, NH 03756-1000

Tel (603) 653-3658 | Fax (603) 653-6050
Dartmouth-Health.org

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Report on Federal Awards in Accordance with the Uniform Guidance

June 30, 2024

EIN #02-0222140

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Index
June 30, 2024

Page(s)

Part I - Financial Statements and Schedule of Expenditures of Federal Awards

Report of Independent Auditors 1–3

Consolidated Financial Statements

Balance Sheets 4

Statements of Operations and Changes in Net Assets 5–6

Statements of Cash Flows 7

Notes to Consolidated Financial Statements 8–46

Consolidating Supplemental Information 48–55

Note to the Supplemental Consolidating Information 56

Schedule of Expenditures of Federal Awards 57–62

Notes to Schedule of Expenditures of Federal Awards 63–64

Part II – **Reports on Internal Control and Compliance**

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* 65–66

Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance 67–70

Part III – Findings and Questioned Costs

Schedule of Findings and Questioned Costs 71-77

Summary Schedule of Prior Audit Findings and Status 78–81

Management's View and Corrective Action Plan 82

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Part I
Financial Statements and Schedule of Expenditures of Federal Awards

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries (the "Dartmouth Health System"), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Dartmouth Health System as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

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

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the 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 Dartmouth Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Dartmouth Health System'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.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating balance sheets and consolidating statements of operations and changes in net assets without donor restrictions as of and for the years ended June 30, 2024 and 2023 (the "supplemental information") is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The consolidating information is not intended to present, and we do not express an opinion on, the financial position, results of operations and cash flows of the individual companies. The supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplemental information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards

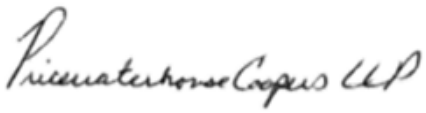
Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards for the year ended June 30, 2024 is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 31, 2024 on our consideration of the Dartmouth Health System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters for the year ended June 30, 2024. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Dartmouth Health System's internal control over financial reporting and compliance.



Boston, Massachusetts
October 31, 2024

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Balance Sheets
June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Assets		
Current assets		
Cash and cash equivalents	$ 257,903	$ 115,996
Patient accounts receivable, net (Note 4)	287,317	289,787
Prepaid expenses and other current assets	186,729	184,104
Total current assets	731,949	589,887
Assets limited as to use (Notes 5 and 7)	1,234,156	1,071,462
Other investments for restricted activities (Notes 5 and 7)	229,626	182,224
Property, plant, and equipment, net (Note 6)	921,320	811,622
Right-of-use assets, net (Note 16)	53,103	55,528
Other assets	251,713	193,333
Total assets	$ 3,421,867	$ 2,904,056
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 22,426	$ 15,236
Current portion of right-of-use obligations (Note 16)	10,142	11,334
Line of credit (Note 13)	41,950	40,000
Accounts payable and accrued expenses	138,466	146,747
Accrued compensation and related benefits	168,855	140,853
Estimated third-party settlements (Note 4)	82,668	64,360
Total current liabilities	464,507	418,530
Long-term debt, excluding current portion (Note 10)	1,199,925	1,098,962
Right-of-use obligations, excluding current portion (Note 16)	45,807	45,671
Insurance deposits and related liabilities (Note 12)	98,397	91,349
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	211,760	206,305
Other liabilities	199,091	173,918
Total liabilities	2,219,487	2,034,735
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	923,697	658,988
Net assets with donor restrictions (Notes 8 and 9)	278,683	210,333
Total net assets	1,202,380	869,321
Total liabilities and net assets	$ 3,421,867	$ 2,904,056

The accompanying notes are an integral part of these Consolidated Financial Statements.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Operating revenue and other support		
Net patient service revenue (Note 4)	$ 2,791,314	$ 2,397,157
Contracted revenue	20,721	84,346
Other operating revenue (Note 4)	780,986	608,875
Net assets released from restrictions	18,126	14,843
Total operating revenue and other support	3,611,147	3,105,221
Operating expenses		
Salaries	1,581,480	1,423,091
Employee benefits	391,708	332,386
Medications and medical supplies	841,277	725,480
Purchased services and other	521,219	458,901
Medicaid enhancement and provider tax (Note 4)	102,727	85,715
Depreciation and amortization (Note 7)	89,985	90,457
Interest (Note 10)	40,869	34,515
Total operating expenses	3,569,265	3,150,545
Operating gain (loss)	41,882	(45,324)
Non-operating gains (losses)		
Investment gains, net (Note 5)	124,724	58,119
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	(22,702)	(17,691)
Other losses, net	(22,088)	(8,530)
Pension termination settlement charge (Note 12)	(13,287)	-
Contribution from acquisition (Note 3)	129,689	-
Total non-operating gains, net	196,336	31,898
Excess (deficiency) of revenue over expenses	$ 238,218	$ (13,426)

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

The accompanying notes are an integral part of these Consolidated Financial Statements.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets - Continued

Years Ended June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 238,218	$ (13,426)
Net assets released from restrictions for capital	15,150	3,229
Change in funded status of pension and other postretirement benefits (Note 11)	11,393	34,901
Other changes in net assets	(52)	(13)
Increase in net assets without donor restrictions	264,709	24,691
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	63,289	23,637
Investment gains, net	14,287	5,846
Net assets released from restrictions	(33,980)	(18,653)
Contribution of assets with donor restrictions acquisition (Note 3)	24,754	-
Increase in net assets with donor restrictions	68,350	10,830
Change in net assets	333,059	35,521
Net assets		
Beginning of year	869,321	833,800
End of year	$ 1,202,380	$ 869,321

The accompanying notes are an integral part of these Consolidated Financial Statements.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2024 and 2023

(in thousands of dollars)	2024	2023
Cash flows from operating activities		
Change in net assets	$ 333,059	$ 35,521
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Effects of acquisition	(154,443)	-
Depreciation and amortization	90,601	90,806
Amortization of bond premium, discount, and issuance cost, net	(2,745)	(2,779)
Amortization of right-of-use asset	8,830	9,242
Payments on right-of-use lease obligations - operating	(8,489)	(9,162)
Change in funded status of pension and other postretirement benefits	(11,393)	(34,901)
Loss (gain) on disposal of fixed assets	2,212	(883)
Net realized gains and change in net unrealized gains on investments	(138,812)	(79,799)
Restricted contributions and investment earnings	(21,449)	(8,208)
Proceeds from sales of donated securities	9,715	3,818
Changes in assets and liabilities, excluding the effects of acquisition		
Patient accounts receivable, net	19,588	(38,537)
Prepaid expenses and other current assets	57	1,984
Other assets, net	(43,375)	(21,688)
Accounts payable and accrued expenses	(10,788)	(31,082)
Accrued compensation and related benefits	19,422	(53,093)
Estimated third-party settlements	14,470	(71,907)
Insurance deposits and related liabilities	7,048	12,958
Liability for pension and other postretirement benefits	16,848	12,486
Other liabilities	17,492	21,191
Net cash provided by (used in) operating activities	147,848	(164,033)
Cash flows from investing activities		
Purchase of property, plant, and equipment	(132,454)	(129,321)
Proceeds from sale of property, plant, and equipment	20	1,214
Purchases of investments	(19,641)	(71,410)
Proceeds from maturities and sales of investments	52,606	249,684
Cash received through acquisition	5,794	-
Net cash provided by (used in) investing activities	(93,675)	50,167
Cash flows from financing activities		
Proceeds from line of credit	1,583,500	979,500
Payments on line of credit	(1,595,250)	(939,500)
Repayment of long-term debt	(17,206)	(81,907)
Proceeds from issuance of debt	100,137	75,000
Repayment of finance leases	(4,635)	(3,599)
Payment of debt issuance costs	(189)	-
Restricted contributions and investment earnings	21,449	8,208
Net cash provided by (used in) financing activities	87,806	37,702
Increase (decrease) in cash and cash equivalents	141,979	(76,164)
Cash and cash equivalents, beginning of year	117,321	193,485
Cash and cash equivalents, end of year	$ 259,300	$ 117,321
Supplemental cash flow information		
Interest paid	$ 49,133	$ 44,362
Construction in progress included in accounts payable and accrued expenses	11,315	5,105
Donated securities	9,715	3,818

The following table reconciles cash and cash equivalents on the Consolidated Balance Sheets to cash, cash equivalents and restricted cash on the Consolidated Statements of Cash Flows.

	2024	2023
Cash and cash equivalents	$ 257,903	$ 115,996
Restricted cash and cash equivalents included in other investments for restricted activities	1,397	1,325
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	$ 259,300	$ 117,321

The accompanying notes are an integral part of these Consolidated Financial Statements.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health), its members, and their Subsidiaries (collectively referred to as "the Dartmouth Health System") is a system of hospitals, clinics, and other healthcare service providers across New Hampshire (NH) and Vermont (VT). The Dartmouth Health System advances health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time. The Dartmouth Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Dartmouth Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

Dartmouth Health serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, Visiting Nurse Association and Hospice of Vermont and New Hampshire (VNH) and Subsidiaries, and Southwestern Vermont Health Care Corporation and Subsidiaries (SVHC). SVHC became a subsidiary of Dartmouth Health on July 3, 2023.

The Dartmouth Health System currently operates one tertiary, one community, and three acute care (critical access) hospitals in NH and VT. One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Dartmouth Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Dartmouth Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

Dartmouth Health, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC, VNH, and SVHC are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

Community Benefits

The Dartmouth Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Dartmouth Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Dartmouth Health System seeks to work collaboratively with other area healthcare providers to improve the health status of the region. Certain members of the Dartmouth Health System provide significant support for academic and research programs, as components of an integrated academic medical center.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Certain member hospitals of the Dartmouth Health System file annual Community Benefits Reports with the State of NH, which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state Community Benefit Report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *The Uncompensated Cost of Care for Medicaid* patients is the unreimbursed cost of providing care to Medicaid patients by the System. The System uses filed Community Benefits Reports, where available, and also tax filings, where necessary, to calculate this amount. The 2024 Community Benefits Reports are expected to be filed in February 2025.

- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals

- *Subsidized Health Services* are services provided by the Dartmouth Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.

- *Community Health Improvement Services* include activities carried out to improve community health, and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Research* includes costs, in excess of awards, for numerous health research and service initiatives within the Dartmouth Health System.

- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.

- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges, as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

The following table summarizes the value of the community benefit initiatives outlined for the year ended June 30, 2023:

(in thousands of dollars)		
Uncompensated cost of care for Medicaid	$	209,213
Health professional education		44,268
Subsidized health services		26,617
Charity care		15,719
Community health improvement services		14,567
Research		18,796
Cash and in-kind contributions		4,320
Community building activities		1,493
Total community benefit value	$	334,993

In fiscal years 2024 and 2023, funds received to offset or subsidize charity care costs provided were $365,000 and $439,000, respectively.

In fiscal years 2024 and 2023, Medicaid and Medicare costs exceeding reimbursement totaled $916,423,000, and $797,604,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Consolidated Financial Statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, gains, and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the Consolidated Financial Statements in conformity with accounting principles generally accepted in the United States of America 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 dates of the Consolidated Financial Statements, and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Excess/(Deficiency) of Revenue over Expenses
The Consolidated Statements of Operations and Changes in Net Assets include the excess/(deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income (loss) on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess/(deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and change in funded status of pension and other postretirement benefit plans.

Charity Care
The Dartmouth Health System provides care to patients who meet certain criteria under their financial assistance policies without charge, or at amounts less than their established rates. Because the Dartmouth Health System does not anticipate collection of amounts qualifying as charity care, they are not reported as revenue.

The Dartmouth Health System grants credit, without collateral, to patients. Most are local residents and are insured under third-party arrangements. The charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue
The Dartmouth Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Dartmouth Health System expects to be entitled from patients, third party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue
The Dartmouth Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Dartmouth Health System and also lease space and equipment. Revenue pursuant to these PSAs, and certain facility and equipment leases and other professional service contracts, have been classified as contracted revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Other Revenue
The Dartmouth Health System recognizes other revenue, which is not related to patient medical care but is central to the day-to-day operations of the Dartmouth Health System. Other revenue, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act) Provider Relief Funds from the Department of Health and Human Services (HHS), CARES Act Employee Retention Credit Funds, Federal Emergency Management Agency assistance, grant revenue, cafeteria sales, and other support service revenue (Note 4).

Cash Equivalents
Cash and cash equivalents include amounts on deposit with financial institutions, short-term investments with maturities of three months or less at the time of purchase, and other highly liquid investments (primarily cash management funds), which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid, investments included within the Dartmouth Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment Income (Loss)
Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is 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 (Note 7).

Investments in pooled/commingled investment funds, private equity funds, and hedge funds that represent investments where the Dartmouth Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

Certain members of the Dartmouth Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Dartmouth Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Fair Value Measurement of Financial Instruments
The Dartmouth Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, and accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, plant, and equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Dartmouth Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method, at rates which are intended to amortize the cost of assets over their estimated useful lives. Estimated useful lives range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

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

Bond Issuance Costs
Bond issuance costs, classified on the Consolidated Balance Sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the Consolidated Statements of Operations and Changes in Net Assets using the straight-line method, which approximates the effective interest method.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Intangible Assets and Goodwill
The Dartmouth Health System records goodwill and intangible assets, such as trade names and leases-in-place, within other assets on the Consolidated Balance Sheets. The Dartmouth Health System considers goodwill and trade names to be indefinite-lived assets, assesses them at least annually for impairment, or more frequently if certain events or circumstances warrant, and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Dartmouth Health System has recorded $10,509,000 and $8,367,000 as intangible assets as of June 30, 2024 and 2023, respectively.

Gifts
Gifts without donor restrictions are recorded as operating income. Conditional promises to give and indications of intentions to give to the Dartmouth Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the Consolidated Statements of Operations and Changes in Net Assets as net assets released from restrictions.

3. Acquisitions

Effective July 3, 2023, SVHC became an affiliate of the Dartmouth Health System when Dartmouth Health became the sole corporate member of SVHC through an affiliation agreement. SVHC is a not-for-profit corporation providing a continuum of patient care services to residents of southwestern Vermont, northwestern Massachusetts, and parts of New York. SVHC has a fiscal year end of September 30.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Dartmouth Health System recorded contribution income of approximately $154,443,000, reflecting the fair value of the contributed net assets of SVHC as of the transaction date. Of this amount, $129,689,000, representing total net assets less donor-restricted net assets, is included as nonoperating gains in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Donor restricted net assets totaling $24,754,000 were recorded within donor restricted net assets in the accompanying Consolidated Statements of Operations and Changes in Net Assets. No consideration was exchanged for the net assets contributed, and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by SVHC at July 3, 2023 were as follows:

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

(in thousands of dollars)

Assets	
Cash and cash equivalents	$ 5,794
Patient accounts receivable, net	17,118
Prepaid expenses and other current assets	9,129
Property, plant, and equipment, net	70,946
Assets limited as to use	92,856
Other assets	38,724
Total assets acquired	$ 234,567
Liabilities	
Accounts payable and accrued expenses	$ 15,173
Accrued compensation and related benefits	8,580
Line of credit	13,700
Long-term debt	28,156
Estimated third-party settlements	3,838
Other liabilities	10,677
Total liabilities assumed	80,124
Net Assets	
Without donor restrictions	129,689
With donor restrictions	24,754
Total net assets	154,443
Total liabilities and net assets	$ 234,567

A summary of the financial results of SVHC included in the Consolidated Statement of Operations and Changes in Net Assets for the period from the date of acquisition, July 3, 2023, through June 30, 2024 is as follows:

(in thousands of dollars)

Total operating revenues	$ 216,946
Total operating expenses	219,902
Operating loss	(2,956)
Nonoperating gains	7,020
Excess of expenses over revenue	4,064
Net assets released from restriction used for capital purposes	5,083
Net assets transferred from affiliate	129,689
Increase in net assets	$ 138,836

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

A summary of the consolidated financial results of the Dartmouth Health System for the years ended 2023, as if the transactions had occurred on July 1, 2022, are as follows (unaudited):

(in thousands of dollars)	
Total operating revenues	$ 3,308,114
Total operating expenses	3,359,808
Operating loss	(51,694)
Nonoperating gains	38,970
Deficiency of revenues over expenses	(12,724)
Net assets released from restriction used for capital purchases	7,644
Change in funded status of pension and other post retirement benefits	33,535
Change in fair value on interest rate swaps	(13)
Increase in net assets without donor restrictions	$ 28,442

4. Net Patient Service Revenue and Accounts Receivable

The Dartmouth Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Dartmouth Health System bills patients and third-party payors several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts, by providing healthcare services to patients.

The Dartmouth Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred, in relation to total expected charges, as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Dartmouth Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Dartmouth Health System has elected

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

to apply the optional exemption provided in ASC 606-10-50-14a and, as such, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Dartmouth Health System's Consolidated Statements of Operations and Changes in Net Assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions
Revenues for the Dartmouth Health System under the traditional fee-for-service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system (PPS) to determine rates-per-discharge. These rates vary according to a patient classification system (DRG), based on diagnostic, clinical, and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Dartmouth Health System's payments for inpatient services rendered to NH and VT Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis, or fee schedules, for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by Critical Access Hospitals (CAH) are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

- The Dartmouth Health System's cost-based services to Medicare and Medicaid are reimbursed during the year, based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (MCPs) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for-service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The MCPs are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments, in accordance with contractual terms in place with the MCPs following their review and adjudication of each bill.

The Dartmouth Health System is not aware of any claims, disputes, or unsettled matters with any payor, that would materially affect its revenues, for which it has not adequately provided in the accompanying Consolidated Financial Statements.

The Dartmouth Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Dartmouth Health System's policy is to treat amounts qualified as charity care as explicit price concessions and, as such, they are not reported in net patient service revenue.

For fiscal year 2023, VT imposed a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue, as determined by the State of VT. As of July 1, 2023, the tax was sunset in the Vermont legislation. Accordingly, in fiscal years 2024 and 2023, home health provider taxes paid were $0 and $579,000, respectively.

Implicit Price Concessions
Generally, patients who are covered by third-party payor contracts are responsible for related co-pays, co-insurance, and deductibles, which vary depending on the contractual obligations of patients. The Dartmouth Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Dartmouth Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles, and for those who are uninsured, based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Dartmouth Health System expects to collect, based on collection history with similar patients. Although outcomes vary, the Dartmouth Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance, and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Dartmouth Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations.

For the years ended June 30, 2024 and 2023, additional increases in revenue of $6,694,000 and $24,098,000, respectively, were recognized, due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans, as well as patients covered under the Dartmouth Health System's uninsured discount and charity care programs.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

The table below shows the Dartmouth Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2024 and 2023.

	2024		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 655,092	$ 113,586	$ 768,678
Medicaid	189,864	25,680	215,544
Commercial	1,199,567	85,726	1,285,293
Self-pay	8,569	3,108	11,677
Subtotal	2,053,092	228,100	2,281,192
Professional	461,294	37,310	498,604
Subtotal	2,514,386	265,410	2,779,796
Home based care			11,518
Total net patient service revenue			$ 2,791,314

	2023		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 587,377	$ 106,370	$ 693,747
Medicaid	168,410	18,824	187,234
Commercial	862,502	88,492	950,994
Self-pay	11,307	802	12,109
Subtotal	1,629,596	214,488	1,844,084
Professional	504,370	35,578	539,948
Subtotal	2,133,966	250,066	2,384,032
Home based care			13,125
Total net patient service revenue			$ 2,397,157

Medicaid Enhancement Tax & Disproportionate Share Hospital
On May 22, 2018, the State of NH and all NH hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State of NH committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2021 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System received DSH payments of $96,411,000 and $85,853,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2024 and 2023, the Dartmouth Health System recognized as revenue DSH receipts of $111,740,000 and $83,582,000, respectively.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System paid and recorded $102,727,000 and $85,715,000, respectively, of NH MET and VT provider taxes. The taxes are calculated at 5.4%, for NH, and 6.0%, for VT, of certain patient service revenues. The NH MET and VT provider taxes are included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets. The agreement with the State of NH expired at the end of fiscal year 2024. NH hospitals are actively seeking a new agreement with the State of NH.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2024 and 2023:

	2024	2023
Medicare	39%	36%
Medicaid	12%	12%
Commercial	37%	41%
Self Pay	12%	11%
Total	100%	100%

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

5. Investments

The composition of investments at June 30, 2024 and 2023 is set forth in the following table:

(in thousands of dollars)	2024	2023
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 11,172	$ 6,988
U.S. government securities	90,786	80,595
Domestic corporate debt securities	314,744	271,321
Global debt securities	32,198	37,092
Domestic equities	250,418	205,200
International equities	95,732	75,199
Emerging markets equities	47,031	37,080
Global equities	91,609	77,479
Real Estate Investment Trust	104	2
Private equity funds	159,387	141,808
Hedge funds	59,185	44,558
Other	77	-
Subtotal	1,152,443	977,322
Investments held by captive insurance companies (Note 12)		
U.S. government securities	39,420	30,366
Domestic corporate debt securities	11,001	13,918
Global debt securities	13,025	13,180
Domestic equities	11,118	13,994
International equities	6,372	5,372
Subtotal	80,936	76,830
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	777	17,310
Total assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities		
Cash and short-term investments	6,673	21,243
U.S. government securities	33,784	27,323
Domestic corporate debt securities	60,369	45,864
Global debt securities	4,924	5,282
Domestic equities	46,721	30,754
International equities	17,716	11,054
Emerging markets equities	8,397	5,187
Global equities	14,904	10,281
Real Estate Investment Trust	19	18
Private equity funds	25,930	18,816
Hedge funds	10,135	6,368
Other	54	34
Total other investments for restricted activities	229,626	182,224
Total investments	$ 1,463,782	$ 1,253,686

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case-by-case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize investments by the accounting method utilized as of June 30, 2024 and 2023. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

	2024		
(in thousands of dollars)	**Fair Value**	**Equity**	**Total**
Cash and short-term investments	$ 18,622	$ -	$ 18,622
U.S. government securities	163,990	-	163,990
Domestic corporate debt securities	153,782	232,332	386,114
Global debt securities	50,147	-	50,147
Domestic equities	256,605	51,652	308,257
International equities	83,754	36,066	119,820
Emerging markets equities	7,451	47,977	55,428
Global equities	-	106,513	106,513
Real Estate Investment Trust	123	-	123
Private equity funds	-	185,317	185,317
Hedge funds	507	68,813	69,320
Other	131	-	131
Total investments	$ 735,112	$ 728,670	$ 1,463,782

	2023		
(in thousands of dollars)	**Fair Value**	**Equity**	**Total**
Cash and short-term investments	$ 45,541	$ -	$ 45,541
U.S. government securities	138,284	-	138,284
Domestic corporate debt securities	122,320	208,783	331,103
Global debt securities	55,554	-	55,554
Domestic equities	204,541	45,407	249,948
International equities	57,221	34,404	91,625
Emerging markets equities	267	42,000	42,267
Global equities	-	87,760	87,760
Real Estate Investment Trust	20	-	20
Private equity funds	-	160,624	160,624
Hedge funds	456	50,470	50,926
Other	34	-	34
Total investments	$ 624,238	$ 629,448	$ 1,253,686

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

For the years ended June 30, 2024 and 2023, investment income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately $830,000 and $905,000, respectively, and as non-operating gains of approximately $124,724,000 and $58,119,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Dartmouth Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Dartmouth Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2024 and 2023, the Dartmouth Health System has outstanding commitments of $97,410,000 and $79,753,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Land	$ 57,684	$ 40,749
Construction in progress	48,001	43,117
Land improvements	62,121	52,054
Buildings and improvements	1,290,315	1,166,776
Equipment	1,159,947	1,101,410
Subtotal property, plant, and equipment	2,618,068	2,404,106
Less accumulated depreciation	(1,696,748)	(1,592,484)
Total property, plant, and equipment, net	$ 921,320	$ 811,622

As of June 30, 2024, construction in progress primarily consists of three projects; the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, the ambulatory expansion project in Manchester, NH, and the lab software upgrade to the Lebanon, Cheshire, New London, and Alice Peck Day locations. The estimated cost to complete the construction in progress is approximately $18,900,000.

As of June 30, 2023, construction in progress primarily consisted of four projects; the Family and Community Care Clinic located in Keene, NH, the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, and two lab software upgrades to the Lebanon campus.

Capitalized interest of $0 and $59,000 is included in construction in progress as of June 30, 2024 and 2023, respectively.

