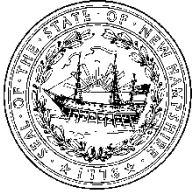


181 - 6/17/26



Lori A. Weaver
Commissioner

Melissa A. Hardy
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 1-800-852-3345 Ext. 5034
Fax: 603-271-5166 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 29, 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 of Long Term Supports and Services, to amend an existing contract with Amoskeag Health (VC#157274), Manchester, NH, to continue to provide specialty services for children with medical complexity and to add in services for Child Development Services to children from birth through five (5) years of age, and their families, who the Department has determined or suspects are at risk for altered or delayed developmental progress, and by exercising a contract renewal option by increasing the price limitation by \$492,500 from \$1,460,000 to \$1,952,500 and extending the completion date from June 30, 2026 to December 31, 2026, effective July 1, 2026 upon Governor and Council approval. 25% Federal Funds. 75% General Funds.

The original contract was approved by Governor and Council on June 15, 2022, item #41, and amended on March 27, 2024, item #18.

Funds are available in the following accounts for State Fiscal Year 2027, 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.

05-95-093-930010-51910000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DLTSS-DEVELOPMENTAL SERVICES, DIV OF DEVELOPMENTAL SVCS, SPECIAL MEDICAL SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	561-500911	Specialty Clinics	93001000	\$365,000	\$0	\$365,000
			Subtotal	\$365,000	\$0	\$365,000

05-95-93-930510-36760000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DLTSS-DEVELOPMENTAL SVCS, BUR-FAMILY CENTERED SERVICES, SPECIAL MEDICAL SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2024	561-500911	Specialty Clinics	93051000	\$365,000	\$0	\$365,000
2025	561-500911	Specialty Clinics	93051000	\$365,000	\$0	\$365,000
2026	102-500731	Contracts for Program Svcs	93051210	\$365,000	\$0	\$365,000
2027	102-500731	Contracts for Program Svcs	93051210	\$0	\$492,500	\$492,500
			Subtotal	\$1,095,000	\$492,500	\$1,587,500
			Total	\$1,460,000	\$492,500	\$1,952,500

EXPLANATION

The purpose of this request is to exercise a contract renewal option for the Contractor to continue to provide specialty services for children and youth ages birth to twenty-one (21) years of age, who have medical complexity. Additionally, the Department is including these services with Child Development Services from a separate contract with the same Contractor to mitigate barriers to pediatric diagnostic, evaluation, and assessment services, which will reduce administrative costs. The Contractor will continue providing these services for an additional six (6) months, allowing the Department to resolicit for these services.

Approximately 420 individuals will be served from July 1, 2026, through December 31, 2026.

Children with medical complexities have multiple significant chronic health conditions, that limit their ability to function and require extensive and costly health care. The Contractor will continue to provide services that enhance care for Children with Special Health Care Needs. These services will increase the participation of parents/caregivers in the planning and delivery of services for their children. These services are designed to enhance the ability of other service agencies and providers to provide quality health care and family support to Children with Special Health Care Needs. In addition, the Contractor will provide statewide Child Development Services to mitigate barriers to pediatric diagnostic, evaluation, and assessment services for Children with Special Health Care Needs, from birth through five (5) years of age as defined by RSA 132:13, and their families, who are suspected of or at-risk for altered or delayed developmental progress.

The Department will continue to monitor services by ensuring:

- Eighty percent (80%) of responses to the Department's annual satisfaction survey by children with special health care needs and/or their family or guardian will indicate satisfaction with services provided by the Contractor.
- Eighty-five percent (85%) of children who receive an evaluation are referred for additional assessments or services, as needed.
- Ninety-five percent (95%) of evaluation reports are shared with the Medical Home or Primary Care Provider of the Children with Special Health Care Needs, with permission from the family/guardian.
- Eighty percent (80%) of parent/guardians responding to a Department approved satisfaction survey indicate satisfaction with the services provided.
- Eighty-five percent (85%) of children who receive an evaluation are referred for additional assessments or services as needed.