Depreciation expense included in operating activities was $87,732,000 and $87,029,000 for 2024 and 2023, respectively.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

- *Cash and Short-Term Investments* consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

- *Domestic, Emerging Markets and International Equities* consist of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

- *U.S. Government Securities, Domestic Corporate and Global Debt Securities* consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third-party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2024 and 2023:

	2024			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 18,622	$ -	$ -	$ 18,622
U.S. government securities	163,990	-	-	163,990
Domestic corporate debt securities	78,164	75,618	-	153,782
Global debt securities	24,925	25,222	-	50,147
Domestic equities	234,107	22,498	-	256,605
International equities	23,810	59,944	-	83,754
Emerging market equities	7,451	-	-	7,451
Real estate investment trust	123	-	-	123
Hedge funds	507	-	-	507
Other	96	35	-	131
Total fair value investments	551,795	183,317	-	735,112

(continued)

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

(continued)

Deferred compensation plan assets				
Cash and short-term investments	14,463	-	-	14,463
Domestic corporate debt securities	9,519	-	-	9,519
Domestic equities	54,140	-	-	54,140
International equities	7,042	-	-	7,042
Multi strategy fund	66,984	-	-	66,984
Total deferred compensation plan assets	152,148	-	-	152,148
Beneficial interest in trusts	-	-	19,466	19,466
Total assets	$ 703,943	$ 183,317	$ 19,466	$ 906,726

	2023			
(in thousands of dollars)	**Level 1**	**Level 2**	**Level 3**	**Total**
Assets				
Investments				
Cash and short term investments	$ 45,541	$ -	$ -	$ 45,541
U.S. government securities	138,284	-	-	138,284
Domestic corporate debt securities	41,351	80,969	-	122,320
Global debt securities	24,429	31,125	-	55,554
Domestic equities	200,252	4,289	-	204,541
International equities	57,221	-	-	57,221
Emerging market equities	267	-	-	267
Real estate investment trust	20	-	-	20
Hedge funds	456	-	-	456
Other	-	34	-	34
Total fair value investments	507,821	116,417	-	624,238
Deferred compensation plan assets				
Cash and short-term investments	11,893	-	-	11,893
U.S. government securities	40	-	-	40
Domestic corporate debt securities	10,453	-	-	10,453
Global debt securities	16	-	-	16
Domestic equities	41,841	-	-	41,841
International equities	5,874	-	-	5,874
Emerging market equities	21	-	-	21
Real estate	14	-	-	14
Multi strategy fund	62,689	-	-	62,689
Total deferred compensation plan assets	132,841	-	-	132,841
Beneficial interest in trusts	-	-	14,875	14,875
Total assets	$ 640,662	$ 116,417	$ 14,875	$ 771,954

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

There were no liquidations of Level 3 measurements during the years ended June 30, 2024 and 2023.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Investments held in perpetuity	$ 109,649	$ 88,926
Healthcare services	68,660	38,596
Research	30,663	28,176
Health education	23,708	27,374
Other	18,006	10,825
Charity care	14,241	12,486
Purchase of equipment	13,756	3,950
Total net assets with donor restrictions	$ 278,683	$ 210,333

9. Board Designated and Endowment Funds

Net assets include funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Dartmouth Health System has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Dartmouth Health System's net assets with donor restrictions, which are to be held in perpetuity, consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Dartmouth Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Dartmouth Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Dartmouth Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Dartmouth Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Dartmouth Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2024 and 2023.

Endowment net asset composition by type of fund consists of the following at June 30, 2024 and 2023:

	2024		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 139,933	$ 139,933
Board-designated endowment funds	30,085	-	30,085
Total endowed net assets	$ 30,085	$ 139,933	$ 170,018

	2023		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 111,843	$ 111,843
Board-designated endowment funds	28,688	-	28,688
Total endowed net assets	$ 28,688	$ 111,843	$ 140,531

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Changes in endowment net assets for the years ended June 30, 2024 and 2023 are as follows:

	2024		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 28,688	$ 111,843	$ 140,531
Net investment return	411	11,894	12,305
Contributions	-	12,627	12,627
Transfers	1,055	11,165	12,220
Release of appropriated funds	(69)	(7,596)	(7,665)
End of year balances	$ 30,085	$ 139,933	$ 170,018
Beneficial interest in perpetual trusts		18,596	
Net assets with donor restrictions		$ 158,529	

	2023		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 41,344	$ 107,590	$ 148,934
Net investment return	212	1,305	1,517
Contributions	-	3,201	3,201
Transfers	(12,743)	2,561	(10,182)
Release of appropriated funds	(125)	(2,814)	(2,939)
End of year balances	$ 28,688	$ 111,843	$ 140,531
Beneficial interest in perpetual trusts		13,954	
Net assets with donor restrictions		$ 125,797	

10. Long-Term Debt

MHMH established the Dartmouth-Hitchcock Obligated Group (DHOG) for the purpose of issuing bonds financed through New Hampshire Health and Education Facilities Authority (NHHEFA) or the "Authority". The members of the obligated group at June 30, 2024 and 2023 consist of Dartmouth Health, MHMH, DHC, NLH, MAHHC, and APD. The members of the obligated group at June 30, 2023 consisted of Dartmouth Health, MHMH, DHC, Cheshire, NLH, MAHHC, and APD. Dartmouth Health is designated as the obligated group agent.

Effective June 26, 2024, after approval from the Dartmouth Health Board of Trustees, Cheshire withdrew from the DHOG. The Cheshire Series 2012 bonds and the related obligated group note

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

securing the Cheshire bonds, will remain outstanding and therefore constitute a continuing joint and several obligation of the DHOG.

Revenue bonds, issued by members of the DHOG, are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

A summary of long-term debt at June 30, 2024 and 2023 is as follows:

(in thousands of dollars)	2024	2023
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	$ 81,040	$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	109,800
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	98,750	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	22,035	22,860
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	20,800	21,715
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in varying annual amounts through 2035 (9)	125,000	125,000
Note payable to a financial institution due in varying annual amounts through 2035 (10)	100,000	-
Total obligated group debt	$ 1,122,827	$ 1,037,932

(continued)

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

(continued)

Other		
2021 Series B Hospital Bonds, including monthly payments of $227,000, including interest of 2.68%, maturing in December, 2031.	$ 20,365	$ -
2021 Series A Hospital Bonds, including monthly payments ranging from $23,333 to $227,000, including interest of 2.75%, maturing in December, 2031.	5,557	-
Mortgage note payable to the US Dept of Agriculture including monthly payments of $10,892, including interest of 2.375%, maturing in November, 2046.	2,267	2,343
Note payable to a financial institution, with principal balance due in full in June, 2034; collateralized by land and building. The note payable is interest free.	341	232
Note payable to a financial institution, payable in interest free monthly installments through December 2024; collateralized by associated equipment.	-	32
Note payable to the Town of Bennington, VT, with a fixed interest rate of 3.000%. Payment of principal and interest are deferred until March 1, 2025, at which time annual payments will be made.	511	-
Total nonobligated group debt	29,041	2,607
Total long-term debt	1,151,868	1,040,539
Add original issue premium and discounts, net	76,975	80,112
Less: Current portion	(22,426)	(15,236)
Debt issuance costs, net	(6,492)	(6,453)
Total long-term debt, net	$ 1,199,925	$ 1,098,962

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B, in February 2018. The Series 2018A revenue bonds mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. The interest on the Series 2018B revenue bonds is fixed, with an interest rate of 4.18%, and matures in variable amounts through 2048.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2020A, in February 2020. The Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH, as well as various equipment. The interest on the Series 2020A revenue bonds is fixed, with an interest rate of 5.00%.

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B, in December 2017. The Series 2017A revenue bonds mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH, to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A revenue bonds is fixed, with an interest rate of 4.00%.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.

(6) Series 2012 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).

(7) Series 2014B Revenue Bonds

The DHOG issued Series 2014B NHHEFA Revenue in August 2014. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the 2014B revenue bonds were used partially to refund the Series 2009 revenue bonds and to cover cost of issuance. Interest on Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B, in July 2016, through a private placement with a financial institution. The Series 2016B revenue bonds mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

(9) 2020 note payable to financial institution
The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital, as needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

(10) 2023 note payable to financial institution
The DHOG issued a note payable to TD Bank in the amount of $100,000,000. The note matures at various dates through 2033 and is fixed, with an interest rate of 6.17%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2024 and 2023 is approximately $1,122,827,000 and $1,037,932,000, respectively.

Aggregate annual principal payments of total long-term debt for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)		**2024**
2025	$	22,426
2026		23,293
2027		25,509
2028		26,170
2029		27,114
Thereafter		1,027,356
Total	$	1,151,868

The Dartmouth Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $777,000 and $17,310,000 at June 30, 2024 and 2023, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately $48,000 and $46,000 at June 30, 2024 and 2023, respectively, are classified as other current assets in the accompanying Consolidated Balance Sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2024 and 2023.

For the years ended June 30, 2024 and 2023, interest expense on the Dartmouth Health System's long-term debt is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as operating expenses of $40,869,000 and $34,515,000, respectively, and other non-operating losses of $8,203,000 and $3,782,000, respectively, net of amounts capitalized.

11. Employee Benefits

Eligible employees of the Dartmouth Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life insurance benefit plans to certain active and former employees who meet eligibility requirements.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

A summary of the liability for postretirement and other postretirement plan benefits reported in the Consolidated Balance Sheets at June 30 are as follows:

	2024	2023
Current portion of liability for postretirement medical and life benefits*	$ (3,241)	$ (3,386)
Current portion of liability for pension and other postretirement plan benefits	$ (3,241)	$ (3,386)
Long-term portion of liability for pension	$ (184,288)	$ (177,006)
Long-term portion of liability for postretirement medical and life benefits	(27,472)	(29,299)
Liability for pension and other postretirement plan benefits, excluding current portion	$ (211,760)	$ (206,305)
Total liability for pension and other postretirement plan benefits	$ (215,001)	$ (209,691)

* Included within accrued compensation and related benefits on the Consolidated and Consolidating Balance Sheets.

Defined Benefit Plans
The Dartmouth Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Dartmouth Health System's defined benefit plans.

Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Interest cost on projected benefit obligation	$ 46,921	$ 45,924
Expected return on plan assets	(41,321)	(46,071)
Net loss amortization	15,248	15,820
Settlement	13,287	-
Total net periodic pension expense	$ 34,135	$ 15,673

The following assumptions were used to determine net periodic pension expense as of June 30, 2024 and 2023:

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

	2024	2023
Discount rates	4.85 - 5.90%	4.40% - 5.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates of return on plan assets	4.85 - 7.25%	4.40% - 7.25%

The following table sets forth the funded status and amounts recognized in the Dartmouth Health System's Consolidated Financial Statements for the defined benefit pension plans at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Change in benefit obligation		
Benefit obligation, beginning of year	$ 866,750	$ 938,886
Interest cost	46,921	45,924
Benefits paid	(59,301)	(58,580)
Experience loss	(1,809)	-
Actuarial gain/(loss)	2,643	(59,480)
Settlements	(61,442)	-
Benefit obligation, end of year	793,762	866,750
Change in plan assets		
Fair value of plan assets, beginning of year	689,744	747,095
Actual return on plan assets	23,005	1,229
Benefits paid	(59,301)	(58,580)
Employer contributions	17,468	-
Settlements	(61,442)	-
Fair value of plan assets, end of year	609,474	689,744
Funded status of the plans	$ (184,288)	$ (177,006)
Current portion of liability for pension	$ -	$ -
Long-term portion of liability for pension	(184,288)	(177,006)
Liability for pension	$ (184,288)	$ (177,006)

As of June 30, 2024 and 2023, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include $480,101,000 and $489,486,000 of net actuarial loss as of June 30, 2024 and 2023, respectively.

The amounts amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2024 for net actuarial losses was $15,248,000.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2024 and 2023:

	2024	2023
Discount rates	6.00%	4.85 - 5.90%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' assets is to support the pension liabilities of the pension plans for employees of the Dartmouth Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the pension plan's liabilities. As of June 30, 2024, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2023, the expected LDI hedge was approximately 70%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are designed to achieve stated performance objectives, measured on a total return basis which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–20	16
Domestic debt securities	20–58	40
Global debt securities	0–26	0
Domestic equities	5–35	15
International equities	5–15	6
Emerging market equities	3–13	4
Global Equities	0-10	7
Real estate investment trust funds	0-5	0
Private equity funds	0-5	0
Hedge funds	5-18	10

To the extent an asset class falls outside of its target range on a quarterly basis, the Dartmouth Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

The Boards of Trustees of the Dartmouth Health System, as plan sponsors, oversee the design, structure, and prudent professional management of the Dartmouth Health System's pension plans' assets, in accordance with Board approved investment policies, roles, responsibilities, and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The following table sets forth the Dartmouth Health System's pension plans' investments that were accounted for at fair value as of June 30, 2024 and 2023:

	2024					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 9,846	$ -	$ 9,846	Daily	1
U.S. government securities	45,202	-	-	45,202	Daily–Monthly	1–15
Domestic debt securities	64,075	200,343	-	264,418	Daily–Monthly	1–15
Domestic equities	66,717	28,921	-	95,638	Daily–Monthly	1–10
International equities	-	37,727	-	37,727	Daily–Monthly	1–11
Emerging market equities	-	26,530	-	26,530	Daily–Monthly	1–17
Global equities	-	48,690	-	48,690	Daily–Monthly	1–17
Total investments	$ 175,994	$ 352,057	$ -	$ 528,051		

	2023					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 10,667	$ -	$ 10,667	Daily	1
U.S. government securities	22,919	-	-	22,919	Daily–Monthly	1–15
Domestic debt securities	96,004	250,964	-	346,968	Daily–Monthly	1–15
Domestic equities	89,391	26,849	-	116,240	Daily–Monthly	1–10
International equities	18,912	22,361	-	41,273	Daily–Monthly	1–11
Emerging market equities	-	26,743	-	26,743	Daily–Monthly	1–17
Global equities	-	52,461	-	52,461	Daily–Monthly	1–17
Total investments	$ 227,226	$ 390,045	$ -	$ 617,271		

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Additionally, private equity and hedge funds, valued at NAV, totaled $81,423,000 and $72,473,000 as of June 30, 2024 and 2023, respectively. Private equity and hedge funds, maintained in the pension plans' investments, have redemption terms that vary between quarterly and annually, and generally require between 60-96 days' notice.

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

The weighted average asset allocation, by asset category, for the Dartmouth Health System's pension plans is as follows at June 30, 2024 and 2023:

	2024	2023
Cash and short-term investments	2 %	3 %
U.S. government securities	16	5
Domestic debt securities	40	42
Global debt securities	0	4
Domestic equities	15	17
International equities	6	7
Emerging market equities	4	4
Global equities	7	6
Hedge funds	10	12
Total	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.25% per annum.

The Dartmouth Health System is expected to contribute approximately $30,000,000 to the Plans in 2025, however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)	
2025	$ 59,584
2026	61,036
2027	61,996
2028	62,867
2029	63,495
2030 - 2034	316,610

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Defined Contribution Plans
The Dartmouth Health System has employer-sponsored plans for certain of its members, under which the employer makes contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of $74,481,000 and $71,152,000 in 2024 and 2023, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Postretirement Medical and Life Insurance Benefits
The Dartmouth Health System has postretirement medical and life insurance benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit cost is comprised of the components listed below for the years ended June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Service cost	$ 225	$ 357
Interest cost	1,856	1,956
Net (income) loss amortization	(2)	62
Total	$ 2,079	$ 2,375

The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Dartmouth Health System's Consolidated Financial Statements at June 30, 2024 and 2023:

(in thousands of dollars)	2024	2023
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	$ 32,685	$ 40,315
Service cost	225	357
Interest cost	1,856	1,956
Benefits paid	(3,486)	(3,588)
Actuarial income	(567)	(6,355)
Accumulated benefit obligation, end of year	30,713	32,685
Current portion of liability for postretirement medical and life benefits	$ (3,241)	$ (3,386)
Long-term portion of liability for postretirement medical and life benefits	(27,472)	(29,299)
Funded status of the plans and liability for postretirement medical and life benefits	$ (30,713)	$ (32,685)

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

As of June 30, 2024 and 2023, the liability for postretirement medical and life insurance benefits is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.
Amounts not yet reflected in net periodic income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

(in thousands of dollars)	2024	2023
Net actuarial income	$ (2,535)	$ (1,970)
Total	$ (2,535)	$ (1,970)

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2024 and thereafter:

(in thousands of dollars)	
2025	$ 3,338
2026	3,366
2027	3,360
2028	3,188
2029	3,069
2030-2034	14,095

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Dartmouth Health System used discount rates of 6.10 - 6.60% in 2024, and assumed healthcare cost trend rates of 6.25 – 6.50%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company.

RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees on a modified claims-made basis, which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined, based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2024 and 2023, are summarized as follows:

	2024		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 100,066	$ 2,628	$ 102,694
Shareholders' equity	13,620	50	13,670

	2023		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 93,777	$ 2,372	$ 96,149
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Dartmouth Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. It is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Dartmouth Health System.

Lines of Credit

The Dartmouth Health System has entered into loan agreements with financial institutions, establishing access to revolving lines of credit up to $120,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index, the Wall Street Journal Prime Rate, or the Secured Overnight Financing Rate. The loan agreements are due to expire October 3, 2025 and January 31, 2025. The outstanding balances on the lines of credit totaled $41,950,000 and $40,000,000 as of June 30, 2024 and 2023, respectively. Interest expense was approximately $4,367,000 and $1,200,000 for the years ended June 30, 2024 and 2023, respectively, and is included in the Consolidated Statements of Operations and Changes in Net Assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Dartmouth Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Dartmouth Health System by functional and natural basis are as follows for the years ended June 30, 2024 and 2023, respectively:

	2024			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	$ 1,356,800	$ 222,603	$ 2,077	$ 1,581,480
Employee benefits	341,483	49,747	478	391,708
Medical supplies and medications	833,657	7,614	6	841,277
Purchased services and other	361,683	152,130	7,406	521,219
Medicaid enhancement tax	102,727	-	-	102,727
Depreciation and amortization	46,069	43,873	43	89,985
Interest	8,293	32,569	7	40,869
Total operating	$ 3,050,712	$ 508,536	$ 10,017	$ 3,569,265

	Program Services	Management and General	Fundraising	Total
Non-operating				
Employee benefits	$ 31,706	$ 4,200	$ 83	$ 35,989
Interest	-	8,203	-	8,203
Development	-	-	10,203	10,203
Total non-operating	$ 31,706	$ 12,403	$ 10,286	$ 54,395

	2023			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	$ 1,238,158	$ 183,063	$ 1,870	$ 1,423,091
Employee benefits	293,359	38,778	249	332,386
Medical supplies and medications	722,957	2,517	6	725,480
Purchased services and other	305,192	148,439	5,270	458,901
Medicaid enhancement tax	85,715	-	-	85,715
Depreciation and amortization	45,702	44,707	48	90,457
Interest	8,470	26,037	8	34,515
Total operating	$ 2,699,553	$ 443,541	$ 7,451	$ 3,150,545

	Program Services	Management and General	Fundraising	Total
Non-operating				
Employee benefits	$ 15,606	$ 2,077	$ 8	$ 17,691
Interest	-	3,782	-	3,782
Development	-	-	8,799	8,799
Total non-operating	$ 15,606	$ 5,859	$ 8,807	$ 30,272

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

15. Liquidity

The Dartmouth Health System is substantially supported by cash generated from operations. In addition, the Dartmouth Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying Consolidated Balance Sheets may not be available for general expenditure within one year of the balance sheet date.

The Dartmouth Health System's financial assets available at June 30, 2024 and 2023 to meet cash needs for general expenditures within one year of June 30, 2024 and 2023, respectively, are as follows:

(in thousands of dollars)	2024	2023
Cash and cash equivalents	$ 257,903	$ 115,996
Patient accounts receivable	287,317	289,787
Assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities	229,626	182,224
Total financial assets	2,009,002	1,659,469
Less those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	(80,936)	(76,830)
Investments for restricted activities	(229,626)	(182,224)
Bond proceeds held for capital projects	(777)	(17,310)
Other investments with liquidity horizons greater than one year	(159,491)	(141,810)
Total financial assets available within one year	$ 1,538,172	$ 1,241,295

The Dartmouth Health System used cash flow from operations of approximately $147,848,000 and ($164,033,000) for the years ended June 30, 2024 and June 30, 2023, respectively. In addition, the Dartmouth Health System's liquidity management plan includes investing excess daily cash in intermediate or long-term investments based on anticipated liquidity needs. The Dartmouth Health System has available lines of credit of up to $120,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the lines of credit.

16. Lease Commitments

Dartmouth Health determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date, based on the present value of lease payments over the lease term. The Dartmouth Health System uses the implicit rate noted within the contract. If not readily available, the Dartmouth Health System uses an estimated incremental borrowing rate, which is derived using a collateralized borrowing rate, for the same

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

currency and term, as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less, rather the Dartmouth Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of 3 to 8 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at the Dartmouth Health System's sole discretion. When determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Dartmouth Health System will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the Consolidated Statements of Operations and Changes in Net Assets, but are not included in the right-of-use asset or liability balances in our Consolidated Balance Sheets. Lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The components of lease expense for the years ended June 30, 2024 and 2023 are as follows:

(in thousands of dollars)	2024	2023
Operating lease cost	$ 8,444	$ 9,590
Variable and short term lease cost (a)	10,866	10,608
Total lease and rental expense	$ 19,310	$ 20,198
Finance lease cost:		
Depreciation of property under finance lease	$ 4,793	$ 3,778
Interest on debt of property under finance lease	1,321	546
Total finance lease cost	$ 6,114	$ 4,324

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the years ended June 30, 2024 and 2023 are as follows:

(in thousands of dollars)	2024	2023
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	$ 9,450	$ 10,067
Operating cash flows from finance leases	1,376	546
Financing cash flows from finance leases	4,635	3,599
Total	$ 15,461	$ 14,212

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Supplemental balance sheet information related to leases as of June 30, 2024 and 2023 are as follows:

(in thousands of dollars)	2024	2023
Operating Leases		
Right-of-use assets - operating leases	$ 57,999	59,258
Accumulated amortization	(30,834)	(26,731)
Right-of-use assets - operating leases, net	27,165	32,527
Current portion of right-of-use obligations	5,987	7,799
Long-term right-of-use obligations, excluding current portion	25,817	25,386
Total operating lease liabilities	31,804	33,185
Finance Leases		
Right-of-use assets - finance leases	39,965	32,837
Accumulated depreciation	(14,027)	(9,836)
Right-of-use assets - finance leases, net	25,938	23,001
Current portion of right-of-use obligations	4,155	3,535
Long-term right-of-use obligations, excluding current portion	19,990	20,285
Total finance lease liabilities	$ 24,145	23,820
Weighted Average remaining lease term, years		
Operating leases	4.02	7.54
Finance leases	14.96	15.73
Weighted Average discount rate		
Operating leases	3.72%	2.36%
Finance leases	6.60%	3.46%

The Dartmouth Health System obtained $3.2 million and $7.8 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2024.

The Dartmouth Health System obtained $3.6 million and $9.2 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2023.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Future maturities of lease liabilities as of June 30, 2024 are as follows:

(in thousands of dollars)	Operating Leases	Finance Leases
Year ending June 30:		
2025	$ 6,783	$ 5,404
2026	5,264	4,905
2027	4,118	3,647
2028	3,001	2,646
2029	2,493	1,794
Thereafter	9,332	18,621
Total lease payments	30,991	37,017
Less imputed interest	(2,959)	(9,099)
Total lease obligations	$ 28,032	$ 27,918

17. Subsequent Events

The Dartmouth Health System has assessed the impact of subsequent events through October 31, 2024, the date the audited Consolidated Financial Statements were issued, and has concluded that there were no such events that require adjustment to the audited Consolidated Financial Statements or disclosure in the notes to the audited Consolidated Financial Statements other than as noted below.

On July 31, 2024, Valley Regional Healthcare, Inc. (VRHC) and its subsidiary, Valley Regional Hospital (a critical access hospital located in Claremont, NH) and affiliates (VRH), became subsidiaries of the Dartmouth Health System.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Consolidating Supplemental Information

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 111,792	$ -	$ 54,156	$ 13,327	$ 39,000	$ -	$ 218,275	$ 39,628	$ -	$ 257,903
Patient accounts receivable, net	-	221,992	9,307	9,343	9,922	-	250,564	36,753	-	287,317
Prepaid expenses and other current assets	45,504	233,689	(33)	511	1,470	(78,104)	203,037	17,888	(34,196)	186,729
Total current assets	157,296	455,681	63,430	23,181	50,392	(78,104)	671,876	94,269	(34,196)	731,949
Assets limited as to use	115,784	898,272	16,106	26,862	19,973	(227)	1,076,770	157,386	-	1,234,156
Notes receivable, related party	838,175	11,126	366	-	-	(828,172)	21,495	(366)	(21,129)	-
Other investments for restricted activities	41	136,366	7,004	8,058	3,534	-	155,003	74,623	-	229,626
Property, plant, and equipment, net	-	656,781	27,646	18,120	44,979	-	747,526	173,794	-	921,320
Right-of-use assets, net	140	27,499	14,076	4,572	1,452	-	47,739	5,364	-	53,103
Other assets	7,061	188,452	16,156	5,080	6,988	-	223,737	27,976	-	251,713
Total assets	$ 1,118,497	$ 2,374,177	$ 144,784	$ 85,873	$ 127,318	$ (906,503)	$ 2,944,146	$ 533,046	$ (55,325)	$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 17,435	$ -	$ 890	$ 24	$ -	$ -	$ 18,349	$ 4,077	$ -	$ 22,426
Current portion of right-of-use obligations	140	7,533	789	438	220	-	9,120	1,022	-	10,142
Line of credit	-	29,000	-	-	-	-	29,000	12,950	-	41,950
Accounts payable and accrued expenses	51,894	134,987	3,815	7,271	3,694	(78,331)	123,330	49,332	(34,196)	138,466
Accrued compensation and related benefits	-	138,621	4,657	4,374	3,746	-	151,398	17,457	-	168,855
Estimated third-party settlements	-	44,357	12,208	999	17,472	-	75,036	7,632	-	82,668
Total current liabilities	69,469	354,498	22,359	13,106	25,132	(78,331)	406,233	92,470	(34,196)	464,507
Notes payable, related party	-	784,427	-	17,570	26,175	(828,172)	-	21,129	(21,129)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,077	(23)	-	-	1,154,432	45,493	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	13,986	4,331	1,266	-	40,337	5,470	-	45,807
Insurance deposits and related liabilities	-	96,918	368	206	262	-	97,754	643	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	306	-	-	211,760	-	-	211,760
Other liabilities	-	165,236	3,059	-	2,416	-	170,711	28,380	-	199,091
Total liabilities	1,177,707	1,658,427	60,849	35,496	55,251	(906,503)	2,081,227	193,585	(55,325)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	563,096	76,931	40,601	66,958	-	688,376	235,281	40	923,697
Net assets with donor restrictions	-	152,654	7,004	9,776	5,109	-	174,543	104,180	(40)	278,683
Total net assets	(59,210)	715,750	83,935	50,377	72,067	-	862,919	339,461	-	1,202,380
Total liabilities and net assets	$ 1,118,497	$ 2,374,177	$ 144,784	$ 85,873	$ 127,318	$ (906,503)	$ 2,944,146	$ 533,046	$ (55,325)	$ 3,421,867

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 111,792	$ 1,264	$ 64,114	$ 22,417	$ 13,508	$ 39,000	$ 4,634	$ 1,174	$ -	$ 257,903
Patient accounts receivable, net	-	221,992	9,307	14,344	9,526	9,922	21,303	923	-	287,317
Prepaid expenses and other current assets	45,504	234,013	(210)	6,809	503	1,470	10,172	768	(112,300)	186,729
Total current assets	157,296	457,269	73,211	43,570	23,537	50,392	36,109	2,865	(112,300)	731,949
Assets limited as to use	115,784	930,022	16,106	10,493	28,288	19,973	96,586	17,131	(227)	1,234,156
Notes receivable, related party	838,175	11,126	-	-	-	-	-	-	(849,301)	-
Other investments for restricted activities	41	144,920	7,240	42,535	8,058	3,534	23,203	95	-	229,626
Property, plant, and equipment, net	-	659,456	43,744	71,253	19,423	44,979	77,316	5,149	-	921,320
Right-of-use assets, net	140	27,499	14,104	1,442	4,572	1,452	3,851	43	-	53,103
Other assets	7,061	188,628	8,321	25,624	2,619	6,988	11,999	473	-	251,713
Total assets	$ 1,118,497	$ 2,418,920	$ 162,726	$ 194,917	$ 86,497	$ 127,318	$ 249,064	$ 25,756	$ (961,828)	$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 17,435	$ -	$ 890	$ 945	$ 28	$ -	$ 3,050	$ 78	$ -	22,426
Current portion of right-of-use obligations	140	7,533	796	384	438	220	621	10	-	10,142
Line of credit	-	29,000	-	-	-	-	12,950	-	-	41,950
Accounts payable and accrued expenses	51,894	135,488	4,601	24,622	7,425	3,694	22,619	650	(112,527)	138,466
Accrued compensation and related benefits	-	138,621	5,207	6,623	4,377	3,746	9,550	731	-	168,855
Estimated third-party settlements	-	44,357	12,208	6,402	999	17,472	1,230	-	-	82,668
Total current liabilities	69,469	354,999	23,702	38,976	13,267	25,132	50,020	1,469	(112,527)	464,507
Notes payable, related party	-	784,427	-	21,129	17,570	26,175	-	-	(849,301)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,035	19,942	212	-	23,169	2,189	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	14,006	1,151	4,331	1,266	4,265	34	-	45,807
Insurance deposits and related liabilities	-	96,918	368	621	206	262	-	22	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	-	306	-	-	-	-	211,760
Other liabilities	-	165,236	23,921	2,311	-	2,416	5,207	-	-	199,091
Total liabilities	1,177,707	1,658,928	83,032	84,130	35,892	55,251	82,661	3,714	(961,828)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	598,613	72,454	43,703	40,829	66,958	138,836	21,474	40	923,697
Net assets with donor restrictions	-	161,379	7,240	67,084	9,776	5,109	27,567	568	(40)	278,683
Total net assets	(59,210)	759,992	79,694	110,787	50,605	72,067	166,403	22,042	-	1,202,380
Total liabilities and net assets	$ 1,118,497	$ 2,418,920	$ 162,726	$ 194,917	$ 86,497	$ 127,318	$ 249,064	$ 25,756	$ (961,828)	$ 3,421,867

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 2,375	$ 202	$ 40,750	$ 11,462	$ 32,082	$ -	$ 86,871	$ 29,125	$ -	$ 115,996
Patient accounts receivable, net	-	241,747	10,868	7,607	11,022	-	271,244	18,543	-	289,787
Prepaid expenses and other current assets	19,552	210,275	2,374	2,009	2,449	(36,789)	199,870	2,619	(18,385)	184,104
Total current assets	21,927	452,224	53,992	21,078	45,553	(36,789)	557,985	50,287	(18,385)	589,887
Assets limited as to use	136,937	832,895	13,089	25,786	17,990	(16,760)	1,009,937	61,525	-	1,071,462
Notes receivable, related party	843,946	14,308	588	-	-	(844,777)	14,065	(588)	(13,477)	-
Other investments for restricted activities	5	126,671	2,632	7,208	3,206	-	139,722	42,502	-	182,224
Property, plant, and equipment, net	-	624,394	27,724	16,260	44,547	-	712,925	98,697	-	811,622
Right-of-use assets, net	344	32,819	14,967	4,897	286	-	53,313	2,215	-	55,528
Other assets	1,943	168,736	13,798	4,688	6,622	-	195,787	(2,454)	-	193,333
Total assets	$ 1,005,102	$ 2,252,047	$ 126,790	$ 79,917	$ 118,204	$ (898,326)	$ 2,683,734	$ 252,184	$ (31,862)	$ 2,904,056
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ 13,365	$ -	$ 825	$ 11	$ 21	$ -	$ 14,222	$ 1,014	$ -	$ 15,236
Current portion of right-of-use obligations	204	9,136	759	422	49	-	10,570	764	-	11,334
Line of credit	-	40,000	-	-	-	-	40,000	-	-	40,000
Accounts payable and accrued expenses	23,590	151,473	5,300	8,173	3,975	(53,549)	138,962	26,170	(18,385)	146,747
Accrued compensation and related benefits	-	123,104	3,549	4,491	3,192	-	134,336	6,517	-	140,853
Estimated third-party settlements	-	28,560	12,588	-	18,245	-	59,393	4,967	-	64,360
Total current liabilities	37,159	352,273	23,021	13,097	25,482	(53,549)	397,483	39,432	(18,385)	418,530
Notes payable, related party	-	800,163	-	17,570	27,044	(844,777)	-	13,477	(13,477)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,956	(105)	11	-	1,075,641	23,321	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	4,635	243	-	44,137	1,534	-	45,671
Insurance deposits and related liabilities	-	89,947	322	283	253	-	90,805	544	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	368	-	-	197,417	8,888	-	206,305
Other liabilities	-	148,553	366	-	2,065	-	150,984	22,934	-	173,918
Total liabilities	1,065,965	1,637,431	60,451	35,848	55,098	(898,326)	1,956,467	110,130	(31,862)	2,034,735
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(60,873)	476,653	63,708	35,455	58,347	-	573,290	85,658	40	658,988
Net assets with donor restrictions	10	137,963	2,631	8,614	4,759	-	153,977	56,396	(40)	210,333
Total net assets	(60,863)	614,616	66,339	44,069	63,106	-	727,267	142,054	-	869,321
Total liabilities and net assets	$ 1,005,102	$ 2,252,047	$ 126,790	$ 79,917	$ 118,204	$ (898,326)	$ 2,683,734	$ 252,184	$ (31,862)	$ 2,904,056

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Balance Sheets
June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 2,375	$ 1,470	$ 50,139	$ 15,911	$ 11,691	$ 32,082	$ 2,328	$ -	$ 115,996
Patient accounts receivable, net	-	241,747	10,868	17,253	7,799	11,022	1,098	-	289,787
Prepaid expenses and other current assets	19,552	210,708	2,284	1,504	1,992	2,449	789	(55,174)	184,104
Total current assets	21,927	453,925	63,291	34,668	21,482	45,553	4,215	(55,174)	589,887
Assets limited as to use	136,937	860,436	13,089	13,376	27,090	17,990	19,304	(16,760)	1,071,462
Notes receivable, related party	843,946	14,308	-	-	-	-	-	(858,254)	-
Other investments for restricted activities	5	134,091	2,911	34,711	7,209	3,206	91	-	182,224
Property, plant, and equipment, net	-	627,070	44,435	72,289	17,593	44,547	5,688	-	811,622
Right-of-use assets, net	344	32,819	14,967	2,145	4,898	286	69	-	55,528
Other assets	1,943	168,902	6,505	7,130	2,231	6,622	-	-	193,333
Total assets	$ 1,005,102	$ 2,291,551	$ 145,198	$ 164,319	$ 80,503	$ 118,204	$ 29,367	$ (930,188)	$ 2,904,056
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ 13,365	$ -	$ 825	$ 915	$ 36	$ 21	$ 74	$ -	$ 15,236
Current portion of right-of-use obligations	204	9,136	759	735	423	49	28	-	11,334
Line of credit	-	40,000	-	-	-	-	-	-	40,000
Accounts payable and accrued expenses	23,590	152,515	5,990	22,818	8,312	3,975	1,481	(71,934)	146,747
Accrued compensation and related benefits	-	123,104	3,907	5,406	4,564	3,192	680	-	140,853
Estimated third-party settlements	-	28,560	12,588	4,928	-	18,245	39	-	64,360
Total current liabilities	37,159	353,315	24,069	34,802	13,335	25,482	2,302	(71,934)	418,530
Notes payable, related party	-	800,163	-	10,477	17,570	27,044	3,000	(858,254)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,907	20,907	89	11	2,269	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	1,493	4,635	243	41	-	45,671
Insurance deposits and related liabilities	-	89,947	322	500	283	253	44	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	8,888	368	-	-	-	206,305
Other liabilities	-	148,553	21,800	1,500	-	2,065	-	-	173,918
Total liabilities	1,065,965	1,638,473	82,884	78,567	36,280	55,098	7,656	(930,188)	2,034,735
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(60,873)	507,534	59,404	37,307	35,609	58,347	21,620	40	658,988
Net assets with donor restrictions	10	145,544	2,910	48,445	8,614	4,759	91	(40)	210,333
Total net assets	(60,863)	653,078	62,314	85,752	44,223	63,106	21,711	-	869,321
Total liabilities and net assets	$ 1,005,102	$ 2,291,551	$ 145,198	$ 164,319	$ 80,503	$ 118,204	$ 29,367	$ (930,188)	$ 2,904,056

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 2,071,131	$ 108,263	$ 65,362	$ 91,783	$ -	$ 2,336,539	$ 454,775	$ -	$ 2,791,314
Contracted revenue	-	124,354	275	3,592	163	(485)	127,899	132	(107,310)	20,721
Other operating revenue	36,381	686,348	6,084	3,734	6,830	(47,705)	691,672	92,363	(3,049)	780,986
Net assets released from restrictions	-	15,568	130	311	131	-	16,140	1,986	-	18,126
Total operating revenue and other support	36,381	2,897,401	114,752	72,999	98,907	(48,190)	3,172,250	549,256	(110,359)	3,611,147
Operating expenses										
Salaries	-	1,258,760	52,917	30,657	49,683	468	1,392,485	277,941	(88,946)	1,581,480
Employee benefits	-	307,857	14,261	8,935	11,044	1,735	343,832	57,929	(10,053)	391,708
Medications and medical supplies	-	725,220	12,612	4,420	12,888	-	755,140	86,138	(1)	841,277
Purchased services and other	21,355	387,056	15,882	23,191	10,631	(22,732)	435,383	95,870	(10,034)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	2,331	3,583	-	81,440	21,287	-	102,727
Depreciation and amortization	-	59,643	3,420	2,504	4,745	-	70,312	19,673	-	89,985
Interest	32,181	32,046	779	480	1,133	(29,021)	37,598	3,919	(648)	40,869
Total operating expenses	53,536	2,841,744	104,235	72,518	93,707	(49,550)	3,116,190	562,757	(109,682)	3,569,265
Operating margin (loss)	(17,155)	55,657	10,517	481	5,200	1,360	56,060	(13,501)	(677)	41,882
Non-operating gains (losses)										
Investment gains, net	9,456	88,440	1,834	3,266	2,118	(206)	104,908	20,009	(193)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	-	-	-	(22,096)	(606)	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	141	1,029	(1,154)	(18,624)	(4,334)	870	(22,088)
Pension termination settlement charge	-	-	-	-	-	-	-	(13,287)	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	129,689	-	-	129,689
Total non-operating gains, net	122,582	64,259	1,842	3,407	3,147	(1,360)	193,877	1,782	677	196,336
Excess (deficiency) of revenue over expenses	105,427	119,916	12,359	3,888	8,347	-	249,937	(11,719)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	550	93	239	174	-	1,056	14,094	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	27	-	-	(902)	12,295	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,074)	791	992	90	-	(134,965)	134,965	-	-
Other changes in net assets	-	(20)	(20)	-	-	-	(40)	(12)	-	(52)
Increase in net assets without donor restrictions	$ 1,663	$ 86,443	$ 13,223	$ 5,146	$ 8,611	$ -	$ 115,086	$ 149,623	$ -	$ 264,709

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a/Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2024

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 2,071,131	$ 108,263	$ 271,783	$ 65,362	$ 91,783	$ 171,474	$ 11,518	$ -	$ 2,791,314
Contracted revenue	-	124,384	275	102	3,592	163	-	-	(107,795)	20,721
Other operating revenue	36,381	689,357	17,415	28,942	5,681	6,830	45,058	2,076	(50,754)	780,986
Net assets released from restrictions	-	16,310	193	766	311	131	414	1	-	18,126
Total operating revenue and other support	36,381	2,901,182	126,146	301,593	74,946	98,907	216,946	13,595	(158,549)	3,611,147
Operating expenses										
Salaries	-	1,258,760	57,805	147,443	31,528	49,683	115,634	9,105	(88,478)	1,581,480
Employee benefits	-	307,857	15,304	34,941	9,113	11,044	19,894	1,873	(8,318)	391,708
Medications and medical supplies	-	725,220	12,627	54,458	4,427	12,888	31,059	599	(1)	841,277
Purchased services and other	21,355	390,297	19,643	51,328	24,021	10,631	32,983	3,727	(32,766)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	10,045	2,331	3,583	11,242	-	-	102,727
Depreciation and amortization	-	59,643	5,341	10,103	2,614	4,745	6,999	540	-	89,985
Interest	32,181	32,046	1,066	1,319	480	1,133	2,091	222	(29,669)	40,869
Total operating expenses	53,536	2,844,985	116,150	309,637	74,514	93,707	219,902	16,066	(159,232)	3,569,265
Operating margin (loss)	(17,155)	56,197	9,996	(8,044)	432	5,200	(2,956)	(2,471)	683	41,882
Non-operating gains (losses)										
Investment gains, net	9,456	92,397	2,182	2,971	3,387	2,118	10,474	2,138	(399)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	(587)	(19)	-	-	-	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	(908)	162	1,029	(3,454)	7	(284)	(22,088)
Pension termination settlement charge	-	-	-	(13,287)	-	-	-	-	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	-	-	-	129,689
Total non-operating gains (losses), net	122,582	68,216	2,190	(11,811)	3,530	3,147	7,020	2,145	(683)	196,336
Excess (deficiency) of revenue over expenses	105,427	124,413	12,186	(19,855)	3,962	8,347	4,064	(326)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	665	93	8,896	239	174	5,083	-	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	12,295	27	-	-	-	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,050)	791	5,072	992	90	129,689	180	-	-
Other changes in net assets	-	(20)	(20)	(12)	-	-	-	-	-	(52)
Increase (decrease) in net assets without donor restrictions	$ 1,663	$ 91,079	$ 13,050	$ 6,396	$ 5,220	$ 8,611	$ 138,836	$ (146)	$ -	$ 264,709

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	$ -	$ 1,888,079	$ 98,605	$ 63,606	$ 87,855	$ -	$ 2,138,145	$ 259,012	$ -	$ 2,397,157
Contracted revenue	3,834	141,562	149	3,657	51	(799)	148,454	336	(64,444)	84,346
Other operating revenue	36,756	578,965	4,264	2,134	6,485	(43,983)	584,621	31,811	(7,557)	608,875
Net assets released from restrictions	-	12,763	100	284	316	-	13,463	1,380	-	14,843
Total operating revenue and other support	40,590	2,621,369	103,118	69,681	94,707	(44,782)	2,884,683	292,539	(72,001)	3,105,221
Operating expenses										
Salaries	-	1,183,341	49,062	28,947	46,198	486	1,308,034	162,896	(47,839)	1,423,091
Employee benefits	-	276,506	9,020	8,278	8,321	1,697	303,822	36,910	(8,346)	332,386
Medications and medical supplies	-	650,157	13,130	4,379	11,852	-	679,518	45,962	-	725,480
Purchased services and other	20,277	366,903	15,821	21,278	11,834	(18,642)	417,471	56,691	(15,261)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	2,273	3,366	-	75,870	9,845	-	85,715
Depreciation and amortization	1	68,566	3,372	2,311	4,775	-	79,025	11,432	-	90,457
Interest	33,194	28,101	805	479	1,064	(30,386)	33,257	1,544	(286)	34,515
Total operating expenses	53,472	2,639,379	95,636	67,945	87,410	(46,845)	2,896,997	325,280	(71,732)	3,150,545
Operating margin (loss)	(12,882)	(18,010)	7,482	1,736	7,297	2,063	(12,314)	(32,741)	(269)	(45,324)
Non-operating gains (losses)										
Investment gains, net	1,373	48,094	881	915	1,113	(252)	52,124	6,067	(72)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	-	-	-	(16,269)	(1,422)	-	(17,691)
Other income (losses), net	(10,643)	250	-	387	509	(1,811)	(11,308)	2,437	341	(8,530)
Total non-operating gains (losses), net	(9,270)	32,075	881	1,302	1,622	(2,063)	24,547	7,082	269	31,898
Excess (deficiency) of revenue over expenses	(22,152)	14,065	8,363	3,038	8,919	-	12,233	(25,659)	-	(13,426)
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	2,139	56	233	26	-	2,454	775	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	114	-	-	37,436	(2,535)	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,881	703	992	428	-	(6,079)	6,079	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	(13)	-	-	(13)
Increase (decrease) in net assets without donor restrictions	$ (35,235)	$ 58,398	$ 9,118	$ 4,377	$ 9,373	$ -	$ 46,031	$ (21,340)	$ -	$ 24,691

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2023

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support									
Net patient service revenue	$ -	$ 1,888,079	$ 98,605	$ 245,887	$ 63,606	$ 87,855	$ 13,125	$ -	$ 2,397,157
Contracted revenue	3,834	141,815	149	84	3,656	51	-	(65,243)	84,346
Other operating revenue	36,756	581,102	14,641	15,548	3,974	6,485	1,909	(51,540)	608,875
Net assets released from restrictions	-	13,358	129	747	293	316	-	-	14,843
Total operating revenue and other support	40,590	2,624,354	113,524	262,266	71,529	94,707	15,034	(116,783)	3,105,221
Operating expenses									
Salaries	-	1,183,341	53,203	144,785	29,820	46,198	13,097	(47,353)	1,423,091
Employee benefits	-	276,506	10,002	33,677	8,435	8,321	2,095	(6,650)	332,386
Medications and medical supplies	-	650,157	13,149	45,073	4,382	11,852	872	(5)	725,480
Purchased services and other	20,277	369,991	19,196	44,961	22,074	11,834	4,471	(33,903)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	9,844	2,274	3,366	-	-	85,715
Depreciation and amortization	1	68,566	5,203	8,945	2,425	4,775	542	-	90,457
Interest	33,194	28,101	1,115	1,031	480	1,064	201	(30,671)	34,515
Total operating expenses	53,472	2,642,467	106,294	288,316	69,890	87,410	21,278	(118,582)	3,150,545
Operating margin (loss)	(12,882)	(18,113)	7,230	(26,050)	1,639	7,297	(6,244)	1,799	(45,324)
Non-operating gains (losses)									
Investment gains, net	1,373	50,245	1,111	2,389	997	1,113	1,220	(329)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	(1,422)	-	-	-	-	(17,691)
Other income (losses), net	(10,643)	250	-	2,361	403	509	60	(1,470)	(8,530)
Total non-operating gains (losses), net	(9,270)	34,226	1,111	3,328	1,400	1,622	1,280	(1,799)	31,898
Excess (deficiency) of revenue over expenses	(22,152)	16,113	8,341	(22,722)	3,039	8,919	(4,964)	-	(13,426)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	2,223	56	691	233	26	-	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	(2,535)	114	-	-	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,872	703	5,199	992	428	889	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	-	-	(13)
Increase (decrease) in net assets without donor restrictions	$ (35,235)	$ 60,521	$ 9,096	$ (19,367)	$ 4,378	$ 9,373	$ (4,075)	$ -	$ 24,691

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Note to Supplemental Consolidating Information
June 30, 2024 and 2023

1. Basis of Presentation

The accompanying supplemental consolidating information includes the Consolidating Balance Sheets and the Consolidating Statements of Operations and Changes in Net Assets Without Donor Restrictions of Dartmouth Health and its subsidiaries. All significant intercompany accounts and transactions between Dartmouth Health and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, consistent with the Consolidated Financial Statements. The consolidating information is presented for purposes of additional analysis of the Consolidated Financial Statements and is not required as part of the basic financial statements.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Expenditures of Federal Awards
Year ended June 30, 2024