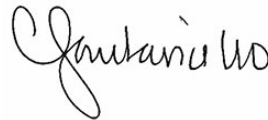
As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for six (6) months of the two (2) years available.

Should the Governor and Council not authorize this request, children with special health care needs and their families may not have access to appropriate health care services, or necessary information to plan for their child with complex medical conditions. Additionally, children from birth through five (5) years of age who are in need of developmental evaluations to determine special health care needs will lack access to timely, competent diagnostic evaluations; assessments; and referrals to appropriate services.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.994, FAIN #BO445230 and #B0452939.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Specialty Services for Children with Medical Complexity contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Amoskeag Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #41), as amended on March 27, 2024 (Item #18), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
December 31, 2026
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$1,952,500
3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.5., to read:
 - 1.5 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1, is amended as follows:
 - 6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B - Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Payment Terms; Section 1.1 through 1.2., to read:
 - 1.1. 37% Federal Funds, Maternal and Child Health Services, as awarded on July 21, 2021, September 4, 2022, and March 10, 2026, by the Health Resources Services Administration (HRSA) Title V Block Grant, Maternal and Child Health Services, Assistance Listing Number (ALN) 93.994, FAIN BO4MC29353, BO445230, BO455451.
 - 1.2. 63% General Funds.
6. Modify Exhibit C, Payment Terms, by adding Section 3, through Section 3.1., to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, net any other revenue received towards the services billed, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-6 Budget, Amendment #2.
 - 3.1. The Department maintains authority to adjust funding, within the price limitation, between Exhibit C-5 Budget, Amendment #2 and Exhibit C-6 Budget, Amendment #2.

Amoskeag Health

A-S-1.3

Contractor Initials

RFP-2023-DLTSS-01-SPECI-01-A02

Page 1 of 4

Date 5/29/2026

7. Add Exhibit C-5 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.
8. Add Exhibit C-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2026, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/29/2026

Date

DocuSigned by:

Christine Santaniello

BD6054FFECED4B4...

Name: Christine Santaniello

Title: Associate Commissioner

Amoskeag Health

5/29/2026

Date

DocuSigned by:

Kris McCracken

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Name: Kris McCracken

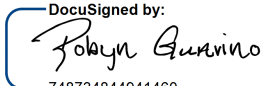
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/29/2026

Date

DocuSigned by:

748734844044468...

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

Scope of Services

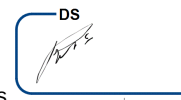
1. Statement of Work for Specialty Services for Children with Medical Complexity

- 1.1. The Contractor must provide specialty services for Children with Medical Complexity, defined as a subset of children with special health care needs (CSHCN) who have chronic, multisystem health conditions, substantial health care needs, major functional limitations and/or high resource use, from birth to 21 years of age to:
 - 1.1.1. Enhance comprehensive care for CSHCN whose access to appropriate care is complicated by disability, economic, cultural, linguistic, and/or other social/structural barriers;
 - 1.1.2. Increase the participation of families with CSHCN in planning and delivery of services in all programmatic areas, including the assessment of consumer satisfaction; and
 - 1.1.3. Enhance the ability of established organizations linked to communities to provide quality health care and family support to CSHCN.
- 1.2. The Contractor must ensure services are available statewide.
- 1.3. For the purposes of this Exhibit B, all references to days shall mean calendar days, excluding state and federal holidays, unless otherwise noted.
- 1.4. The Contractor must ensure that services are provided in accordance with New Hampshire Administrative Rule He-M 500 Developmental Services, Part 520 Children's Special Medical Services, which includes, but is not limited to:
 - 1.4.1. Services provided.
 - 1.4.2. Limitation of services.
 - 1.4.3. Appeals.
 - 1.4.4. Waivers.
- 1.5. The Contractor must ensure services are provided in accordance with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0, published by the Association of Maternal & Child Health Programs (June 2017) and as may be updated.
- 1.6. The Contractor must identify developmental pediatricians, specialty care providers, community-based psychologists, allied health providers, special education experts, and local coordinators, to participate as members of interdisciplinary teams, as needed to effectively provide assessment and consultation services, and participate as part of interdisciplinary clinics.
- 1.7. The Contractor must establish and maintain a network of Specialty Services for Children with Medical Complexity.
- 1.8. The Contractor must provide Complex Care Clinics, scheduled at intervals and locations approved by the Department, to:
 - 1.8.1. Provide point-in-time evaluations;
 - 1.8.2. Address specific needs identified at the time of intake;