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Research and Development Cluster						
Department of Defense						
Military Health System Research	12.007	HT94022210003	Direct		$ 298,107	$ 217,729
Military Medical Research and Development	12.420	W81XWH1810712	Direct		72,205	68,008
Military Medical Research and Development	12.420	W81XWH2110279	Direct		173,329	25,740
Military Medical Research and Development	12.420	HT94252310357	Direct		43,579	8,200
Military Medical Research and Development	12.420	HT94252310800	Direct		197,473	12,286
Military Medical Research and Development	12.420	W81XWH2010319	Direct		451,607	275,246
Military Medical Research and Development	12.420	W81XWH2010330	Direct		49,832	-
Military Medical Research and Development	12.420	W81XWH2110889	Direct		43,759	-
Military Medical Research and Development	12.420	R1757	Pass-Through	Trustees of Dartmouth College	8,156	-
Military Medical Research and Development	12.420	W81XWH2010652	Pass-Through	University of Maryland - Baltimore (UMB)	30,970	-
Military Medical Research and Development	12.420	4453-19644	Pass-Through	University of Maryland - Baltimore (UMB)	3,743	-
Subtotal 12.420					1,074,653	389,480
Congressionally Directed Assistance	12.599	R1360	Pass-Through	Trustees of Dartmouth College	24,472	-
Total Department of Defense					1,397,232	607,209
Department of Labor						
Disability Employment Policy Development	17.720	1947RTN2-02	Pass-Through	Vermont Department of Labor	1,422,265	-
Disability Employment Policy Development	17.720	1947RTN2-02B	Pass-Through	Vermont Department of Labor	1,053,094	-
Subtotal Department of Labor					2,475,359	-
Department of Health and Human Services						
Innovations in Applied Public Health Research	93.061	1 R01 TS000288	Direct		23,015	-
Family Smoking Prevention	93.077	1R21HL161758-01	Direct		161,812	82,251
Environmental Health	93.113	1R01ES034133-01	Direct		316,951	183,480
Environmental Health	93.113	R1667	Pass-Through	Trustees of Dartmouth College	14,530	-
Environmental Health	93.113	R1701	Pass-Through	Trustees of Dartmouth College	89,605	-
Subtotal 93.113					421,086	183,480
Oral Diseases and Disorders Research	93.121	R1627	Pass-Through	Trustees of Dartmouth College	41,239	-
Oral Diseases and Disorders Research	93.121	75N91023C00042-DHC001	Pass-Through	Trace Biosciences	8,016	-
Subtotal 93.121					49,255	-
Centers for Research and Demonstration for Health Promotion and Disease Prevention	93.135	U48DP006377-01-02	Pass-Through	Emory University	153,744	-
Research Related to Deafness and Communication Disorders	93.173	1R21DC018147-01A1	Direct		29,232	19,104
Research Related to Deafness and Communication Disorders	93.173	R1670	Pass-Through	Trustees of Dartmouth College	15,838	-
Subtotal 93.173					45,070	19,104
Research and Training in Complementary and Integrative Health	93.213	UH3AT009761	Pass-Through	Palmer College of Chiropractic	5,250	-
Research and Training in Complementary and Integrative Health	93.213	303000808	Pass-Through	Duke University	23,062	-
Research and Training in Complementary and Integrative Health	93.213	303002359	Pass-Through	Duke University	326,712	-
Subtotal 93.213					355,024	-
Research on Healthcare Costs, Quality and Outcomes	93.226	R1820	Pass-Through	Trustees of Dartmouth College	1,968	-
Research on Healthcare Costs, Quality and Outcomes	93.226	R1824	Pass-Through	Trustees of Dartmouth College	4,491	-
Research on Healthcare Costs, Quality and Outcomes	93.226	R1827	Pass-Through	Trustees of Dartmouth College	4,077	-
Subtotal 93.226					10,536	-
Mental Health Research Grants	93.242	1K01MH117496-01A1	Direct		104,036	-
Mental Health Research Grants	93.242	1K08MH117347-01A1	Direct		89,954	-
Mental Health Research Grants	93.242	1R01MH134141-01	Direct		493,124	34,582
Mental Health Research Grants	93.242	1R21MH124674-01A1	Direct		111,988	-
Mental Health Research Grants	93.242	1R25MH119050-01	Direct		114,869	-
Mental Health Research Grants	93.242	1RF1MH134626-01	Direct		250,049	138,840
Mental Health Research Grants	93.242	1R34MH124951-01	Direct		185,177	40,961
Mental Health Research Grants	93.242	R1741	Pass-Through	Trustees of Dartmouth College	1,230	-
Subtotal 93.242					1,350,427	214,383
Drug Abuse and Addiction Research Programs	93.279	1R01DA057729-01A1	Direct		2,739	-
Drug Abuse and Addiction Research Programs	93.279	R01DA051674	Pass-Through	Magee-Womens Research Institute	33,685	-
Drug Abuse and Addiction Research Programs	93.279	UG1DA013035	Pass-Through	New York University School of Medicine	162,046	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Expenditures of Federal Awards
Year ended June 30, 2024

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Drug Abuse and Addiction Research Programs	93.279	3UG1DA013035-19S1	Pass-Through	NYU Grossman School of Medicine	127,682	-
Drug Abuse and Addiction Research Programs	93.279	R1425	Pass-Through	Trustees of Dartmouth College	107,923	-
Drug Abuse and Addiction Research Programs	93.279	R1470	Pass-Through	Trustees of Dartmouth College	22,627	-
Drug Abuse and Addiction Research Programs	93.279	4UH3DA044830-03	Pass-Through	Baystate Medical Center, Inc	66,568	-
Drug Abuse and Addiction Research Programs	93.279	CON-80003462 (GR115243)	Pass-Through	Yale University	1,055	-
Subtotal 93.279					524,325	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	1R21EB030696-01A1	Direct		120,912	55,379
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	R1546	Pass-Through	Trustees of Dartmouth College	19,141	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	R1614	Pass-Through	Trustees of Dartmouth College	3,251	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	R1659	Pass-Through	Trustees of Dartmouth College	6,273	-
Subtotal 93.286					149,577	55,379
Minority Health and Health Disparities Research	93.307	1R01MD014735	Direct		570,661	395,862
Trans-NIH Research Support	93.310	2UG1OD024946-04	Direct		348,273	-
Trans-NIH Research Support	93.310	U54DA049110	Pass-Through	Johns Hopkins University	71,913	-
Trans-NIH Research Support	93.310	R1365	Pass-Through	Trustees of Dartmouth College	3,705	-
Trans-NIH Research Support	93.310	SPC-006658	Pass-Through	University of Arkansas Medical Sciences	20,271	-
Trans-NIH Research Support	93.310	U24OD024957	Pass-Through	University of Arkansas Medical Sciences	30,020	-
Trans-NIH Research Support	93.310	54005	Pass-Through	University of Arkansas Medical Sciences	49,873	-
Subtotal 93.310					524,055	-
National Center for Advancing Translational Sciences	93.350	R1326	Pass-Through	Trustees of Dartmouth College	15,412	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	1P50CA244433-01	Pass-Through	Harvard University	77,027	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	R1456	Pass-Through	Trustees of Dartmouth College	5,676	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	1204501	Pass-Through	Dana Farber Cancer Institute	56,164	-
Subtotal 93.353					138,867	-
Cancer Cause and Prevention Research	93.393	1R21CA230875-01A1	Direct		332	15
Cancer Cause and Prevention Research	93.393	R01CA243449	Direct		282,914	109,595
Cancer Cause and Prevention Research	93.393	R1250	Pass-Through	Trustees of Dartmouth College	33,399	-
Cancer Cause and Prevention Research	93.393	R1368	Pass-Through	Trustees of Dartmouth College	51,092	-
Cancer Cause and Prevention Research	93.393	R1535	Pass-Through	Trustees of Dartmouth College	18,051	-
Cancer Cause and Prevention Research	93.393	R1592	Pass-Through	Trustees of Dartmouth College	38,411	-
Cancer Cause and Prevention Research	93.393	R1730	Pass-Through	Trustees of Dartmouth College	22,015	-
Cancer Cause and Prevention Research	93.393	GR112052(CON-80002881)	Pass-Through	Yale University	26,804	-
Subtotal 93.393					473,018	109,610
Cancer Detection and Diagnosis Research	93.394	1R01CA253976-01A1	Pass-Through	Brown University	33,396	-
Cancer Detection and Diagnosis Research	93.394	R1335	Pass-Through	Trustees of Dartmouth College	25,615	-
Cancer Detection and Diagnosis Research	93.394	R1437	Pass-Through	Trustees of Dartmouth College	7,947	-
Cancer Detection and Diagnosis Research	93.394	R1513	Pass-Through	Trustees of Dartmouth College	27,717	-
Cancer Detection and Diagnosis Research	93.394	R1726	Pass-Through	Trustees of Dartmouth College	18,050	-
Cancer Detection and Diagnosis Research	93.394	R1731	Pass-Through	Trustees of Dartmouth College	38,259	-
Cancer Detection and Diagnosis Research	93.394	R1744	Pass-Through	Trustees of Dartmouth College	38,053	-
Cancer Detection and Diagnosis Research	93.394	R01CA262147	Pass-Through	Tufts University	33,179	-
Cancer Detection and Diagnosis Research	93.394	R37CA278671	Pass-Through	Weill Cornell Medical College	10,806	-
Cancer Detection and Diagnosis Research	93.394	1R44CA265654-01	Pass-Through	DoseOptics, LLC	1,389	-
Subtotal 93.394					234,411	-
Cancer Treatment Research	93.395	1R01CA268641-01A1	Direct		421,294	84,254
Cancer Treatment Research	93.395	1UG1CA233323-01	Direct		253,972	-
Cancer Treatment Research	93.395	UG1CA189823	Pass-Through	Mayo Foundation for Medical Education and Research (MFMER)	1,790	-
Cancer Treatment Research	93.395	R21CA277420	Pass-Through	New York Medical College	1,123	-
Cancer Treatment Research	93.395	R1616	Pass-Through	Trustees of Dartmouth College	21,143	-
Cancer Treatment Research	93.395	R44CA265654	Pass-Through	DoseOptics, LLC	18,896	-
Cancer Treatment Research	93.395	U10CA180821	Pass-Through	Brigham and Women's Hospital	31,703	-
Subtotal 93.395					749,921	84,254
Cancer Biology Research	93.396	7R01CA231325-05	Direct		227,926	-
Cancer Biology Research	93.396	R01CA257254	Pass-Through	Weill Cornell Medical College	49,404	-
Cancer Biology Research	93.396	R1593	Pass-Through	Trustees of Dartmouth College	5,500	-
Cancer Biology Research	93.396	R1807	Pass-Through	Trustees of Dartmouth College	4,939	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Expenditures of Federal Awards
Year ended June 30, 2024

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Cancer Biology Research	93.396	R01CA246707	Pass-Through	George Washington University	48,858	-
Cancer Biology Research	93.396	R01CA279566	Pass-Through	George Washington University	7,389	-
Subtotal 93.396					344,016	-
Cancer Centers Support Grants	93.397	R1389	Pass-Through	Trustees of Dartmouth College	76,895	-
Cancer Centers Support Grants	93.397	R1390	Pass-Through	Trustees of Dartmouth College	54,245	-
Cancer Centers Support Grants	93.397	R1391	Pass-Through	Trustees of Dartmouth College	81,560	-
Cancer Centers Support Grants	93.397	R1392	Pass-Through	Trustees of Dartmouth College	52,220	-
Cancer Centers Support Grants	93.397	R1393	Pass-Through	Trustees of Dartmouth College	123,764	-
Cancer Centers Support Grants	93.397	R1394	Pass-Through	Trustees of Dartmouth College	11,753	-
Cancer Centers Support Grants	93.397	R1395	Pass-Through	Trustees of Dartmouth College	258,947	-
Cancer Centers Support Grants	93.397	R1439	Pass-Through	Trustees of Dartmouth College	140,408	-
Cancer Centers Support Grants	93.397	R1644	Pass-Through	Trustees of Dartmouth College	7,290	-
Cancer Centers Support Grants	93.397	R1767	Pass-Through	Trustees of Dartmouth College	33,484	-
Cancer Centers Support Grants	93.397	R1801	Pass-Through	Trustees of Dartmouth College	40,680	-
Cancer Centers Support Grants	93.397	R1074	Pass-Through	Trustees of Dartmouth College	81,393	-
Subtotal 93.397					962,639	-
Cancer Research Manpower	93.398	1K08CA259632-01	Direct		170,729	-
Cancer Research Manpower	93.398	1K08CA267096-01	Direct		224,817	-
Cancer Research Manpower	93.398	K08CA263546-01A1	Direct		169,631	38,197
Subtotal 93.398					565,177	38,197
Cardiovascular Diseases Research	93.837	1K08HL165087-01A1	Direct		145,288	-
Cardiovascular Diseases Research	93.837	1R03HL173741-01	Direct		1,452	-
Cardiovascular Diseases Research	93.837	1R01HL160850-01	Pass-Through	University of California Los Angeles	34,234	-
Subtotal 93.837					180,974	-
Lung Diseases Research	93.838	1R56HL158923-01A1	Direct		280,461	21,935
Lung Diseases Research	93.838	KHL150453A	Direct		135,367	-
Lung Diseases Research	93.838	R01HL121067	Pass-Through	Kaiser Permanente Washington Health	25,896	-
Lung Diseases Research	93.838	1OT2HL156812-01	Pass-Through	Duke University	19,462	-
Lung Diseases Research	93.838	R1633	Pass-Through	Trustees of Dartmouth College	50,896	-
Lung Diseases Research	93.838	RECOVER Initiative	Pass-Through	University of Arkansas Medical Sciences	34,859	-
Subtotal 93.838					546,941	21,935
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R01AR080641-01A1	Direct		266,425	12,987
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R21AR079661 - 01	Direct		12,296	-
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R01AR077157-01	Direct		487,914	236,925
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R01AR081952-01A	Direct		463,310	-
Subtotal 93.846					1,229,945	249,912
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	1R01DK137994-01	Direct		20,251	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	3R21DK124733-02S1	Direct		15,572	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	1K23DK134814-01	Direct		206,968	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	U01DK129191	Pass-Through	University of Colorado Anschutz Medical	702	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	60065089 DHC0059	Pass-Through	Northwestern University	23,465	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	60065090 DHC46	Pass-Through	Northwestern University	3,079	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1363	Pass-Through	Trustees of Dartmouth College	30,392	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1450	Pass-Through	Trustees of Dartmouth College	189,132	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1572	Pass-Through	Trustees of Dartmouth College	55,958	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1645	Pass-Through	Trustees of Dartmouth College	2,972	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1764	Pass-Through	Trustees of Dartmouth College	30,847	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1772	Pass-Through	Trustees of Dartmouth College	67,536	-
Subtotal 93.847					646,874	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	1R01NS116994-01A1	Direct		156,306	62,491
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	1R21NS130139-01	Direct		283,887	79,668
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R21NS116434	Direct		67,092	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R21NS124150-01A1	Pass-Through	Oregon Health & Science University	18,051	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R01NS129121	Pass-Through	Oregon Health & Science University	29,342	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R1569	Pass-Through	Trustees of Dartmouth College	74,750	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Expenditures of Federal Awards
Year ended June 30, 2024

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	CON-80004967 (GR123269)	Pass-Through	Yale University	44,233	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R43NS120624	Pass-Through	Abzyme Therapeutics, LLC	11,466	-
Subtotal 93.853					685,127	142,159
Allergy and Infectious Diseases Research	93.855	R21AI154039	Direct		46,146	-
Allergy and Infectious Diseases Research	93.855	U01AI163063	Direct		418,578	139,318
Allergy and Infectious Diseases Research	93.855	7R01AI143821-06	Direct		360,260	4,829
Allergy and Infectious Diseases Research	93.855	R01AI164772	Direct		274,153	-
Allergy and Infectious Diseases Research	93.855	1R01AI176581-01DH-01	Pass-Through	Muhimbili University of Health and Allie	20,744	-
Allergy and Infectious Diseases Research	93.855	R1377	Pass-Through	Trustees of Dartmouth College	75,027	-
Allergy and Infectious Diseases Research	93.855	GENFD0002201036.	Pass-Through	Boston Children's Hospital	19,733	-
Subtotal 93.855					1,214,641	144,147
Biomedical Research and Research Training	93.859	1P20GM148278-01	Direct		1,583,465	120,610
Biomedical Research and Research Training	93.859	R1486	Pass-Through	Trustees of Dartmouth College	17,579	-
Biomedical Research and Research Training	93.859	R1585	Pass-Through	Trustees of Dartmouth College	9,271	-
Biomedical Research and Research Training	93.859	R1628	Pass-Through	Trustees of Dartmouth College	55,811	-
Biomedical Research and Research Training	93.859	R1630	Pass-Through	Trustees of Dartmouth College	31,193	-
Biomedical Research and Research Training	93.859	R1647	Pass-Through	Trustees of Dartmouth College	14,211	-
Biomedical Research and Research Training	93.859	R1661	Pass-Through	Trustees of Dartmouth College	1,066	-
Biomedical Research and Research Training	93.859	R1689	Pass-Through	Trustees of Dartmouth College	158,773	-
Biomedical Research and Research Training	93.859	R1690	Pass-Through	Trustees of Dartmouth College	9,840	-
Biomedical Research and Research Training	93.859	R1771	Pass-Through	Trustees of Dartmouth College	39,184	-
Biomedical Research and Research Training	93.859	R1780	Pass-Through	Trustees of Dartmouth College	153,731	-
Biomedical Research and Research Training	93.859	R1786	Pass-Through	Trustees of Dartmouth College	23,322	-
Biomedical Research and Research Training	93.859	R1794	Pass-Through	Trustees of Dartmouth College	25,432	-
Biomedical Research and Research Training	93.859	R1828	Pass-Through	Trustees of Dartmouth College	2,855	-
Biomedical Research and Research Training	93.859	R1850	Pass-Through	Trustees of Dartmouth College	163,950	-
Biomedical Research and Research Training	93.859	1UG3HL161338-01	Pass-Through	Nationwide Children's Hospital	96,033	-
Biomedical Research and Research Training	93.859	2U54GM115516-07	Pass-Through	Maine Health	24,374	-
Biomedical Research and Research Training	93.859	U54GM115516	Pass-Through	Maine Health	12,883	-
Subtotal 93.859					2,422,973	120,610
Child Health and Human Development Extramural Research	93.865	R01HD103811	Pass-Through	Johns Hopkins University	14,470	-
Child Health and Human Development Extramural Research	93.865	R1119	Pass-Through	Trustees of Dartmouth College	13,322	-
Child Health and Human Development Extramural Research	93.865	R1520	Pass-Through	Trustees of Dartmouth College	65,835	-
Child Health and Human Development Extramural Research	93.865	R01HD106996	Pass-Through	Children's Hospital Philadelphia Rsch Inst	16,327	-
Child Health and Human Development Extramural Research	93.865	R01HD102313	Pass-Through	University of Pittsburgh	31,495	-
Subtotal 93.865					141,449	-
Aging Research	93.866	U24AG065204	Pass-Through	American Federation for Aging Research	18,760	-
Aging Research	93.866	R1102	Pass-Through	Trustees of Dartmouth College	11,354	-
Aging Research	93.866	R1625	Pass-Through	Trustees of Dartmouth College	21,766	-
Aging Research	93.866	R1702	Pass-Through	Trustees of Dartmouth College	46,217	-
Aging Research	93.866	R1735	Pass-Through	Trustees of Dartmouth College	18,016	-
Aging Research	93.866	R1785	Pass-Through	Trustees of Dartmouth College	19,159	-
Aging Research	93.866	R1789	Pass-Through	Trustees of Dartmouth College	19,950	-
Subtotal 93.866					155,222	-
Vision Research	93.867	7R01EY033712-02	Direct		154,850	6,534
Vision Research	93.867	UG1EY030417	Pass-Through	Stanford University	51,130	-
Vision Research	93.867	R01EY032127	Pass-Through	Johns Hopkins University	11,697	-
Subtotal 93.867					217,677	6,534
Medical Library Assistance	93.879	R1675	Pass-Through	Trustees of Dartmouth College	51,265	-
International Research and Research Training	93.989	R1123	Pass-Through	Trustees of Dartmouth College	10,571	-
Subtotal Department of Health and Human Services					15,325,707	1,867,817
Total Research and Development Cluster					19,198,298	2,475,026
Medicaid Cluster						
Department of Health and Human Services						
Medical Assistance Program	93.778	SS-2020-DCYF-13-SPCI-01-A	Pass-Through	State of New Hampshire	70,526	-
Medical Assistance Program	93.778	03410-2495-24	Pass-Through	VT Department of Health Access	59,279	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Expenditures of Federal Awards
Year ended June 30, 2024

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Medical Assistance Program	93.778	03420-10019	Pass-Through	VT Department of Health	94,766	-
Medical Assistance Program	93.778	03420-09448	Pass-Through	AHS/VDH Division of Health Promotion and Disease	403	-
Medical Assistance Program	93.778	HCBS0000041744	Pass-Through	VT Agency of Human Services	257,518	-
Medical Assistance Program	93.778	03410-2450-23	Pass-Through	VT Department of Health Access	191,314	-
Total Medicaid Cluster					673,806	-
Subtotal Department of Health and Human Services					673,806	-
Health Center Program Cluster						
Department of Health and Human Services						
Community Health Centers	93.224	37824.2025.0001	Pass-Through	JSI Research and Training Institute, Inc	28,750	-
Total Health Center Program Cluster					28,750	-
Subtotal Department of Health and Human Services					28,750	-
Highway Safety Cluster						
Department of Transportation						
State and Community Highway Safety	20.600	24-266	Pass-Through	NH Highway Safety Agency	227,305	-
State and Community Highway Safety	20.600	23-266	Pass-Through	NH Highway Safety Agency	64,733	-
Subtotal 20.600					292,038	-
Total Department of Transportation					292,038	-
Other Sponsored Programs						
Department of Agriculture						
Soil and Water Conservation	10.902	NR231428XXXXG003	Direct		3,478	-
Child and Adult Food Care Program	10.558	05100-4454R8652300	Pass-Through	VT Agency of Agriculture	13,446	-
Total Department of Agriculture					16,924	-
Department of Justice						
Improving the Investigation and Prosecution of Child Abuse and the Regional and Local Children's Advocacy Centers	16.758	LEBA-NH-PIR23 Cooperative	Pass-Through	National Children's Alliance	45,013	-
Total Department of Justice					45,013	-
Department of Labor						
H-1B Job Training Grants	17.268	HG-35889-21-60-A-33	Direct		840,402	459,956
Subtotal Department of Labor					840,402	459,956
Total Department of Labor					3,315,761	459,956
Department of the Treasury						
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	SS-2023-DBH-01-DESIG	Pass-Through	NH Dept of Health and Human Services	204,919	-
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	177160 R001	Pass-Through	NH Dept of Health and Human Services	280,206	-
Subtotal 21.027					485,125	-
Total Department of The Treasury					485,125	-
Department of Health and Human Services						
Special Programs for the Aging	93.043	SS-2023-DPHS-03-INJUR-01	Pass-Through	NH Dept of Health and Human Services	62,240	-
Training in General, Pediatric, and Public Health Dentistry	93.059	D88HP37552	Pass-Through	Bi-State Primary Care Association	9,261	-
Public Health Emergency Preparedness	93.069	RFA-2023-DPHS-02-REGIO-0X	Pass-Through	NH Dept of Health and Human Services	653,662	93,833
Blood Disorder Program: Prevention, Surveillance, and Research	93.080	NU27DD000020	Pass-Through	Boston Children's Hospital	24,342	-
Enhance Safety of Children Affected by Substance Abuse	93.087	90CU0109-01-00	Direct		787,352	29,683
Maternal and Child Health Federal Consolidated Programs	93.110	T7333246	Pass-Through	University of New Hampshire	20,464	-
Emergency Medical Services for Children	93.127	2 H33MC32395-06-00	Direct		230,377	-
Injury Prevention and Control Research and State and Community Based Programs	93.136	03420-09469	Pass-Through	AHS/VDH/Division of Substance Use Programs	72,200	-
Injury Prevention and Control Research and State and Community Based Programs	93.136	03420-09471	Pass-Through	AHS/VDH/Division of Substance Use Programs	20,433	-
Subtotal 93.136					92,633	-
HIV-Related Training and Technical Assistance	93.145	2U1OHA29294	Pass-Through	University of Massachusetts Med School	71,324	-
Coordinated Services and Access to Research for Women, Infants, Childr	93.153	H12HA31112-05-00	Direct		400,226	-
Rural Health Research Centers	93.155	1 P13RH45795-01-0	Direct		251,842	-
National Research Service Award in Primary Care Medicine	93.186	T32HP32520-04-00	Direct		625,462	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SM082302-01	Direct		779,195	116,699
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SM084710-01	Direct		94,071	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SM084906-01	Direct		492,829	113,275
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SP081227-01	Direct		23,735	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SS-2022-DBH-01-EVALU-01	Pass-Through	NH Dept of Health and Human Services	179,865	-
Subtotal 93.243					1,569,695	229,974

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Expenditures of Federal Awards
Year ended June 30, 2024

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Immunization Cooperative Agreements	93.268	SS-2022-DPHS-21-EXPAN-01	Pass-Through	Foundation for Healthy Communities	136,332	-
Drug Free Communities Support Program Grants	93.276	1 NH28CE002898-01-00	Direct		47,859	-
Small Rural Hospital Improvement Grant Program	93.301	03420-10142	Pass-Through	Vermont Dept of Health	13,312	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	RFA-2024-DPHS-03-INFEC	Pass-Through	NH Dept of Health and Human Services	187,836	-
Department Response to Public Health or Healthcare Crises	93.391	6 NH75OT000031-01-04	Pass-Through	Foundation for Healthy Communities	50,545	-
Department Response to Public Health or Healthcare Crises	93.391	NH75OT000031-01-00	Pass-Through	Foundation for Healthy Communities	306,282	-
Subtotal 93.391					356,827	-
ACL National Institute of Disability, Independent Living, and Rehabilitation Research	93.433	90RTHF0007	Pass-Through	Boston University	22,499	-
Preventing Maternal Deaths	93.478	SS-2020-DPHS-11-MATERN	Pass-Through	NH Dept of Health and Human Services	128,779	-
Congressional Directives	93.493	GE1HS46223-01-00	Direct		341,016	51,991
Congressional Directives	93.493	GE1HS46231-01-00	Direct		63,308	-
Congressional Directives	93.493	1 CE1HS52477-01-00	Direct		250,000	-
Subtotal 93.493					654,324	51,991
COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498	N/A	Direct		3,187,359	-
Mental and Behavioral Health Education and Training Grants	93.732	U3MHP45388	Pass-Through	University of Utah	14,365	-
Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)	93.761	90FPSG0038-01-00	Direct		2,525	-
Opioid STR	93.788	2019-BDAS-05-ACCES-04	Pass-Through	NH Dept of Health and Human Services	1,257,841	-
Opioid STR	93.788	05-95-92-920510-7040-5007	Pass-Through	NH Dept of Health and Human Services	217,552	-
Opioid STR	93.788	Cheshire Medical Center 2019-BDAS-05-ACCES-04	Pass-Through	NH Dept of Health and Human Services	135,677	-
Opioid STR	93.788	Cheshire Medical Center 05-95-92-920510-7040-5007	Pass-Through	NH Dept of Health and Human Services	503,234	-
Opioid STR	93.788	RFP-2018-BDAS-05-INTEG	Pass-Through	NH Dept of Health and Human Services	744,673	-
Subtotal 93.788					2,858,977	-
Organized Approaches to Increase Colorectal Cancer Screening	93.800	NU58DP006753-01-00	Direct		686,821	
Improving Epilepsy Programs, Services, and Outcomes Through National Partnerships	93.850	NU58DP007541-01-00	Direct		246,198	-
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	03420-09699	Pass-Through	Vermont Department of Health	93,445	-
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	03420-10096	Pass-Through	Vermont Department of Health	289,668	-
Subtotal 93.870					383,113	-
Rural Health Care Services	93.912	1 G42RH50046-01-00	Direct		261,313	
Rural Health Care Services	93.912	1 GA1RH42907-01-00	Direct		332,463	61,778
Rural Health Care Services	93.912	1 U2SRH43521-01-00	Direct		746,542	118,695
Rural Health Care Services	93.912	1 UK9RH50282-01-00	Direct		233,919	13,297
Rural Health Care Services	93.912	G26RH49907	Direct		260,090	-
Rural Health Care Services	93.912	1 G26RH40088-01-00	Direct		77,997	-
Subtotal 93.912					1,912,324	193,770
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	2 H76HA31654-05-00	Direct		304,399	
Block Grants for Community Mental Health Services	93.958	SS-2022-OCOM-02-CLINI-01	Pass-Through	NH Dept of Health and Human Services	1,360,563	134,228
Block Grants for Community Mental Health Services	93.958	B09SM083987/1B09SM085371	Pass-Through	University of New Hampshire	376,504	
Subtotal 93.958					1,737,067	134,228
Block Grants for Prevention and Treatment of Substance Abuse	93.959	DHMC-FHC SUD 23	Pass-Through	Foundation for Healthy Communities	55,899	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	05-95-49-491410-2990	Pass-Through	Foundation for Health Communities	55,931	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	03420-09540	Pass-Through	AHS/VDH/Division of Substance Use Programs	8,768	-
Subtotal 93.959					120,598	-
COVID-19 PPHF Geriatric Education Centers	93.969	2 U1QHP32519-02-00	Direct		914,313	17,672
Preventive Health and Health Services Block Grant	93.991	SS-2023-DPHS-03-INJUR-01	Pass-Through	NH Dept of Health and Human Services	93,359	-
Subtotal Department of Health and Human Services					18,808,066	751,151
Total Department of Health and Human Services					34,836,329	2,618,968
Department of Homeland Security						
Disaster Grants - Public Assistance	97.036	FEMA-4516-DR-NH	Pass-Through	NH Dept of Safety	357,751	-
Total Department of Homeland Security					357,751	-
Various						
Greater Monadnock Regional Public Health Network Services	93.U01*	Not Provided	Pass-Through	NH Dept of Health and Human Services	203,244	-
Total Various					203,244	-
Total Federal Other Sponsored Programs					20,756,525	1,211,107
Total Expenditures of Federal Awards					$ 40,949,417	$ 3,686,133

* Further discussed in Footnote 3

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes To Schedule of Expenditures of Federal Awards
Year Ended June 30, 2024

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") presents the activity of federal award programs administered by Dartmouth-Hitchcock Health and Subsidiaries (the "Dartmouth Health System") as defined in the notes to the consolidated financial statements and is presented on an accrual basis. The purpose of this Schedule is to present a summary of those activities of the Dartmouth Health System for the year ended June 30, 2024 which have been financed by the United States government ("federal awards"). For purposes of this Schedule, federal awards include all federal assistance entered into directly between the Dartmouth Health System and the federal government and subawards from nonfederal organizations made under federally sponsored agreements. The information in this Schedule in presented in accordance with the requirements of the Uniform Guidance. Pass-through entity identification numbers and Assistance Listing numbers have been provided where available.

Visiting Nurse and Hospice of NH and VT ("VNH") received a Community Facilities Loan, Assistance Listing #10.766, of which the proceeds were expended in 2018. The VNH had an outstanding balance of $2,267,000 as of June 30, 2024. As this loan was related to a project that was completed in a prior audit period and the terms and conditions do not impose continued compliance requirements other than to repay the loan, we have excluded the outstanding loan balance from the Schedule.

2. Indirect Expenses

Indirect costs are charged to certain federal grants and contracts at a federally approved predetermined indirect rate, negotiated with the Division of Cost Allocation and therefore we do not use the de minimus 10% rate. Indirect costs are included in the reported federal expenditures.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

3. Greater Monadnock Regional Public Health Network Services

Cheshire Medical Center received a pass-through award from the County of Cheshire, who were themselves a pass-through entity for their award from the New Hampshire Department of Health and Human Services. The award contract between the County of Cheshire and NH DHHS indicates that the award is funded from several Federal Agencies, programs, and Assistance Listing numbers as noted below. The total award amount of $203,244 was not split out by Agency listed below. Accordingly, the total expenditures of $203,244 included on accompanying SEFA for this program are listed as one amount under the Assistance Listing #93.U01.

Agency	Program Name	Assistance Listing Number
US Centers for Disease Control Control & Prevention	Preventative Health Services	93.991
US Centers for Disease Control Control & Prevention	Public Health Emergency Preparedness	93.074
US Centers for Disease Control & Prevention	Public Health Emergency Preparedness	93.069
US Centers for Disease Control & Prevention	Immunization Cooperative Agreements	93.268
US Department of Health and Human Services	Substance Abuse Prevention and Treatment Block Grant	93.959
US Department of Health and Human Services	Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243
US Department of Health and Human Services	Public Health Emergency Preparedness	93.074
US Department of Health and Human Services	Public Health Emergency Preparedness	93.889
US Department of Health and Human Services	Childhood Lead Poisoning & Surveillance	93.197
US Department of Health and Human Services	Environmental Public Health and Emergency Response	93.070

4. Federal Emergency Management Agency

The Dartmouth Health System applied for reimbursement of certain expenses related to the COVID-19 pandemic under Assistance Listing #97.036, FEMA Public Assistance through the Disaster Grants – Public Assistance (Presidentially Declared Disasters). Expenditures are reflected in the Schedule in the year in which a project application is obligated and expenditures incurred. The Schedule thus includes $357,751 of expenditures incurred in fiscal years 2021 and 2022, which were obligated in fiscal year 2024 and represents a reconciling item between the federal expenses in the Dartmouth Health System's financial statements and the amount included on the Schedule.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Part II
Reports on Internal Control and Compliance

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States, the consolidated financial statements of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries (the "Dartmouth Health System"), which comprise the consolidated balance sheet as of June 30, 2024, and the related consolidated statements of operations and changes in net assets and of cash flows for the year then ended, including the related notes (collectively referred to as the "consolidated financial statements"), and have issued our report thereon dated October 31, 2024.

Report on Internal Control Over Financial Reporting

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

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

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

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Report on Compliance and Other Matters

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

Purpose of this Report

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

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 31, 2024

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance

To the Board of Trustees of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Report on Compliance for Each Major Federal Program

Qualified and Unmodified Opinions

We have audited Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries' (the "Dartmouth Health System") compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Dartmouth Health System's major federal programs for the year ended June 30, 2024. The Dartmouth Health System's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Qualified Opinion on Assistance Listing #93.788 Opioid STR

In our opinion, except for the noncompliance described in the Basis for Qualified and Unmodified Opinions section of our report, the Dartmouth Health System complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on *Assistance Listing #93.788 Opioid STR* for the year ended June 30, 2024.

Unmodified Opinion on Each of the Other Major Federal Programs

In our opinion, the Dartmouth Health System complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2024.

Basis for Qualified and Unmodified Opinions

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (US GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Dartmouth Health System and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Dartmouth Health System's compliance with the compliance requirements referred to above.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Matter Giving Rise to Qualified Opinion on Assistance Listing #93.788 Opioid STR

As described in the accompanying schedule of findings and questioned costs, the Dartmouth Health System did not comply with requirements regarding eligibility and allowable costs associated with a certain substance use disorder treatment clinic operated by a Dartmouth Health System affiliated medical center, as described in finding 2024-005.

Compliance with such requirements is necessary, in our opinion, for the Dartmouth Health System to comply with the requirements applicable to that program.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Dartmouth Health System's federal programs.

Auditors' Responsibilities for the Audit of Compliance

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

In performing an audit in accordance with US GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

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

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

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

Other Matters

The results of our auditing procedures disclosed other instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as items 2024-001, 2024-002, 2024-003 and 2024-004. Our opinion on each major federal program is not modified with respect to these matters.

Government Auditing Standards requires the auditor to perform limited procedures on the Dartmouth Health System 's response to the noncompliance findings identified in our audit described in the accompanying Management's Views and Corrective Action Plan. The Dartmouth Health System's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a material weakness.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2024-005 to be a material weakness.

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

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Government Auditing Standards requires the auditor to perform limited procedures on the Dartmouth Health System's response to the internal control over compliance findings identified in our audit described in the accompanying Management's Views and Corrective Action Plan. The Dartmouth Health System's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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

PricewaterhouseCoopers LLP

Boston, Massachusetts
March 31, 2025

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Part III
Findings and Questioned Costs

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Schedule of Findings and Questioned Costs
Year Ended June 30, 2024

I. Summary of Auditor's Results

Type of auditor's report issued	Unmodified
Internal control over financial reporting	
Material weakness (es) identified?	___yes __X__no
Significant deficiency (ies) identified that are not considered to be material weakness (es)?	___yes __X__none reported
Noncompliance material to financial statements	___yes __X__no
Federal Awards	
Internal control over major programs	
Material weakness (es) identified?	__X__yes ____no
Significant deficiency (ies) identified that are not considered to be material weakness (es)?	___yes __X__none reported
Type of auditor's report issued on compliance for Assistance Listing Number 93.788 Opioid STR	Qualified
Type of auditor's report issued on compliance for other major programs	Unmodified
Audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	__X__yes ____no

Identification of major programs

Assistance Listing Number	Name of Federal Program or Cluster
Various	Research and Development Cluster
17.268	H-1B Job Training Grants
93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance
93.912	Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement
93.958	Block Grants for Community Mental Health Services
93.788	Opioid STR

Dollar threshold used to distinguish between Type A and Type B programs	$1,228,483
Auditee qualified as low-risk auditee?	No

II. Financial Statement Findings

None Noted

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

2024-001—Cost Transfer Approvals

Cluster: Research and Development (also applies to other major programs referenced below)
Sponsoring Agency: All research and development cluster sponsoring agencies and Department of Health and Human Services (for the other major programs referenced below)
Award Names: All research and development cluster awards, all 93.912 awards, all 93.958 awards
Award Numbers: All research and development cluster awards, all 93.912 awards, all 93.958 awards
Assistance Listing Title: All research and development cluster assistance listing titles, Rural Health Care Services and Block Grants for Community Mental Health Services
Assistance Listing Number: All research and development cluster assistance listing numbers, 93.912, 93.958
Award Year: 2023-2024
Pass-through entity: All research and development cluster pass-through entities, New Hampshire Department of Health and Human Services, and University of New Hampshire (for the 93.958 other major program)

Criteria
The Dartmouth Health System's cost transfer approval policy requires approval from the Principal Investigator and Post Award Manager for cost transfers made less than 90 days after discovery. There are limited exceptions where Principal Investigator approval is not required. For all cost transfers that are made more than 90 days after discovery, approval is also required from the Director of Research Operations- Finance.

Condition
In testing conformity with the compliance requirements for cost transfers, we noted the following across our major programs selected for testing:

- Research and development - 4 cost transfers totaling $6.9k out of the 10 selected cost transfers totaling $50.7k were not approved in accordance with policy.
- 93.912 - 3 cost transfers totaling $15.2k out of the 5 selected cost transfers totaling $30k were not approved in accordance with policy.
- 93.958 - 3 out of the 3 selected cost transfers totaling $42k were not approved in accordance with policy.

Cause
The Dartmouth-Hitchcock Office of Research Operations experienced significant turnover in Fiscal Year 2024 which led to misunderstanding of the cost transfer approval policy.

Effect
The Dartmouth Health System was not in compliance with its policy with respect to cost transfer approvals and thus cost transfers may not be accepted by federal agencies.

Questioned Costs
None noted.

Recommendation
We recommend that the Dartmouth Health System formalize and distribute its cost transfer approval policies to individuals responsible for processing cost transfers and perform training to those responsible for the approval process.

Management's Views and Corrective Action Plan
Management's Views and Corrective Action Plan is included at the end of this report after the summary schedule of prior audit findings and status.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

2024-002—Timeliness of Effort Certification

Cluster: Research and Development (also applies to other major programs referenced below)
Sponsoring Agency: All research and development cluster sponsoring agencies, Department of Labor and Department of Health and Human Services (for the other major programs referenced below)
Award Names: All research and development cluster awards, all 17.268 awards, all 93.243 awards, all 93.912 awards, all 93.958 awards
Award Numbers: All research and development cluster awards, all 17.268 awards, all 93.243 awards, all 93.912 awards, all 93.958 awards
Assistance Listing Title: All research and development cluster assistance listing titles, H-1B Job Training Grants, Substance Abuse and Mental Health Services Projects of Regional and National Significance, Rural Health Care Services, Block Grants for Community Mental Health Services
Assistance Listing Number: All research and development cluster assistance listing numbers,17.268, 93.243, 93.912, 93.958
Award Year: 2023-2024
Pass-through entity: All research and development cluster pass-through entities, New Hampshire Department of Health and Human Services (for the 93.243 and 93.958 other major programs), University of New Hampshire (for the 93.958 other major program)

Criteria
2 CFR 200.430 contains the federal regulatory requirements for internal controls over certifying time expended on sponsored projects. The Dartmouth Health System's practice is to utilize after-the-fact effort reports to certify that compensation costs charged to federal awards, are reasonable and consistent with the work performed. Actual effort expended on each federal award is certified by a responsible person with suitable means of verification that the work was performed at the end of the specified reporting period. The Dartmouth Health System's effort certification policy outlines the required deadlines for certifying effort reports related to federal awards.

Condition
In testing internal controls over effort certifications, we noted the following:

- Research and development- 7 of 7 selected effort reports totaling $21.4k were certified/approved outside of allowable timeframe defined by the effort certification policy. They were on average 208 days late.
- 17.268- 2 of 2 selected effort reports totaling $7k were certified/approved outside of allowable timeframe defined by the effort certification policy. They were on average 62 days late.
- 93.243- 4 of 4 selected effort reports totaling $5k were certified/approved outside of allowable timeframe defined by the effort certification policy. They were on average 78 days late.
- 93.912- 3 of 3 selected effort reports totaling $4.3k were certified/approved outside of allowable timeframe defined by the effort certification policy. They were on average 179 days late.
- 93.958- 2 of 4 selected effort reports totaling $17.7k were certified/approved outside of allowable timeframe defined by the effort certification policy. They were on average 189 days late.

Cause
Individuals required to complete quarterly effort certifications did not understand the policy requirements to certify effort in a timely manner.
Effect
The lack of timely effort certification could result in compensation expenditures charged to federal awards that are not accurate.

Questioned Costs
None noted.

Recommendation

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

We recommend that the Dartmouth Health System recommunicate its effort certification policy and provide training to all individuals required to certify effort for federal awards to ensure that the timely approval expectations are understood and adhered to.

Management's Views and Corrective Action Plan
Management's Views and Corrective Action Plan is included at the end of this report after the summary schedule of prior audit findings and status.

2024-003—Key Personnel Change Approval

Cluster: Not applicable
Sponsoring Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery
Award Numbers: Cheshire Medical Center 2019-BDAS-05-ACCES-04, Cheshire Medical Center 05-95-92-920510-7040-5007, RFP-2018-BDAS-05-INTEG
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2023-2024
Pass-through entity: New Hampshire Department of Health and Human Services

Criteria
2 CFR 200.308 Revision of budget and program plans requires a recipient or subrecipient to request prior written approval from the Federal agency or pass-through entity for changes in key personnel (including employees and contractors) that are identified by name or position in the Federal award. Additionally, the terms of the Opioid STR award agreements at Cheshire Medical Center require changes in staffing, whether temporary or long term, to be provided to the New Hampshire Department of Health and Human Services (DHHS) for approval, 30 calendar days before making the change.

Condition
In testing conformity with the compliance requirements for key personnel, we selected 4 of the key personnel changes that occurred on the Cheshire Medical Center Opioid STR awards which included key personnel that changed roles or resigned from the System in fiscal year 2024. Management identified replacement key personnel to participate in the grant; however, management did not notify DHHS and did not obtain approval from DHHS regarding the changes.

Cause
Management did not have a control in place to notify DHHS and request approval for key personnel changes.

Effect
The granting agency was unaware of key changes made to personnel on the award and may have not concurred with the individual selected to fill the given role(s).
Questioned Costs
None noted.

Recommendation
We recommend that management communicate with their agency contacts regarding this matter and implement a control that monitors the key personnel assigned to the grant to ensure that they are notifying the agency of any changes in status and obtaining approval from the agency in a timely manner.

Management's Views and Corrective Action Plan
Management's Views and Corrective Action Plan is included at the end of this report after the summary schedule of prior audit findings and status.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

2024-004 Equipment Management (repeat finding of 2022-001)

Cluster: Research and Development
Federal Agency: All research and development cluster sponsoring agencies
Award Names: All research and development cluster awards
Award Numbers: : All research and development cluster awards
Assistance Listing Title: All research and development cluster assistance listing titles
Assistance Listing Number: All research and development cluster assistance listing numbers
Award Year: 2023- 2024
Pass-through entity: All research and development cluster pass-through entities

Criteria
According to 2 CFR section 200.313, procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place will, at a minimum, meet the following requirements:

(1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN), who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the project costs for the Federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

(2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.

(3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated.

(4) Adequate maintenance procedures must be developed to keep the property in good condition.

(5) If the non-Federal entity is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

Condition
The Dartmouth Health System did not have a process in place to ensure that all federally funded equipment included in the fixed asset register were included in its clinical engineering database where monitoring of federally funded equipment is tracked. As a result, while inspection was completed over 3 federal assets in FY2024, the Dartmouth Health System has not completed a physical inventory of all federally purchased fixed assets at least once during the last two years. Additionally, the federal asset listing did not specify all of the details required by 2 CFR section 200.313 (d) (1) such as the percentage of Federal participation in the project costs for the Federal award under which the property was acquired, asset location and the use and condition of the equipment. The full population of equipment funded with federal research and development dollars, as provided by the Dartmouth Health System, consisted of 15 items with a total historical cost of $122.6k.

Cause
In FY2024, the Dartmouth Health System was in progress implementing its corrective action plan with respect to the finding identified in FY2022, including creating a federal equipment tracking procedure, inspecting identified federal assets and updating property records to include details required by 2 CFR

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

section 200.313. As the corrective action plan was not fully implemented by the end of FY2024, all compliance requirements with respect to federal equipment were not yet satisfied.

Effect
The Dartmouth Health System's accounting records for its federally purchased fixed assets could be inaccurate as the Dartmouth Health System has not formally verified the existence, current utilization and continued need for all federally funded equipment through this physical inventory process.

Questioned Costs
None noted.

Recommendation
We recommend that the Dartmouth Health System implement a process to ensure its policies and procedures over equipment management are followed, including the performance of a physical inventory of federally purchased fixed assets at least once every two years in accordance with 2 CFR section 200.313(d)(2), updating its property records to include all details required by 2 CFR section 200.313(d)(1) and performing a reconciliation between the listing of federally purchased fixed assets and the full fixed asset register to ensure completeness.

Management's Views and Corrective Action Plan
Management's Views and Corrective Action Plan is included at the end of this report after the summary schedule of prior audit findings and status.

2024-005 Eligibility and Allowable Costs (repeat finding of 2022-005)

Cluster: Not applicable
Federal Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery Support Services
Award Numbers: Cheshire Medical Center 2019-BDAS-05-ACCES-04, Cheshire Medical Center 05-95-92-920510-7040-5007, RFP-2018-BDAS-05-INTEG
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2023 - 2024
Pass-through entity: New Hampshire Department of Health and Human Services

Criteria: To be eligible under the Substance Use Disorder Treatment and Recovery Support Services award, a patient must 1) have income below 400% of the federal poverty level, 2) be a resident of New Hampshire or experiencing homelessness in New Hampshire, and 3) be determined positive for substance use disorder. Additionally, patient income information for all eligible patients receiving services must be updated at a minimum interval of once every four weeks.

Condition: Cheshire Medical Center operates The Doorway program in Keene, NH. The Doorway connects patients positive for substance use disorder with support services and treatment, and receives a portion of its funding from the Substance Use Disorder Treatment and Recovery Support Services federal award. Through our testing of eligibility requirements for 40 patients, we noted the following:

- For 2 of 40 selections, the patient exceeded the maximum income levels.
- For 24 of 40 selections, income reassessments were not completed and documented at least once every four weeks.
- For 2 of 40 selections, the patient was neither a resident of New Hampshire, nor experiencing homelessness in New Hampshire.
- For 1 of 40 selections, an income reassessment was completed, however the eligibility conclusion reached was inaccurate.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

While The Doorway provides services to patients beyond those defined as eligible under the Substance Use Disorder Treatment and Recovery Support Services award, there is no differentiation between patients that are eligible or ineligible under the federal program. As a result of patients not being differentiated, time and effort incurred by personnel on the award is commingled with non-award activity. For example, a clinician's salary is funded under the award, but she is not seeing only eligible patients. As such, any time she spent treating a patient who is not eligible would be a questioned cost under the grant.

Cause: The nature and purpose of the federal program is very similar and consistent with the mission and operations of The Doorway. Management did not implement a process to differentiate the services performed and patients served in order to demonstrate compliance with award terms and conditions.

Effect: The commingling of activities between federal and non-federal programs does not allow for compliance with award specific terms and conditions and with eligibility requirements to be effectively managed.

Questioned Costs: We were unable to verify eligibility requirements were met for the program which had total expenditures of $1,383,584.

Recommendation: We recommend that internal controls and policies be implemented to manage the eligibility requirements of the federal awards and ensure that documentation to support eligibility determinations is maintained. Further, procedures to differentiate patients eligible under the award from those determined to be ineligible, along with a mechanism to track the time and expenses associated with eligible patients should be put in place.

Management's View and Corrective Action Plan: Management's views and corrective action plan is included at the end of this report after the summary schedule of prior audit findings and status.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Summary Schedule of Prior Audit Findings and Status
Year Ended June 30, 2024

2022-001 Equipment Management

Cluster: Research and Development
Federal Agency: Various
Award Names: Various
Award Numbers: Various
Assistance Listing Title: Various
Assistance Listing Number: Various
Award Year: 2021- 2022
Pass-through entity: Various

Summary

According to 2 CFR section 200.313, procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place must meet minimum requirements:

(1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN), who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the project costs for the Federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

(2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.

(3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated.

(4) Adequate maintenance procedures must be developed to keep the property in good condition.

(5) If the non-Federal entity is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

The Health System did not perform a physical inventory of federally purchased fixed assets at least once during the last two years. Additionally, the federal asset listing did not specify all of the details required by 2 CFR section 200.313 (d) (1) such as asset locations, tag numbers, use and condition. The full population of equipment funded with federal research and development dollars, as provided by the Health System, consisted of 9 items with a total historical cost of $105k.

Status Update

See the current year finding 2024-004 and management response for additional information.