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

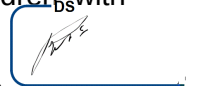
- 1.8.3. Follow up on concerns and questions from medical providers, interdisciplinary teams and/or individuals/family caregivers;
- 1.8.4. Provide interdisciplinary specialty consultation, specific to each child, including, but not limited to:
 - 1.8.4.1. Sharing expert consultation.
 - 1.8.4.2. Communicating treatment recommendations to:
 - 1.8.4.2.1. Health care providers;
 - 1.8.4.2.2. School support teams; and
 - 1.8.4.2.3. Caregivers.
 - 1.8.4.3. Providing education and training related to a child's medical complexity to:
 - 1.8.4.3.1. Health care providers;
 - 1.8.4.3.2. School support teams; and
 - 1.8.4.3.3. Caregivers.
- 1.9. The Contractor must provide a minimum of twelve (12) Complex Care Clinics annually, statewide, and deliver services to no less than thirty-five (35) children in total.
- 1.10. The Contractor must provide a minimum of two (2) Complex Care Clinics in Region 1 annually, as defined in New Hampshire Administrative Rule He-M 523-12 and Table 523-1, and deliver services to no less than six (6) children.
- 1.11. The Contractor must provide a minimum of one hundred twenty-five (125) consultations annually in locations other than at a clinic, which may include, but are not limited to:
 - 1.11.1. The child's school.
 - 1.11.2. The family's home.
 - 1.11.3. Telephone calls.
 - 1.11.4. On-line virtual meetings.
- 1.12. The Contractor must develop an individual family-centered evaluation report for each child who receives Specialty Services for Children with Medical Complexity, within thirty (30) calendar days, that includes, but is not limited to:
 - 1.12.1. A clearly written assessment of the child's condition and concerns of the family and/or the referral source.
 - 1.12.2. A summary of the outcome of the clinical evaluation.
 - 1.12.3. Recommendations for:
 - 1.12.3.1. Follow-up visits by one or more members of the interdisciplinary team;
 - 1.12.3.2. Monitoring;
 - 1.12.3.3. Referrals; and
 - 1.12.3.4. Specific services, including, but not limited to:

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**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- 1.12.3.4.1. Type of service;
- 1.12.3.4.2. Frequency of service; and
- 1.12.3.4.3. The name(s) and role(s) of individuals responsible for specific services.
- 1.13. The Contractor must develop and distribute annual family satisfaction surveys, to be approved by the Department, to families and primary care providers.
- 1.14. The Contractor must ensure encounter data and information collected during consultation and evaluation is recorded and submitted to the Department in accordance with Department guidance, and in a format approved by the Department. Information collected includes, but is not limited to:
 - 1.14.1. Encounters, clinics, consultations, and progress notes.
 - 1.14.2. Uploading of documents that include, but are not limited to:
 - 1.14.2.1. Family Centered Evaluation reports within five (5) business days of completion.
 - 1.14.2.2. Referral forms.
 - 1.14.2.3. Releases.
 - 1.14.2.4. Waiver requests and approvals, if applicable.
- 1.15. The Contractor must participate in required meetings, technical assistance sessions or progress reviews with or sponsored by the Department including, but not limited to:
 - 1.15.1. Monthly meetings with the BFCS Clinical Program Manager or designee.
 - 1.15.2. Joint meetings with Department staff and with other Department's contractors to improve communication, coordination, and collaboration.
- 1.16. The Contractor must recruit, in the event of vacancies, and maintain a workforce that is culturally, linguistically, racially, and ethnically diverse.
- 1.17. The Contractor must promote and maintain an awareness of the importance of securing the State's information among the Contractor's employees and agents. The Contractor must ensure any staff and/or volunteers involved in delivering services through the Agreement 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 Exhibit K, The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 1.18. The Contractor must provide developmental pediatricians whose qualifications include, but are not limited to:
 - 1.18.1. Licensed by the New Hampshire Board of Registration in Medicine.
 - 1.18.2. Completed fellowship training in child development, developmental disabilities, rehabilitative medicine, or have equivalent training and experience.
 - 1.18.3. Five (5) years of experience working with families who have children with special health care needs in a clinical setting.