2022-003 - Subrecipient Risk Assessment and Ongoing Monitoring

Cluster: Research and Development
Federal Agency: All awards with subrecipients on the SEFA
Award Names: All awards with subrecipients on the SEFA
Award Numbers: All awards with subrecipients on the SEFA

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Summary Schedule of Prior Audit Findings and Status
Year Ended June 30, 2024

Assistance Listing Title: All awards with subrecipients on the SEFA
Assistance Listing Number: All awards with subrecipients on the SEFA
Award Year: 2021 - 2022
Pass-through entity: All pass-through entities noted on the SEFA

Summary

2 CFR 200.332 notes that pass-through entity monitoring of the subrecipient must include:

(1) Reviewing financial and performance reports required by the pass-through entity.

(2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.

(3) Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by 2 CFR 200.521. Further, Uniform Guidance 2 CFR section 200.331(f) requires that the entity verify that every subrecipient is audited as required by Subpart F— Audit Requirements when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in §200.501 Audit requirements ($750,000).

In testing conformity with the compliance requirements for subrecipient monitoring, PwC selected 7 of the 61 Research and Development subrecipient agreements and the one Opioid STR subrecipient agreement from the detailed listings provided for testing. The total federal funds passed through to subrecipients in FY22 amounted to $3.5 million for the Research & Development Cluster, and $24,500 for the Opioid STR program. For all of their selections, the most recent audit report was not reviewed for purposes of ongoing monitoring as required by the Uniform Guidance. The Health System has a risk assessment form that is completed at contract inception for its subrecipients; however, the risk assessment is not reassessed annually for all subrecipients. The most recent risk assessment form was conducted in 2018 for 2 selections, in 2019 for 2 selections, in 2020 for 2 selections and in 2021 for 2 selections. PwC further noted that 7 of the 8 risk assessment forms selected for testing did not include explicit documentation detailing the subrecipient audit report review (such as what year was reviewed, what were the results of the review, etc.). Additionally, for one selection, the initial subrecipient risk assessment form was reviewed after the subrecipient award agreement was executed.

Status Update

Research Operations updated its subrecipient monitoring policy to explicitly state the ongoing monitoring activities that must be conducted and the frequency of required monitoring. Training was provided to the staff on January 19, 2024 who perform the risk assessment to ensure they are documenting the details of the review including the date and results of the subrecipient audit report review.

All Subrecipient Institutions were reviewed and assigned a risk level by August 17, 2023. To further monitor sub-recipients, an upgrade to the HRS grants system was completed and the sub-recipient monitoring module was made active on January 26, 2024. The module allows sub-recipient institutions to be added to the system as part of award set-up, the risk level assessed, and a date added for the annual review of the risk level. Documentation of review is added to the system. All sub-recipients were added to the new module of HRS on March 2, 2024 and staff training on the HRS sub-recipient module occurred

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

on March 14, 2024. The sub-recipient monitoring policy was revised on January 10, 2024 with the new procedure using the HRS module for tracking.

2022-004 - Procurement, Suspension and Debarment

Cluster: Research and Development
Federal Agency: Department of Health and Human Services, Department of Defense
Award Names: First-in-human clinical translation of a near-infrared, nerve-specific fluorophore to facilitate tissue-specific fluorescence-guided surgery; Self-Administered, Motor-Free, Cognitive Screening Battery for MS: Development and Initial Validation; Decision Making in Transmasculine Genital Reconstruction Surgery (TMGRS)
Award Numbers: 1R01NS116994-01A1; W81XWH2010330; R21DK124733
Assistance Listing Title: Extramural Research Programs in the Neurosciences and Neurological Disorders; Military Medical Research and Development; Diabetes, Digestive, and Kidney Diseases Extramural Research
Assistance Listing Number: 93.853; 12.420; 93.847
Award Year: 2021 - 2022
Pass-through entity: Not applicable

Summary

The Health System has a policy whereby purchases shall comply with Uniform Guidance for Grants and Cooperative agreements, as established in 2 CFR 200.320 Methods of Procurement. They have adopted $10,000 as their micro-purchase threshold. 2 CFR 200.318 requires that documentation of the history of the procurement, the procurement method and rationale for the method selected, selection of contract type, basis for contractor selection, and basis for the contract price to be included in the procurement file. Additionally, a non-Federal entity must have and use documented procurement procedures and is prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred. The Health System's suspension and debarment policy requires suspension and debarment verifications to be completed for all vendors utilized on federal awards, regardless of expenditure amount.

As part of the Research and Development cluster procurement testing of new purchases greater than $10,000 there were 4 transactions selected for testing out of a population of 21 transactions totaling $481,000. PwC noted two transactions of $69,500 and $12,000 where there was no documentation of the vendor justification, but were determined to be sole source. We were able to provide PwC with an understanding of why the vendor was selected; however, this sole source justification was not documented in the procurement files. Additionally, as part of the testing over compliance with the Health System's suspension and debarment verification policy, PwC noted one vendor with expenditures of $1,400 where the suspension and debarment verification was not performed in advance of paying the related invoice. PwC received evidence of the suspension and debarment verification completed after invoice payment, where no exclusions were identified.

Status Update

Research Operations conducted staff training for Departmental Research Administrators to ensure staff are knowledgeable of the current policy and the documentation requirements related to purchases above the micro-purchase threshold in December 2023.

As of December 13, 2023, all vendors used for research supplies and services for sponsored projects have been reviewed. All Vendors have a contract in place and were added to D-H's ePro ordering system at the end of calendar year 2023. A standard control procedure was established in December 2023 for

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

vetting new vendors for suspension and debarment before any purchases are executed on sponsored awards and staff have been trained as of January 19, 2024. In order for a purchase order to be approved in research for a new vendor, documentation of a suspension and debarment check on the OIG Compliance Now LLC and SAM.GOV will need to be included within the documentation for submission as of March 31, 2024. Additionally, March 8, 2024, a standard control procedure was established for purchasing supplies and equipment that includes a process for urgent and sole source orders by completion of a justification form which is then documented and included with the purchase order.

2022-005 Eligibility and Allowable Costs

Cluster: Not applicable
Federal Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery Support Services
Award Numbers: T1081685
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2021 - 2022
Pass-through entity: NH Dept of Health and Human Services

Summary

To be eligible under the Substance Use Disorder Treatment and Recovery Support Services award, a patient must 1) have income below 400% of the federal poverty level, 2) be a resident of New Hampshire or experiencing homelessness in New Hampshire, and 3) be determined positive for substance use disorder. Additionally, patient income information for all eligible patients receiving services must be updated at a minimum interval of once every four weeks.

Cheshire Medical Center operates The Doorway program in Keene, NH. The Doorway connects patients positive for substance use disorder with support services and treatment, and receives a portion of its funding from the Substance Use Disorder Treatment and Recovery Support Services federal award. Through our testing of eligibility requirements for 25 patients, we noted the following:

- For all selections, no formal documentation was maintained regarding patient income levels.
- For all selections, income reassessments were not completed and documented at least once every four weeks.
- One selected patient was neither a resident of New Hampshire, nor experiencing homelessness in New Hampshire.

While The Doorway provides services to patients beyond those defined as eligible under the Substance Use Disorder Treatment and Recovery Support Services award, there is no differentiation between patients that are eligible or ineligible under the federal program. As a result of patients not being differentiated, time and effort incurred by personnel on the award is commingled with non-award activity. For example, a clinician's salary is funded under the award, but she is not seeing only eligible patients. As such, any time she spent treating a patient who is not eligible would be a questioned cost under the grant.

Status Update

See the current year finding 2024-005 and management response for additional information.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth Health

Management's Views and Corrective Action Plan

2024-001—Cost Transfer Approvals

Cluster: Research and Development (also applies to other major programs referenced below)
Sponsoring Agency: All research and development cluster sponsoring agencies and Department of Health and Human Services (for the other major programs referenced below)
Award Names: All research and development cluster awards, all 93.912 awards, all 93.958 awards
Award Numbers: All research and development cluster awards, all 93.912 awards, all 93.958 awards
Assistance Listing Title: All research and development cluster assistance listing titles, Rural Health Care Services and Block Grants for Community Mental Health Services
Assistance Listing Number: All research and development cluster assistance listing numbers, 93.912, 93.958
Award Year: 2023-2024
Pass-through entity: All research and development cluster pass-through entities, New Hampshire Department of Health and Human Services, and University of New Hampshire (for the 93.958 other major program)

Management agrees with the finding related to cost transfer approval. The Dartmouth-Hitchcock Office of Research Operations experienced significant turnover in Fiscal Year 2024. Management will provide training materials for all new and existing staff in both the Research Post-Award and Research Finance areas to reemphasize the Cost Transfer Policy. Additionally, management will review the current policy on cost transfers to determine whether any updates are needed to better align with current business practices and compliance requirements by June 30, 2025.

Leadership Responsible: John Muhlen, System Vice President of Corporate Finance

Anticipated Completion Date: June 30, 2025

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth Health

2024-002—Timeliness of Effort Certification

Cluster: Research and Development (also applies to other major programs referenced below)
Sponsoring Agency: All research and development cluster sponsoring agencies, Department of Labor and Department of Health and Human Services (for the other major programs referenced below)
Award Names: All research and development cluster awards, all 17.268 awards, all 93.243 awards, all 93.912 awards, all 93.958 awards
Award Numbers: All research and development cluster awards, all 17.268 awards, all 93.243 awards, all 93.912 awards, all 93.958 awards
Assistance Listing Title: All research and development cluster assistance listing titles, H-1B Job Training Grants, Substance Abuse and Mental Health Services Projects of Regional and National Significance, Rural Health Care Services, Block Grants for Community Mental Health Services
Assistance Listing Number: All research and development cluster assistance listing numbers,17.268, 93.243, 93.912, 93.958
Award Year: 2023-2024
Pass-through entity: All research and development cluster pass-through entities, New Hampshire Department of Health and Human Services (for the 93.243 and 93.958 other major programs), University of New Hampshire (for the 93.958 other major program)

Management agrees with the finding related to effort certifications. Dartmouth-Hitchcock published a new effort policy on February 11, 2025, for all research staff to emphasize the importance of Principal Investigators and Research Staff certifying their efforts on grants promptly. Management will begin implementing and enforcing the policy starting with the quarter ending March 31, 2025.

Leadership Responsible: John Muhlen, System Vice President of Corporate Finance

Anticipated Completion Date: March 31, 2025

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Dartmouth Health

2024-003—Key Personnel Change Approval
Cluster: Not applicable
Sponsoring Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery
Award Numbers: Cheshire Medical Center 2019-BDAS-05-ACCES-04, Cheshire Medical Center 05-95-92-920510-7040-5007, RFP-2018-BDAS-05-INTEG
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2023-2024
Pass-through entity: New Hampshire Department of Health and Human Services

Management agrees with the finding related to Key Personnel Change Approval at our member, Cheshire Medical Center. The post-award management of this grant is currently handled outside of the Dartmouth Health Research Finance and Post-Award department. Management aims to centralize this function by December 31, 2025. In the interim, Dartmouth Health Management will provide training to award operational staff to implement policies that align with the centrally managed awards by June 30, 2025. Specifically, the Member will conduct a monthly review of key personnel efforts to identify any potential changes that require notification to the New Hampshire Department of Health and Human Services or any award sponsor in which the Key Personnel Change compliance requirement is required.

Leadership Responsible: John Muhlen, System Vice President of Corporate Finance

Anticipated Completion Date: June 30, 2025

2024-004 Equipment Management (repeat finding of 2022-001)

Cluster: Research and Development
Federal Agency: All research and development cluster sponsoring agencies
Award Names: All research and development cluster awards
Award Numbers: : All research and development cluster awards
Assistance Listing Title: All research and development cluster assistance listing titles
Assistance Listing Number: All research and development cluster assistance listing numbers
Award Year: 2023- 2024
Pass-through entity: All research and development cluster pass-through entities

Management agrees with the finding related to Equipment Management. Management conducted a biannual physical inventory count of specific federally purchased research equipment in Fiscal Year 2024. Management did not include all required fields within the clinical engineering database as required by 2 CFR section 200.313 (d) (1) such as the percentage of Federal participation in the project costs for the Federal award under which the property was acquired, asset location and the use and condition of the equipment. Management will update the clinical engineering database to include these fields within the details by June 30, 2025.

Management did not verify the completeness of the listing against the entire federal equipment inventory. Management will establish a quarterly control in which Research Finance will reconcile federal equipment

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

inventory within the clinical engineering database against the Corporate Finance federal equipment listing, starting with the quarter ending March 31, 2025.

Leadership Responsible: John Muhlen, System Vice President of Corporate Finance

Anticipated Completion Date: June 30, 2025

2024-005 Eligibility and Allowable Costs (repeat finding of 2022-005) Cluster: Not applicable
Federal Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery Support Services
Award Numbers: Cheshire Medical Center 2019-BDAS-05-ACCES-04, Cheshire Medical Center 05-95-92-920510-7040-5007, RFP-2018-BDAS-05-INTEG
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2023 - 2024
Pass-through entity: NH Dept of Health and Human Services

Management agrees with the finding regarding Cheshire Medical Center's eligibility and allowable costs. Management will implement a control starting with the month ending April 30, 2025, to conduct a retrospective review of patient service revenue charges incurred during that month and allocate costs in a manner that aligns with the eligibility and income requirements of the award. Using this methodology, management will identify the eligible population and appropriately incur allowable expenses associated with the award.

Management will initiate a bi-weekly process to review upcoming appointments and the most recent eligibility check on recurring patients. If, during this process, a patient is identified who requires an eligibility check based on award criteria (i.e., whichever is later: four weeks or the individual's next appointment), Management team will perform re-enrollment procedures to validate that the individual is still eligible.

Leadership Responsible: John Muhlen, System Vice President of Corporate Finance

Anticipated Completion Date: June 30, 2025

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Amy Doolan Roy, M.D.

Ken and Vickie French Child Advocacy and Protection Program
Dartmouth Health Children's

Updated: September 2024

Education:

August 1996 – May 2000	University of Vermont Larner College of Medicine Burlington, Vermont Doctor of Medicine
September 1991 – June 1995	University of Chicago Chicago, Illinois Bachelor of Arts, Biology

Postgraduate education:

July 2006 – June 2009	Fellow, Pediatric Emergency Medicine Yale University School of Medicine New Haven, Connecticut
July 2001 – June 2003	Resident, Pediatrics Yale University School of Medicine New Haven, Connecticut
July 2000 – June 2001	Intern, Pediatrics Yale University School of Medicine New Haven, Connecticut

Employment:

May 2025 – Present	Medical Director Ken and Vickie French Child Advocacy and Protection Program Dartmouth Health Children's Lebanon, New Hampshire
January 2025 – May 2025	Attending Physician Ken and Vickie French Child Advocacy and Protection Program Dartmouth Health Children's Lebanon, New Hampshire
April 2016 – November 2024	Attending Physician Child Advocacy and Protection Program An Affiliate of the Children's Hospital at Dartmouth's

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

	Child Advocacy and Protection Program Elliot Hospital Manchester, New Hampshire
January 2015 – January 2024	Medical Director Pediatric Emergency Department Elliot Hospital Manchester, New Hampshire
August 2009 – December 2014	Attending, Pediatric Emergency Medicine Elliot Hospital Manchester, New Hampshire
July 2003 – June 2006	Attending, Pediatric Emergency Medicine Cape Fear Valley Health System Fayetteville, North Carolina
June 1995 – July 1996	Research Associate, Section of Gastroenterology University of Chicago Hospitals Chicago, Illinois

Professional Certifications:

National Board of Medical Examiners: certified 2003
American Board of Pediatrics: certified 2003, recertified 2013
American Board of Pediatrics specialty board, Pediatric Emergency Medicine: certified 2011
Advanced Trauma Life Support: certified 2021
Pediatric Advanced Life Support: certified 2021

Professional Memberships and Organizations:

Fellow, American Academy of Pediatrics
Regular member, Ray E. Helfer Society - an international honorary society for physicians providing leadership in the prevention, diagnosis and treatment of child abuse.
Member, American College of Emergency Physicians
Member, American Professional Society on the Abuse of Children
Member, Section on Emergency Medicine, American Academy of Pediatrics
Member, Section on Child Death Review and Prevention, American Academy of Pediatrics
Member, Section on Child Abuse and Neglect, American Academy of Pediatrics
Physician consultant, Hillsborough County Child Advocacy Center, Manchester NH
Physician consultant, Merrimack County Child Advocacy Center, Concord NH

Professional Activities:

2018 - 2020	New Hampshire Medical Society Physician Leadership Program
2018 – 2019	Elliot Hospital Women's Leadership Program
2015 – 2017	Mentorship with Dr. Wendy Gladstone, Child Abuse Pediatrician, Manchester NH
2015- 2017	Member, New Hampshire Child Abuse and Neglect Specialized Medical Services System of

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Care Workgroup
2020 American Academy of Pediatrics Expert Witness Affirmation Statement

Legislative Activities:

Testimony supporting SB 572, a bill supporting the development of a study commission for multi-disciplinary team communication in cases of suspected child maltreatment. New Hampshire Senate hearing, February 2024.

Testimony supporting SB175, a bill supporting minimum workplace requirement for nursing mothers and establishment of early childhood behavioral health resources in childcare settings
New Hampshire Senate hearing, March 2023

Letter of objection to HB283 a bill eliminating bruising as a type of bodily injury in children under 13
New Hampshire House, February 2017

Letter of objection to HB106, a bill requiring corroborating evidence in sexual assault prosecutions
New Hampshire House, November 2017

Testimony supporting urgent need for improvement to the New Hampshire child protection system
New Hampshire House, April 2016

Peer Review:

Monthly Peer Review, Children's Hospital at Dartmouth Child Advocacy and Protection Program
Monthly Peer Review, The Spurwink Center Child Abuse Program, Portland ME
Monthly Hillsborough County Child Advocacy Center case review, Manchester NH

Conferences Attended:

Ray E. Helfer Society Annual Meeting. Nashville, TN. April 9 – 9, 2025
Ray E. Helfer Society Annual Meeting. Savannah, GA. April 7-10, 2024
Babies and Toddlers' Conference. Office of the Chief Medical Examiner. New York, NY. Nov 16-17, 2023
Ray E. Helfer Society Annual Meeting. Tuscon, AZ. April 15-19, 2023
Shield Our Children from Harm. Lebanon, NH. April 4, 2023.
Ray E. Helfer Society Annual Meeting (virtual platform). April 10 - 13, 2022
Shield Our Children From Harm. April 5, 2022
Abusive Head Trauma- Diagnosis, Treatment and Common Controversies. January 22, 2022
Babies and Toddlers Trauma Investigations Conference, November 4 - 5, 2021
Ray E Helfer Society Virtual Annual Meeting. April 11 – 14, 20
Shield Our Children From Harm: Stronger Teams for Safe Families. April 6-7, 2021
Ray E Helfer Society Virtual Annual Meeting. April 20 – 21, 2020
Career Advancement and Leadership Skills for Women in Healthcare, Harvard Medical School, Boston MA. November 14 – 16, 2019
Ray E Helfer Society Annual Meeting, Orlando FL April 7 – 10, 2019
Partnering for a Future Without Violence, Attorney General's Task Force on Abuse and Neglect and Governor's Commission on Domestic and Sexual Violence, Manchester NH September 5 – 6, 2018
Northeast Regional Child Fatality Conference, Lowell MA June 2018
Adverse Childhood Experiences, Bedford NH May 2018

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Ray E Helfer Society Annual Meeting Nashville Tennessee April 22 – 25, 2018
Adverse Childhood Experiences, Bedford NH May 2018
American Professional Society on the Abuse of Children Advanced Training Summit,
Portland Maine June 21 – 23, 2017
American College of Emergency Physicians Scientific Assembly, Washington DC
October 29 – November 1, 2017
Midwest Regional Children's Advocacy Centers Medical Training Academy, December 2016

Medical Licensure:

2009 – Present	State of New Hampshire, #14437
2006 – 2009	State of Connecticut Training License
2003 – 2006	State of North Carolina, #200300697

Teaching Appointments:

2025- Present	Assistant Professor Department of Pediatrics Dartmouth Hitchcock Medical Center Lebanon, New Hampshire
2013 – Present	Clinical Assistant Professor Department of Emergency Medicine Dartmouth Hitchcock Medical Center Lebanon, New Hampshire

State Committees:

2024- 2024	New Hampshire Bureau of EMS Emergency Medical and Trauma Services Coordinating Board
2020 – Present	New Hampshire Child Fatality Review Board
March 2021 – March 2022	Communication Subcommittee New Hampshire Child Fatality Review Board
2016 – December 2019	Child Abuse Needs Assessment Committee Granite State Children's Alliance, parent organization of New Hampshire's Child Advocacy Centers
2012 – 2018	New Hampshire Child Fatality Review Board

Hospital Committees:

2014 – 2024	Emergency Department Quality Committee Elliot Hospital
2016 – 2018	Medical Executive Committee Elliot Hospital
2014 – 2015	Pediatric Quality Committee Elliot Hospital
2014 – 2016	Pediatric Process Improvement Committee

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

	Elliot Hospital
2014 – 2015	Pediatric Psychiatric Care Committee Elliot Hospital
2010 – 2012	Child Advocacy Committee Elliot Hospital
2007 – 2008	Quality and Safety Committee Subcommittee on Education Yale-New Haven Children's Hospital
2006 – 2009	Pediatric Emergency Medicine Fellowship Selection Committee Yale-New Haven Children's Hospital

Honors and Awards:

American Academy of Pediatrics Special Achievement Award
For Distinguished Service and Dedication to the Mission and Goals of the Academy
New Hampshire Chapter
September 2020

Physician of the Year 2016
Elliot Health System
March 2016

Yale University Fellows' Research Symposium Original Research Presentation
What Do Pediatric Residents Know About Medical Malpractice?
May 2009
Finalist

Research Abstracts and Presentations:

Roy A, Metz J and Asnes A. Paving the Pathway: An Evidence-Based Approach to Infant Skull Fractures. Ray E. Helfer Society Meeting. Nashville, TN. 2025.

Roy A. Survivor Guilt: The Emotional Toll of Work in CAP. Ray E. Helfer Society Meeting. Nashville, TN. April, 2017

Roy A, Santucci K. Communication Habits Among Pediatric Emergency Physicians Accepting Interfacility Transfers. Platform presentation. Eastern Society for Pediatric Research, Philadelphia PA, March 2008.

Roy A, Santucci K. Communication Habits Among Pediatric Emergency Physicians Accepting Interfacility Transfers. Poster presentation. Pediatric Academic Society, Honolulu HI, May 2008.

Roy A, Chen L, Santucci K. What Do Pediatric Residents Know About Medical Malpractice? Platform Presentation. Eastern Society for Pediatric Research, Philadelphia PA, March 2008.

Roy A, Chen L, Santucci K. What Do Pediatric Residents Know About Medical Malpractice? Follow Up Data. Platform Presentation. Eastern Society for Pediatric Research, Philadelphia PA, March 2009.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Roy A, Chen L, Santucci K. What Do Pediatric Residents Know About Medical Malpractice? Follow Up Data. Poster Presentation. Pediatric Academic Society, Baltimore, MD, May 2009.

Publications:

Zonfrillo M, **Roy A**, Walsh S. Management of Pediatric Penetrating Oropharyngeal Trauma. Illustrative Case. *Pediatric Emergency Care*. 2008; 24(3): 172 – 175.

Roy A, Chen L, Santucci K. What Do Pediatric Residents Know About Medical Malpractice? *Pediatric Emergency Care.* 2011; 27(7): 586-590.

Invited Lectures (past 10 years):

Strangulation in Children
Shield Our Children From Harm Conference
Dartmouth Hitchcock Medical Center
Lebanon, NH
April 2023

Evaluating Child Sexual Assault and Abuse
Dartmouth Emergency Medicine Residency Program
May, 2022

Abusive Head Trauma
Hillsborough County Child Advocacy Center Case Review
March, 2022

Abusive Head Trauma
Merrimack County Child Advocacy Center Case Review
February, 2022

Talking to Children About Abuse
Dartmouth Emergency Medicine Residency Program
January, 2022

Was This Child Abused?
With Wendy Gladstone, MD
Partnering for a Future Without Violence (Virtual)
New Hampshire Attorney General's Office
September 2021

The Process of CAPP
With Cornelia Gonsalves APRN and Kiersten Legasse APRN
Hillsborough County Child Advocacy Center Case Review
March 9, 2021

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Non-Accidental Trauma in Children
Grand Rounds
Section of Emergency Medicine
Geisel School of Medicine
Dartmouth Hitchcock Medical Center
Lebanon, NH
January 2021

Trauma in Children
Keynote Lecture
Michael Richert Memorial Trauma Symposium
Manchester, NH
October, 2018

Working with Medical Professionals
Partnering for a Future Without Violence
Manchester, NH
September, 2018

Non-Accidental Trauma in Infants and Children.
New Hampshire Trauma System Conference
North Conway, NH
November, 2017

Pediatric Emergency Medicine Trivia
EMS Conference, Derry NH
February, 2017

Updates in Child Abuse and Child Welfare
Grand Rounds, Elliot Hospital
June 2016

Grandbaby Boot Camp
On Call with Minuteman Health
May 20

The Saddest Call: Sudden Infant Death and Death Scene Investigation
Co-presenter: Lt. Nicole Ledoux, Manchester Police Department
Pediatric EMS Conference, Derry, NH
February 2016

Assessment of the Ill Child
Pediatric EMS Conference. Derry, NH
February 2015

Overview of Critically Ill and Injured Children
Concord Hospital Annual Trauma Conference

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

March 2013

Presentations (past 10 years):

Child Maltreatment Concerns in Emergency Department Nursing
Recurring presentation for orienting emergency department nursing staff
Elliot Hospital

Reporting Concerns for Child Maltreatment. Elliot Hospital, March 2020

Child Physical Abuse: When to Worry, What to Do. Manchester Police Department, May 2018.

Heavy Bleeding after Consensual Intercourse. Elliot SANE Conference. December 2017.

Pediatric Case Review. Elliot Hospital. January 2017

. Recent Cardiac Cases from the Pediatric Emergency Department. Pediatric Pearls Lecture Series. Elliot Hospital. March 2016

Committee for the Investigation of Child Abuse Fatalities. Concord, NH. February 2016

E. Coli in Infants, Section of Emergency Medicine, Elliot Hospital, September 2015

Identifying and Reporting Suspected Child Abuse and Neglect, Mandated Reporter Workshop, Elliot Hospital, May 2015

Measles, Section of Emergency Medicine, Elliot Hospital February 2015

A Vomiting Baby, Pediatric Pearls Lecture Series, Elliot Hospital. September 2014

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

ANNA **MARSH, MSN CPNP-PC, SANE**

WORK EXPERIENCE

SEPTEMBER 2019 – CURRENT

CERTIFIED PEDIATRIC NURSE PRACTITIONER – CHILD ADVOCACY AND PROTECTION PROGRAM, DARTMOUTH HITCHCOCK MEDICAL CENTER – LEBANON, NH

FACULTY APPOINTMENT AS INSTRUCTOR OF PEDIATRIC SPECIALITIES, THE GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

Conduct inpatient and outpatient, urgent and routine, multidisciplinary evaluations of children who are suspected victims of physical abuse, sexual abuse, and/or neglect. We conduct these evaluations at the request of medical professionals within and outside of Children's Hospital at Dartmouth and at the request of child protective services (CPS) social workers or police investigators. Other activities include state and regional coordination of services for abused children, child abuse prevention activities, medical-legal case reviews at the request of CPS social workers, police investigators, and attorneys with expert testimony when required, ongoing training regarding child maltreatment to teachers, health care professionals, attorneys, police investigators, and CPS social workers, partake in child abuse research, and provide direct support to the Child Advocacy Centers in New Hampshire and Vermont.

AUGUST 2013 – SEPTEMBER 2019

PEDIATRIC INTENSIVE CARE UNIT PROFESSIONAL STAFF NURSE RN BSN, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Highly skilled and detail oriented professional with experience working in a Level 1 trauma 36-bed PICU providing exceptional care for critically ill infants, children, and adolescents. Experience with ECMO, CRRT, Level 1 traumas, transplants, chronic illness, acute illness, mechanical ventilation, etc. Cooperated and communicated effectively with physicians to ensure client satisfaction and compliance with set standards. Continually improved knowledge, skills and performance based on feedback and self-identified professional developmental needs.

MAY 2018 – SEPTEMBER 2018

PEDIATRIC INTENSIVE CARE UNIT TRAVEL RN, AMERICAN MOBILE, CA

Seattle Children's Hospital – Seattle, WA
Pediatric Intensive Care Unit with floating to Cardiac Intensive Care Unit and Neonatal Intensive Care Unit.

JANUARY 2018 – APRIL 2018

PEDIATRIC INTENSIVE CARE UNIT TRAVEL RN, AYA HEALTHCARE, CA

Primary Children's Hospital – Salt Lake City, UT
Level 1 Pediatric Intensive Care Unit with floating to Cardiac Intensive Care Unit.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

AUGUST 2012 – AUGUST 2013

PICU PATIENT CARE TECHNICIAN, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Interacted effectively with patients, families, staff and other hospital department staff to deliver a high level of customer service and teamwork. Assisted patients with activities of daily living under guidance of the registered nurse.

MAY 2012 – AUGUST 2012

PICU STUDENT NURSE INTERN, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Expanded nursing skills in pediatric intensive care. Skills include mechanical ventilator care, tracheostomy care, ECMO, ICP monitoring, central line insertion assistance, NG tubes, TPN, blood product transfusions, hemodynamic monitoring. Managed patient care, including checking vital signs.

NOVEMBER 2010 – MAY 2012

PATIENT SUPPORT ASSISTANT, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Supports others in improving the health and wellbeing of all children through excellence in patient care, teaching, and research. Provides basic personal hygiene and assistance in activities of daily living.

EDUCATION

JUNE 2019

MASTERS OF SCIENCE IN PEDIATRIC PRIMARY CARE NURSE PRACTITIONER, DREXEL UNIVERSITY – PHILADELPHIA, PA

MAY 2013

BACHELOR OF SCIENCE IN NURSING, DUQUESNE UNIVERSITY – PITTSBURGH, PA

JUNE 2008

HIGH SCHOOL DIPLOMA, SOMERSET AREA HIGH SCHOOL – SOMERSET, PA

STUDENT PNP CLINICAL EXPERIENCES

JANUARY 2019 – JUNE 2019

PEDIATRIC ALLIANCE, ARCADIA DIVISION

WEXFORD, PA

APRIL 2019

ADOLESCENT MEDICINE AT UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

PITTSBURGH, PA

JANUARY 2019

OTOLARYNGOLOGY (ENT) AT UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

PITTSBURGH, PA

SEPTEMBER 2018 – DECEMBER 2018

UPMC CHILDREN'S COMMUNITY PEDIATRICS, PITTSBURGH PEDIATRICS

PITTSBURGH, PA

SEPTEMBER 2017 – DECEMBER 2017

PEDIATRIC ASSOCIATES OF WESTMORELAND

GREENSBURGH AND IRWIN, PA

JUNE 2017 – AUGUST 2017

CHAN SOON-SHIONG MEDICAL CENTER, PEDIATRIC SPECIALIST DR. BOROUMAND

WINDBER, PA

CERTIFICATIONS

- APRN-NP License: State of New Hampshire – License # 081088-23 - current
- Pediatric Nursing Certification Board: Certified Pediatric Nurse Practitioner, Primary Care – License # 201914026 – current
- RN License: State of New Hampshire – License # 081088-21 – current
- Sexual Assault Nurse Examiner – certification 2020 with pediatric SANE training 2020 - current
- CCRN (Pediatric): AACN, January 2017
- Pediatric Advanced Life Support: American Heart Association – current
- CPR/BLS: American Heart Association – current

AFFILIATIONS

- National Association of Pediatric Nurse Associates and Practitioners – member: 2020 - current
- Dartmouth Health Task Force on Human Trafficking, Sexual Assault, and Domestic Violence – member: 2022 - current
- American Association of Critical Care Nurses – member: 2017-2019
- UPMC Children's Hospital of Pittsburgh PICU nursing preceptor
- UPMC Children's Hospital of Pittsburgh Beads of Courage Ambassador: Spring 2016
- PICU Patient-Family Centered Care board at UPMC Children's Hospital of Pittsburgh: 2014-2019
- National Student Nurses' Association – member: Fall 2009-Spring 2013
- Student Nurses' Association of Pennsylvania – House of Delegates: Fall 2010 and Fall 2011
- Duquesne University Student Nurses' Association – Publicity Chair: May 2011-May 2013
- Alpha Tau Delta Professional Nursing Fraternity – Vice President: January 2011-May 2013

FACILITATOR/PRESENTER/DEVELOPMENT

- 2025 – present: Coauthor of medical case report on child maltreatment and esophageal perforation (in process)
- 2024 – present: Dartmouth Health Quality Improvement Project – Drug Endangered Children: Understanding Practices and Impact on Child Welfare

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

- 2024 - present: Youth with Problematic Sexualized Behaviors cohort – developing training for Vermont Child Advocacy Center multidisciplinary team members with expectation to expand to other states to educate on the language of addressing YPSB in an informed manner that fosters growth and progress toward changed behavior, restoring relationships, preserving families and communities, how the MDT should address YPSB, the treatment mechanisms available in Vermont/New England and achieving positive, life-long outcomes for YPSB and their families/communities.
- 2021- present: Presenter for Fundamentals of Child Abuse and Neglect for medical professionals and multidisciplinary team members in New Hampshire
- 2019-present: Presenter for Dartmouth Health Children's Child Advocacy and Protection Program Medical Case Review

RELEVANT TRAININGS/CONFERENCES

- 12/10/2024: NH Coalition Against Domestic and Sexual Violence – Pediatric SANE Basics Boot Camp – 4.25 credits
- 11/17/2024: NH Coalition Against Domestic and Sexual Violence – Sexual Assault Medical Forensic Examination Competency Testing – 7.5 credits
- 11/08/2024: Spurwink Center for Safe and Healthy Families – 28th Annual Northern New England Conference on Child Maltreatment – 10 credits
- 09/2024: Vermont Children's Alliance and Northeast Regional Children's Advocacy Center – MDT Academy Training – 8 credits
- 05/29/2024: SANE Pediatric Case Review - NH Coalition Against Domestic and Sexual Violence – 1.5 credits
- 04/02/2024: Shield Our Children From Harm Conference – Dartmouth Health Children's – 5.75 credits
- 03/26/2024: : SANE Quarterly Education Day - NH Coalition Against Domestic and Sexual Violence – 2.5 credits
- 02/19/2024: Human Trafficking: A Focus on Pediatric Patients – Dartmouth Health – 1 credit
- 01/30/2024: SANE Pediatric Case Review - NH Coalition Against Domestic and Sexual Violence – 1 credit
- 01/19/2024 – 01/21/2024: 39th Annual San Diego International Conference on Child and Family Maltreatment - The Chadwick Center for Children and Families, Rady Children's Hospital-San Diego, the University of California, San Diego School of Medicine
- 11/29/2023: Fractures and Child Abuse – Dartmouth Health, Emergency medicine – 1 credit
- 08/2023: Northeast Regional Children's Advocacy Center – MDT Academy – 14 hours
- 05/31/2023: SANE Pediatric Case Review - NH Coalition Against Domestic and Sexual Violence – 1.0 credits
- 05/10/2023: SANE Quarterly Education Day - NH Coalition Against Domestic and Sexual Violence – 4 credits
- 04/04/2023: Shield Our Children From Harm Conference – Dartmouth Health Children's – 5.75 credits
- 03/15/2023 – 03/18/2023: 44th National Conference on Pediatric Health Care - National Association of Pediatric Nurse Practitioners – 20.5 credits
- 01/31/2023: Tackling the Issue of Human Trafficking One Residential Facility at a Time – Dartmouth Health – 1 credit
- 06/30/2022: Psychological Coercion & Sex Trafficking: Dynamics of Exploitation – Massachusetts Children's Alliance. Christian Eduardo, survivor, advocate, speaker, and human trafficking consultant, & Dr. Shobana Powell, DSW, LCSW, CEO and Founder of Shobana Powell Consultation.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

- 04/05/2022: Shield Our Children From Harm Conference – Dartmouth Health Children's – 5.75 credits
- SART Summit 2021: Strangulation – A Multidisciplinary Team Case Review from Scene to Courtroom – 2 credits
- 10/14/2021: Nexplanon Clinical Training
- 01/2021: 36th Annual San Diego International Conference on Child and Family Maltreatment – The Chadwick Center for Children and Families, Rady Children's Hospital-San Diego, the University of California, San Diego School of Medicine
- 10/14/2020: Youth With Problematic Sexualized Behavior Training Series – Granite State Children's Alliance
- 10/2020-11/2020: International Conference on Forensic Nursing Science and Practice - International Association of Forensic Nurses
- 06/03/2020 – 08/19/2020: Trauma and Resilience Level 2 ECHO
- 03/25/2020-04/29/2020: Trauma and Resilience Level 1 ECHO - 6 credits
- 06/16/2020: Missing and Exploited Children Training Program from the Office of Juvenile Justice and Delinquency Prevention: National Criminal Justice Training Center of Fox Valley Technical College – From Suspicion to Disclosure
- 06/09/2020: Granite State Children's Alliance: New Hampshire's Network of Child Advocacy Centers - Youth with Problematic Sexualized Behavior Training Series
- 04/08/2020-04/29/2020: American Academy of Pediatrics Trauma and Resilience ECHO - 6 credits
- 03/12/2020: Comprehensive Sexual Assault Nurse Examiner Training Program (Pediatric/Adolescent/Adult) – NH Coalition Against Domestic and Sexual Violence – 65 credits
- 03/07/2020: Pelvic exam simulation training – NH Coalition Against Domestic and Sexual Violence - 8 credits
- 01/25/2020-01/31/2020: 35th Annual San Diego International Conference on Child and Family Maltreatment – The Chadwick Center for Children and Families, Rady Children's Hospital-San Diego, the University of California, San Diego School of Medicine
- 2020 - present: Monthly CAPP Medical Case Reviews – ongoing credits
- 2020 - present: Weekly Child Abuse Pediatrics (CAP) Fellowship ECHO – Children's Healthcare of Atlanta – ongoing credits
- 10/15/2019: Pediatric Sexual Assault: An Online Training Program for Sexual Assault Nurse Examiners and Other Medical Professionals Serving Children – Postgraduate Institute for Medicine - 10 credits
- 10/09/2019: Center for Rural Emergency Services and Trauma 2019 – Who's in your waiting room? How Health Care Can Respond to Human Trafficking) - 1 credit

ADDITIONAL CONTACT HOURS – DARTMOUTH HEALTH CHILDREN'S, GRAND ROUNDS (AVAILABLE UPON REQUEST)

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

JR

JILL M. ROCKWELL, MSN, APRN

SUMMARY STATEMENT

Compassionate pediatric nurse practitioner with high energy and integrity

Passionate to assure quality care and reduce disparities related to race, ethnicity and income

Proven ability to manage proficient clinics, Prioritizing the needs of patients, while simultaneously valuing and encouraging teamwork

Strong comfort level in care of the orthopaedic, trauma and surgical pediatric patient.

PROFESSIONAL EXPERIENCE

DATES

December 2021
Present

Dartmouth Health, Lebanon, NH

Pediatric Nurse Practitioner for CAPP

- Serves as an expert in pediatrics, an educator, collaborator, case coordinator, and resource to all those involved in child protective services.
- Have a comprehensive knowledge of the child and family in various settings to enhance management of the child's care. Creating better working partnerships between social workers and providers which serves to benefit the child protective serve, social workers, and the families involved.
- Promote public awareness about risks to children and develop trust between members of the public and professionals.
- Documenting the nature and extent of injuries due to possible abuse or neglect.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

- Knowledge about the special developmental and emotional needs of child and adolescent abuse victims, and able to recognize behavioral indicators and clinical signs of abuse.
- Being Familiar with local Child Protective Services and other services available to abused children/adolescents and their families is essential. In addition, the physician must understand the roles of other professionals, be willing to provide consultation to them, objectively document findings, and be willing to provide testimony in court proceedings.

DATES

June 2017 – December 2021

Dartmouth Health, Lebanon, NH

Pediatric Nurse Practitioner for Pediatric General Surgery

- Provided anticipatory guidance to pediatric patients and their families concerning growth and developmental milestones, nutrition and hygiene, and safety.
- Evaluated patients with possible surgical interventions needed and made appropriate referrals.
- Identified disease/syndrome entities not limited to but including pilonidal cysts, abscesses, GI irregularities, bowel diseases and the needs for ostomies and cares. Also identified the teaching needs for gastrostomy, NG and cecostomy tubes.
- Managed the care of the inpatient trauma patient, and assuring readiness for discharge, coordinating and assuring follow-ups.
- Managed the non-accidental trauma patient as an inpatient and assured readiness for discharge, assuring appropriate safety plans in place and facilitating discharge.

January 2013 – June 2017

Dartmouth Health, Lebanon, NH

Staff RN on Pediatric Inpatient Floor

- Served as a patient advocate, assessing patient status and notifieng physician of any changes
- Performed as charge nurse, supervising staff and assuring safety of all patients.
- Evaluated staffing requirements, floor assignments and and managing unit activities for all patients

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

- Acted as a strong resource for residents and nursing staff on the management of their patients.,
- Maintained accurate, detailed reports and records.
- Precepted many new RNs with varied experience.

Colby-Sawyer College, New London, NH

September 2001 - May 2011

Adjunct Professor of Pediatric Nursing

- Facilitated class instruction -Evaluated student performance
- Responded promptly to grade
- determination
- Organized, prepared and revised (as needed) course materials.
- Corrected and graded writing assignments
- Assured content met the needs of students to enable them to pass their NCLEX exams for pediatrics
- When need necessitated, I also taught the clinical portion of Pediatrics
- Assuring students met the skill level needed to care for the ill pediatric

Dartmouth Health, Lebanon, NH

August 2010 – January 2013

Transfer Center Nurse

- Triaging all levels of patients from all areas served by DHMC. This included but was not limited to
- clinics, outlying hospitals, and patients "out in the field". Patients were triaged for placement to the appropriate level of care and appropriate floor.
- Excellent communication skills and knowledge of most medical diagnoses was necessary.
- An ability to work efficiently, quickly and accurately was required.

Dartmouth Health, Lebanon, NH

August 2001 – July 2009

Pediatric Orthopaedic Nurse Practitioner

- Evaluated, diagnosed and managed injuries and maladies of the pediatric patient. Including but not limited to scoliosis, cerebral palsy, developmental dysplasia of the hips, clubfeet, spina bifida.
- Initiated treatments including orthotics, casting, initiation of pavlic harness, ordering tests and procedures.
- Managed independent clinics and assumed surgeons scheduled emergently

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

EDUCATION

Graduated 2001

Northeastern University, Boston MA
Master of Science.
Graduating with high honors

Santa Ana Junior College, Santa Ana, CA
Associate of Science
Graduated with high honors

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

CATHERINE COLLIER

REGISTERED NURSE

PEDIATRIC SANE

CONTACT

PROFILE

Registered Nurse with 27 years of experience, primarily in the outpatient pediatric setting, displaying 23 years of commitment to the mission of Dartmouth Hitchcock, and proving excellent skill in nursing leadership, telephone triage, care management, and pediatric nursing assessment, with a more recent focus on child maltreatment and provision of trauma informed care

PROFESSIONAL SKILLS

- NURSING ASSESSMENT
- NURSING LEADERSHIP
- SANE TRAINED
- PHOTO DOCUMENTATION
- TELEPHONE TRIAGE
- PATIENT EDUCATION
- EPIC

EDUCATION

University of Vermont

Associates of Science in Nursing

1995

LICENSURE/TRAINING

Registered Nurse, NH license # 045156-21

CPR Certified. Exp 10/2023

Yellow Belt training, 2015

Pediatric SANE training, 2016

EXPERIENCE

Clinical Nurse-CAPP *Apr 2016-present*

Dartmouth Hitchcock- Manchester Pediatrics

- Support the work of the Manchester, Nashua, and Elliot CAPP Providers in the clinic setting with both administrative and clinical task including:
  - Schedule coordination and referral processing
  - Facilitate telephone triage and follow-up with patient as needed
  - Perform patient care, exam assistance and photo documentation, and evidence collection as needed
  - Communication with multidisciplinary team (CAC,DCYF, Law Enforcement)

Pediatric Sexual Assault Nurse Examiner *Jan 2021-present*

Dartmouth Hitchcock- Lebanon ED

- On-call for the DH Lebanon Pediatric SANE team, one night per week and one weekend per month
  - Respond and perform exam, evidence collection, and photo documentation for children and adolescents who present to the Emergency Department after disclosure of a sexual assault

Clinical Nurse Supervisor *Aug 2016-Aug 2019*

Dartmouth Hitchcock –Manchester Pediatrics

- Supervision and coordination of 12-14 direct reports and management of their performance including: evaluations, coaching, disciplinary action as appropriate, and orientation and training for new employees
- Conflict resolution as needed. Maintained smooth operations of the department, and performed service recovery to promote patient and employee retention.

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

CONTINUING EDUCATION

Monthly Case Reviews with Dartmouth Hitchcock Child Advocacy Protection Program medical providers and clinical staff, Aug 2019-present

Monthly Case Reviews with Dartmouth Hitchcock Pediatric SANE team, Jan 2021-present

Shield Our Children from Harm Conference, Apr 2019, Apr 2021, Apr 2022

NH Coalition Against Domestic and Sexual Violence Quarterly Training, Feb 2022

Partnering for a Future Without Violence NH Attorney General's Conference, Sept 2019; Sept 2020; Sept 2021

San Diego International Conference on Child and Family Maltreatment, Jan 2019

- Service as a liaison with other persons/departments/clinics/outside agencies
- Coordination and implementation of special quality improvement pilots and projects including:
    - NH Healthy Homes and Lead Poisoning Prevention Program POCT lead screening
    - Ages and Stages Screening
    - IDN funded Integrated Behavioral Health Initiative
    - Participated on Symptom Governance Committee to develop e-tool for call center

Clinical Nurse *May 1999-Aug 2016*

Dartmouth Hitchcock- Manchester Pediatrics

- Telephone triage and provider support for a large Pediatric department in the ambulatory setting.

Charge Nurse *May 1995-Aug 1997*

Marion Memorial Hospital, Medical/Surgical Unit

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Patricia T. Glowa, MD
Community Health Center

Education:

1973-1977	Harvard Medical School, Boston, MA, M.D.
1971-1973	City College of the City University of New York, NY, B.A.
1967-1970	McGill University, Montreal, P.Q., Canada, English major

Post Doctoral Training:

1997-1998	National Institute for Program Director Development, Association of Family Practice Residency Directors
1993-1994	Faculty Development Fellowship, Department of Family Medicine, University of North Carolina - Chapel Hill
1979-1980	Co-Chief Resident, Family Medicine Program, Highland Hospital, Rochester, NY
1977-1980	Internship and Residency in Family Medicine, Highland Hospital, Rochester, NY

Licensure and Certification:

1980, certified	Diplomate, American Board of Family Practice
1986, 1992, 1998, 2004, 2014	Recertified, American Board of Family Practice
1980-present	New Hampshire license for medicine and surgery, lic. no. 6250
1978-2011	New York license for medicine and surgery, lic. no. 134698
1983-2020	Vermont license for medicine and surgery, lic. no. 6920
1991-1995	North Carolina license for Medicine, lic. no. 33831
1997-present	Approved ALSO (Advanced Life Support in Obstetrics) Instructor

Academic Appointments:

2003-present	Assistant Professor, Department of Pediatrics, Dartmouth Medical School
1995-present	Assistant Professor, Department of Community & Family Medicine, Dartmouth Medical School
1992-1995	Clinical Assistant Professor, Department of Community & Family Medicine, University of North Carolina, residency faculty
1991-1992	Clinical Instructor of Family Medicine, University of North Carolina, 1991-1995
1980-1991	Adjunct Assistant Professor of Clinical Community and Family Medicine, Dartmouth Medical School

Major Professional Positions:

1995-2000	Residency Program Director, NH Dartmouth Family Practice

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

	Residency Program, Lebanon, NH
1995-1998	Medical Director, Community Health Center, Hanover, NH
1992-1995	University of North Carolina - Chapel Hill, Department of Family Medicine, Clinical Assistant Professor; Team Leader - Family Practice Center
1991-1992	Haywood - Moncure Health Center, Moncure, NC, practice of Family Medicine
1980-1991	Monroe Clinic, Monroe, NH, partnership private practice of Family Medicine with Donald Kollisch, M.D.

Other Professional Positions:

1995-present	Attending Staff, Dartmouth-Hitchcock Medical Center
1993-1995	Associate Director, Family Practice Center, Department of Family Medicine, University of North Carolina - Chapel Hill
1991-1995	Attending Staff, University of North Carolina Memorial Hospitals
1980-1991	Active Staff, Cottage Hospital, Woodsville, NH
1983	President, Medical Staff, Cottage Hospital, Woodsville, NH
1998-present	Sexual Abuse Evaluation Clinic (Child Advocacy and Protection Program), Co-Founder and Attending Physician, Dartmouth Hitchcock Medical Center, Lebanon, NH
1995-present	Sexual Abuse Examiner, Dartmouth-Hitchcock Medical Center, Lebanon, NH
1991-1995	Attending Physician of the University of North Carolina Child Medical Evaluation Program (a referral and training clinic on child abuse for the State of North Carolina)
1987-1988	Sexual Abuse Team, Division Children & Youth Services, Department of Welfare, Littleton, NH
1984-1991	Sexual Abuse Examiner, Division Children & Youth Services, Department of Welfare, Littleton, NH

Committees:

2001-2004	Steering Committee, Child Advocacy Center, Grafton and Sullivan Counties, New Hampshire
2000-2004	Advisory Board, Child Advocacy Center at the Family Place, Norwich, Vermont
1999-2010	CARE Network, New Hampshire statewide group of child sexual abuse examiners, meetings for education and case review
1999-present	Child Advocacy and Protection Program, Dartmouth Hitchcock Medical Center, Lebanon, NH
1998-1999	Children At Risk Team, Dartmouth Hitchcock Medical Center, Lebanon, NH

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Memberships:

1980-present	American Academy of Family Practice
1991-present	Society of Teachers of Family Medicine
1992-2000	American Medical Women's Association
1993-2018	American Professional Society on the Abuse of Children
1995-2000	Association of Family Practice Residency Directors

Teaching Experience and Responsibilities:

3/2004-present	Pelvic exam training for prospective SANE nurses
2003-2007	Training in child sexual abuse evaluation to DCYF (Division of Children, Youth and Families) workers, State of NH
1999-2003	Invited presentations on child sexual abuse to community hospitals in northern New Hampshire (five)
1992-2008	Conference presentations and skills training workshops on evaluation of child sexual abuse, domestic violence, ALSO (Advanced Life Support in Obstetrics) and other women's health topics to family medicine residents and faculty, medical students, medical and nursing staff of community hospitals, and residents in other departments (internal medicine, obstetrics & gynecology), four to ten presentations per year
1992-1995	Child Medical Evaluation Program: UNC referral sexual abuse clinic, teaching residents and students in a referral clinic

Additional Training:

2018-present	Monthly CAPP case review – education and quality assurance
4/4/23	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.75 CME hours
4/5/22	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.75 CME hours
1/24/22	Responding to Commercial Exploitation of Boys and Men, 2.5 CME hours
12/1/21	SART conference – IPV, strangulation, 3.75 CME hours
10/27/21	APSAC conference – Intersection of IPV and Child Maltreatment, 3.0 CME hours
10/19/21	Dartmouth-Hitchcock Medical Center Psychiatry Grand Rounds – Supporting Attachment in the Vulnerable Child, 1.0 CME hour
9/2021	Trauma and Resilience ECHO Conference series American American Academy of Pediatrics, 4.0 CME hours
4/2021	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.75 CME hours

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

4/11/19	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
4/11/17	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
4/19/16	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
4/9/15	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
4/18/14	Dartmouth-Hitchcock Medical Center Conf - Shield Our Children From Harm, 5.25 CME hours
4/11/13	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
1/28-31/13	San Diego Int'l Conf on Child and Family Maltreatment, San Diego CA, 22.5 CME hours
9/20-21/12	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 9 CME hours
1/23-26/12	San Diego Int'l Conf on Child and Family Maltreatment, San Diego CA, 28.5 CME hours
1/22-23/12	APSAC Pre-conference, Advanced Medical Training for Child Sexual Abuse Evaluation, San Diego CA, 10.5 CME hours
9/22-23/11	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 16 CME hours
4/26/11	Dartmouth-Hitchcock Med. Ctr. Conf. – Shield Our Children From Harm, 5 CME hours
9/23-24/10	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 15.25 CME hours
4/15/10	Dartmouth-Hitchcock Med. Ctr. Conf. – Shield Our Children From Harm, 5 CME hours
4/6/09	Dartmouth-Hitchcock Med. Ctr. Conf. – Shield Our Children From Harm, 5 CME hours
10/4-5/07	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 18.25 CME hours
4/3/07	Dartmouth-Hitchcock Med. Ctr. Annual Conf. on Child Abuse and Neglect, 6.25 CME hours
4/3/06	Dartmouth-Hitchcock Med. Ctr. Annual Conf. on Child Abuse and Neglect, 4.25 CME hours
1/23/06	San Diego International Conf. on Child/Family Maltreatment, 28.50 CME hours
3/31/04	MacNamee Memorial Conf. - Impact of Domestic Violence on Children, Dr. Robert Kinscherff, DHMC, 5.0 CME hours
4/15/04	Community Focus on Child Abuse 2004, DHMC, 4 CME hours
10/21-25/02	Advanced Training on Child Sexual Abuse Examinations, Calif. Chapter 4 American Academy of Pediatrics, 35 CME hours,

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

	Orange, Calif.
3/13-16/01	17th Annual Symposium on Child Sexual Abuse, National Children's Advocacy Center, 13.50 CME hours, Huntsville, Ala.
11/13-15/00	Third Annual Northeast Child Maltreatment Conference, Tufts Univ. School of Medicine, 14.5 CME hours, Providence, RI
1999-2010	CARE Network meetings, quarterly case review and education
3/27-28/95	Expert Medical Evaluation in Child Physical and Sexual Abuse, Wake AHEC, 11 CME hours, Raleigh, NC

rev. 8/24/23

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

KATHRYN A. WALLS, RN, BSN

SUMMARY

Dedicated, compassionate, patient-focused Registered Nurse for over seven years in Intensive Care Unit, with experience in the Neonatal Intensive Care Unit, Pediatric Emergency Room and Pediatric Med/surg floor. Recognized as an excellent care provider, patient educator and advocate. Manage priorities with ease and multitask skillfully, as positions demand. Demonstrate exceptional communication skills with patients, family members and personnel teams. Have great time management and chart with accuracy and timeliness.

EDUCATION

Texas Tech Health Sciences Center School of Nursing | Bachelor of Science in Nursing | Lubbock, Tx May 2016
GPA: 3.2

Texas Tech University | Pre-Nursing | Lubbock, TX August 2011 – May 2014
GPA: 3.4

MAJOR PROFESSIONAL EXPERIENCE

Children's Hospital Colorado - Anzchutz, PICU | Travel Nurse | Aurora, CO August 2023- December 2023

Boston Childrens Hospital, PICU | Travel Nurse | Boston, MA September 2022 - July 2023

Stanford Children's Hospital, CVPICU | Travel Nurse | Palo Alto, CA January 2022 - August 2022

Miller Children's and Women's Hospital Long Beach, PICU | Travel Nurse | Long Beach, CA September 2021 - December 2021

Rady Children's Hospital, CVPICU | Travel Nurse | San Diego, CA May 2021 - August 2021

University of Maryland Medical Center, CVPICU | Travel Nurse | Baltimore, MD January 2021 - April 2021

Children's Hospital Colorado - Anschutz, PICU | Staff Nurse | Aurora, CO June 2020- January 2021

Children's Hospital Colorado - Anschutz, PICU | Travel Nurse | Aurora, CO January 2020 - April 2020

Rady Children's Hospital, PICU, CVPICU | Travel Nurse | San Diego, CA May 2019 - December 2019

Valley Children's Healthcare, PICU | Travel Nurse | Madera, CA January 2019 - April 2019

The Woman's Hospital of Texas, PICU | Travel Nurse | Houston, TX September 2018- December 2018

Covenant Women's and Children's Hospital, Pediatric Intensive Care Unit | Staff Nurse | Lubbock, TX June 2016 – September 2018

Console and communicate the plan of care to the families of critically ill patients

Organize and collaborate with other necessary personnel in the administration of care to multiple patients

Maintaining competency with HFNC, NIV/CPAP, NIV/BiPAP, Ventilators, HFOV, iNO

Balance the monitoring of multiple patients by using quick judgment and prioritization to provide safe, patient-centered care

Involvement in unit and hospital councils to help improve policies, patient experience and patient outcomes

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Covenant Women's and Children's Hospital, Diabetes Educator | Staff Nurse | Lubbock, TX September 2017-September 2018

Educate patients and family members on new onset diabetes
Collaborate with other necessary personnel in the care to multiple patients and outside facilities
Demonstrate use of insulin and administration to patient and their confidence in the process
Collaborate with Endocrinologist and clinic to provide best and safe care to the patient

Covenant Medical Center, Staffing | Nurse Tech |Lubbock, Tx January 2015 - May 2016
Learning the basics of the nursing process and how to use it safely for patient care

LEADERSHIP EXPERIENCE AND ACTIVITIES

American Diabetes Association, Covenant Women's and Children's Hospital, PICU Team Member, Educator | Lubbock, Tx Fall 2017 – Fall 2018
American Association of Critical Care Nurses | Member | United States Fall 2017 – Present
Texas Tech Health Sciences Center Alumni Association | Member | Lubbock, Tx Spring 2017 – Present
Delta Delta Delta | Member, St. Jude Fundraising committee | Lubbock, Tx Present Fall 2011 – Spring 2015

CERTIFICATIONS

Licensed Registered Nurse, Texas Board of Nursing Summer 2016 – Present
Basic Life Support (BLS) for Healthcare Providers (CPR & AED) Program Spring 2018 – Present
Cardiopulmonary resuscitation (CPR) Certified, American Heart Association Spring 2018 – Present
Pediatric Advanced Life Support (PALS) Certified, American Heart Association Fall 2016 - Present

References: Available upon request

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

REANNA FISHWICK APRN, FNP-BC

WORK EXPERIENCE

OCTOBER 2023 – CURRENT

BOARD CERTIFIED FAMILY NURSE PRACTITIONER – CHILD ADVOCACY AND

PROTECTION PROGRAM, DARTMOUTH HITCHCOCK MEDICAL CENTER –

MANCHESTER, NH

FACULTY APPOINTMENT AS INSTRUCTOR OF PEDIATRIC SPECIALITIES, THE

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

Conduct inpatient and outpatient, urgent and routine, multidisciplinary evaluations of children who are suspected victims of physical abuse, sexual abuse, and/or neglect. These evaluations are conducted at the request of medical professionals within and outside of Children's Hospital at Dartmouth and at the request of child protective services (CPS) social workers or police investigators. Other activities include state and regional coordination of services for abused children, child abuse prevention activities, medical-legal case reviews at the request of CPS social workers, police investigators, and attorneys with expert testimony when required, ongoing training regarding child maltreatment to teachers, health care professionals, attorneys, police investigators, and CPS social workers, partake in child abuse research, and provide direct support to the Child Advocacy Centers in New Hampshire and Vermont.

JUNE 2023 – JULY 2023

BOARD-CERTIFIED FAMILY NURSE PRACTITIONER – AMOSKEAG HEALTH, MANCHESTER, NH

The goal of care was to provide comprehensive, family-oriented, outpatient primary care services to individuals across the lifespan who are medically indigent. Amoskeag Health is a Federally Qualified Community Health Center that services the underserved population local to Manchester, NH. Often this involved collaborative work with members of the multi-disciplinary team such as behavioral health providers, recovery counselors, social workers, and CPS services.

NOVEMBER 2021 – JUNE 2023

REGISTERED NURSE, AMOSKEAG HEALTH, MANCHESTER, NH

Team nurse who advocates for patients and provides medical services and telephonic triage. Aids in the coordination of services between interpreters, case managers, and state/city health departments.

JUNE 2020 – FEBRUARY 2022

REGISTERED NURSE, ELLIOT HOSPITAL, MANCHESTER, NH

Floor nurse of a level two trauma center, caring for patients on a 65-bed post-surgical unit. There was a focus in the care centralized to trauma, stroke, orthopedics, GYN, urology, pulmonary, and general medicine. Professional development was pursued monthly with in-house workshops and seminars.

AUGUST 2016 – DECEMBER 2019

ATHLETIC TRAINER, GRANITE STATE PHYSICAL THERAPY, CONCORD, NH

MARCH 2018 – OCTOBER 2018

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

CLINICAL HEALTHCARE ASSOCIATE, PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND, MANCHESTER, NH

JULY 2015 – MARCH 2018

SURGICAL COORDINATOR, CONCORD ORTHOPEDICS, CONCORD, NH

AUGUST 2013 – JUNE 2014

ASSISTANT ATHLETIC TRAINER, ASSOCIATE INSTRUCTOR OF BIOLOGY, KIMBALL UNION ACADEMY, MERIDEN, NH

JULY 2012 – AUGUST 2013

GRADUATE ASSISTANT ATHLETIC TRAINER, EAST STROUDSBURG YOUTH ASSOCIATION, EAST STROUDSBURG, PA

GRADUATE RESEARCH AND TEACHING ASSISTANCE, EAST STROUDSBURG UNIVERSITY, EAST STROUDSBURG, PA

EDUCATION

DECEMBER 2022

POST MASTERS CERTIFICATE, FAMILY NURSE PRACTITIONER, UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NH

AUGUST 2020

MASTER OF SCIENCE IN NURSING, CLINICAL NURSE LEADER, UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NH

DECEMBER 2014

MASTER OF SCIENCE IN ATHLETIC TRAINING, ADVANCED CLINICAL PRACTICE, EAST STROUDSBURG UNIVERSITY, EAST STROUDSBURG, PA

MAY 2012

BACHELOR OF SCIENCE IN ATHLETIC TRAINING, UNIVERSITY OF NEW HAMPSHIRE, DURHAM. NH

STUDENT CLINICAL EXPERIENCE

SEMINAR AND PRACTICUM OF FAMILIES III, AMOSKEAG HEALTH, ELLIOT HOSPITAL, DOCTORS PARK PEDIATRICS, MANCHESTER NH

PRACTICUM OF PRIMARY CARE OF FAMILIES II, DOCTORS PARK PEDIATRICS, AMOSKEAG HEALTH, MANCHESTER, NH

PRACTICUM IN PRIMARY CARE OF FAMILIES I, ROCKINGHAM COUNTY NURSING HOME, THE ORTHOPEDIC INSTITUTE OF CONCORD HOSPITAL, BRENTWOOD AND CONCORD, NH

CLINICAL NURSE LEADERSHIP CAPSTONE, THE ORTHOPEDIC INSTITUTE OF CONCORD HOSPITAL, CONCORD, NH

MEDICAL SURGICAL NURSING RESIDENCY, ELLIOT HOSPITAL, MANCHESTER, NH

MATERNITY NURSING RESIDENCY, ELLIOT HOSPITAL, MANCHESTER, NH

PSYCHIATRIC NURSING RESIDENCY, THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, MANCHESTER, NH

RESPIRATORY NURSING RESIDENCY, CONCORD HOSPITAL, CONCORD, NH

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

CERTIFICATIONS

APRN, STATE OF NEW HAMPSHIRE, LICENSE #082985-23,

FAMILY NURSE PRACTITIONER BOARD CERTIFICATION, AMERICAN NURSES CREDENTIALING CENTER, CERTIFICATION # 2022138822

NATIONAL PROVIDER IDENTIFICATION # 1609596659

DRUG ENFORCEMENT AGENCY REGISTRATION # MF7847722

NATIONAL COUNCIL LICENSE EXAM REGISTERED NURSE, STATE OF NEW HAMPSHIRE LICENSE COMPACT # 082985-21

CLINICAL NURSE LEADER, AMERICAN ASSOCIATION OF COLLEGES OF NURSING

PEDIATRIC, ADOLESCENT, AND ADULT: SEXUAL ASSAULT NURSE EXAMINER CERTIFICATION

AMERICAN HEART ASSOCIATION BASIC LIFE SUPPORT CERTIFICATION

NEW HAMPSHIRE OFFICE OF ALLIED HEALTH PROFESSIONALS, LICENSED ATHLETIC TRAINER

AMERICAN SOCIETY OF ORTHOPEDIC PROFESSIONALS, REGISTERED ORTHOPEDIC TECHNICIAN

PENNSYLVANIA STATE BOARD OF MEDICINE, LICENSED ATHLETIC TRAINER

NATIONAL ATHLETIC TRAINERS' ASSOCIATE BOARD CERTIFICATION

AFFILIATIONS

AMERICAN NURSES ASSOCIATION

NATIONAL ATHLETIC TRAINERS ASSOCIATION

PUBLICATIONS AND PRESENTATIONS

OCTOBER 2024: MONTHLY CAPP MEDICAL CASE REVIEW

SEPTEMBER 2024: MONTHLY CAPP MEDICAL CASE REVIEW

2013: THESIS: COACHES AND ATHLETIC TRAINERS' KNOWLEDGE OF HELMET FITTING IN YOUTH FOOTBALL

2012: CASE REVIEW: BILATERAL TYPE III NAVICULARS WITH ASSOCIATED FRACTURE

2012: RESEARCH: REDUCTION IN CERVICAL SPINE INJURIES FOLLOWING A TRAUMATIC HEAD INJURY IN A HELMETED ATHLETE

TRAINING

2024: THE NEW HAMPSHIRE ATTORNEY GENERAL'S TASKFORCE ON CHILD ABUSE AND NEGLECT, PARTNERING FOR A FUTURE WITHOUT VIOLENCE CONFERENCE

INVISIBLE INJURIES: TRAUMATIC BRAIN INJURY, STRANGULATION, AND DOMESTIC VIOLENCE

SEXUAL ABUSE IN MALES: CONTEXT, IMPACTS, OUTREACH

SEXUAL ASSAULT: BRAIN, AND BEHAVIOR: REFLEXES AND HABITS

YOUTH WITH PROBLEMATIC SEXUALIZED BEHAVIORS

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

MINIMAL FACT GATHERING

ANATOMY OF A SEX TRAFFICKING CASE

2024: SEXUAL ASSAULT NURSE EXAMINER QUARTERLY EDUCATION TRAININGS

2023-2024: WEEKLY CHILD ABUSE PEDIATRIC FELLOWSHIP ECHO – CHILDREN'S HEALTHCARE OF ATLANTA

2023-2024: MONTHLY CAPP MEDICAL CASE REVIEW

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Brooke S. Garrow

Registered Nurse

Pediatric Sexual Assault Nurse Examiner

OBJECTIVE

Registered Nurse with a variety of clinical experiences, most recently focusing on all forms of child maltreatment and trauma informed care.

EDUCATION —

American International College – 2017

- Bachelors of Science in Nursing
- Minor in Psychology

EXPERIENCE

July 2021 – Present
Clinical Nurse • *Child Advocacy & Protection Program*
Dartmouth Health

March 2022 – Present
Pediatric Sexual Assault Nurse Examiner
Dartmouth Health

October 2019 – May 2021
District Nurse
Easthampton Public Schools

July 2018 – October 2019
Registered Nurse
Baystate Medical Center

August 2017 – July 2018
Registered Nurse
Hampden County Sheriff's Department

LICENSURE & TRAINING —

- Registered Nurse, NH License # 085684-21
- American Heart Association CPR Certified – Exp 8/2023
- Pediatric SANE Training – 2021

CONTINUING EDUCATION

- Monthly CAPP Medical Case Reviews
- Monthly Pediatric SANE Case Reviews
- NH Coalition Against Domestic and Sexual Violence Quarterly Training
- International Association of Forensic Nurses Annual Conference – 2022
- 2022: Physical Abuse Series: Core Framework – 4.0 Credits
- SART Summit 2021: Strangulation – A Multidisciplinary Team Case Review from Scene to Courtroom – 2.0 Credits
- 2021: Pediatric Sexual Assault Nurse Examiner Training – 65.0 Credits

CONTACT

(603) 650-4801 Brooke.S.Garrow@hitchcock.org

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Anita S. Guthikonda

Professional Profile

Highly organized and detail-oriented professional with extensive experience in program coordination, clinical administration, and construction management. Proven track record of implementing efficient systems for information tracking, managing complex schedules, and providing comprehensive training to large teams. Skilled in facilitating communication between diverse stakeholders, including medical providers, legal agencies, and construction project managers.

Work Experience

Dartmouth Health; *Lebanon, NH*

- NH's largest private employer and only Level 1 trauma center

Dartmouth Health Children's

Program Lead – Child Advocacy & Protection Program (CAPP) *September 2023 – Present*

- Coordinate the scheduling of CAPP rotations for medical students, pediatric residents, and visiting professors
- Manage Monthly Call via QGenda and clinic coverage for three locations via EPIC
- Oversee payroll-related tasks, including tracking provider away time and processing bi-weekly Special Pay requests.
- Track data via Smartsheets and EPIC, and compose quarterly reports for the Division for Children, Youth, and Families (DCYF) of New Hampshire
- Provide training for new clinical secretary hires and manage coverage for the department

Senior Clinical Secretary – CAPP *October 2022 – September 2023*

- Facilitated coordination of legal depositions and testimonies requested of eight providers between outside agencies and the Office of Risk Management
- **Developed a tracking system** for subpoenas to streamline information for court cases involving CAPP
- Managed provider calendars and multiple work lists to track information
- Continued all clinical secretary responsibilities listed in the role below

Clinical Secretary – CAPP *January 2022 – October 2022*

- Responded to phone calls and fax materials related to patient referrals
- Reviewed, processed, and tracked all referrals to CAPP from various agencies
- Collaborated with providers and nurses on patient care
- Scheduled outpatient appointments for new patients and follow-up appointments as needed
- Encrypted and digitized media for the Office of Medical Records

Clinical Secretary – Pediatrics *June 2021 – December 2021*

- Answered patient calls and connect them with the proper resources
- Scheduled outpatient appointments and providing patients with after visit documents
- Collaborated with providers and nurses on patient care and documents requested by patients and outside agencies
- Coordinated referral scheduling with other departments
- Managed various work queues in regards to scheduling patients for appointments
- Cross-trained to provide coverage for other pediatric specialties

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

Structure Tone, Inc.; *New York, NY*

- A leader in global interior construction management & general contracting

Building Department Coordinator *December 2007 - July 2014*

- Coordinated permitting with the NY Department of Buildings for up to **15 simultaneous projects** from conception to completion
- Initiated a protocol for filing over 370 after-hours variances with an estimated **cost savings of nearly $150,000** in expediter fees per year
- Implemented a system for archiving project information electronically, thereby **modernizing** the filing system and **streamlining access** to critical information
- **Led a transition** to time-based billing, allowing for **optimized compensation** for services rendered
- Facilitated meetings with project managers and field superintendents on status of permit filings on projects

Computer Method International Corporation (CMiC) System Trainer *June 2011 - July 2014*

- Computer Method International Corporation (CMiC) is a single database system implemented for use by multiple departments to handle all aspects of a project from conception to closeout, providing transparency, information tracking and access, drawings, submittals, invoices, and purchase orders in real time.
- Served as trainer for the Operations Department, providing **350 hours of training to over 250 employees** in total
- Functioned as liaison for the Building and Operations Department team during initial design and implementation of CMiC, participating in data validation, process troubleshooting, and workshop scheduling and presentation

Site Superintendent September *2007 - November 2007*

- At **Rockefeller Center**, coordinated inspections, maintained permits, and interfaced with clients, architects, subcontractors, and engineers for interior construction projects at First Republic Bank, Key Bank, and the financial asset management firm Lazard

Sweet Construction of NJ, L.L.C.; *Middlesex, NJ*

- General Contracting & Construction Management Firm

Project Manager *February 2006 - August 2007*

- **Managed account and supervised construction** for interior construction projects at 3 sites for Elizabethtown Gas (subsidiary of AGL Resources Inc.), including interfacing with client and contractors, coordinating with accounting department, preparing of subcontracts, and leading weekly progress meetings

Project Administrator/Office Manager

- Drafted bid estimates through coordination with the estimator and subcontractors, performed quality assurance screening of subcontractors, and drafted closeout packets for all projects
- **Performed all necessary administrative tasks** as the sole administrative assistant with roles including answering phone calls, office supply management, timesheets, and training new employees in office protocol.
- Created employee handbook to **improve efficiency** of training

Site Superintendent *June 2005 - January 2006*

- Supervised interior construction projects for Berlitz Corporation (Princeton, NJ), Old Navy (Eatontown, NJ), and Banana Republic (Shrewsbury, NJ), with roles including coordinating of inspections, ensuring timely completion, and **OSHA compliance**

Docusign Envelope ID: AE216575-1BD2-8EF6-82F5-6F2EA9739150

EDUCATION

Bachelors of Science in Information Technology New Jersey Institute of Technology, NJ *May 2005*

- Concentration in **Management of Information Systems**, Minor in Management

---

SKILLS

Software: EPIC, QGenda, Smartsheets, ShareFile, MS Office, Microsoft Outlook, Lotus Notes, Business Objects, Computer Methods International Corporation (CMiC)

Web Design: HTML & CSS

Languages: English (native fluency), Hindi (native fluency)