**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- 1.18.4. Strong interpersonal skills in communication with primary care physicians, local early intervention and education agencies, allied health professionals, and families.
- 1.18.5. Ability to work with children and other health professionals within an interdisciplinary framework.
- 1.18.6. Familiarity with standardized cognitive assessments and their applicability to children with specific disabilities.
- 1.19. The Contractor must provide psychologists and/or psychiatrists whose qualifications include, but are not limited to:
 - 1.19.1. Licensed by the New Hampshire Board of Examiners of Psychologists as a certified psychologist, or a psychiatrist.
 - 1.19.2. A Doctorate degree from a recognized college or university with a major emphasis in child psychology.
 - 1.19.3. Knowledge of the principles and practices of developmental and child psychology that are required for assessment and treatment of children and youth with special health care needs. This includes, but is not limited to:
 - 1.19.3.1. Skill in behavioral observation.
 - 1.19.3.2. Psychological testing (cognitive functioning).
 - 1.19.3.3. Scoring and interpretation.
 - 1.19.3.4. Consultation and counseling.
 - 1.19.4. Five (5) years of experience in child psychology, including no less than three (3) years of experience serving CSHCN and their families.
 - 1.19.5. Demonstrated ability to work with other health professionals within an interdisciplinary framework.
 - 1.19.6. Ability to work under the leadership of and take clinical direction from the Developmental Pediatrician when appropriate.
- 1.20. The Contractor must provide community-based pediatric physical therapists whose qualifications include, but are not limited to:
 - 1.20.1. A current license from the New Hampshire Office of Professional Licensure and Certification, Physical Therapy Governing Board.
 - 1.20.2. Completed fellowship or residency training in pediatric physical therapy.
 - 1.20.3. Demonstrated ability to work with other health professionals within an interdisciplinary framework.
 - 1.20.4. Ability to work under the leadership of and take clinical direction from the Developmental Pediatrician.
- 1.21. The Contractor must ensure all individuals paid under this Agreement receive appropriate training and supervision.
- 1.22. The Contractor must notify the Department in writing at least one (1) week prior to any new employee's start date. This notification must include the new employee's:

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- 1.22.1. Current resume.
- 1.22.2. A completed and signed Access to Specialty Medical Services/Partners in Health (SMS/PIH) – User Request Form.
- 1.23. The Contractor must participate in on-site reviews conducted by the Department on an annual basis, or as otherwise requested by the Department.
- 1.24. The Contractor must facilitate reviews of files conducted by the Department on a monthly basis, or as otherwise requested by the Department, that may include, but are not limited to:
 - 1.24.1. Documentation of encounters, clinics, consultations, and progress notes;
 - 1.24.2. Evaluation reports;
 - 1.24.3. Referral forms;
 - 1.24.4. Release and consent forms; and
 - 1.24.5. Waiver requests and approvals (if applicable).
- 1.25. The Contractor must ensure staff participate in training on topics including, but not limited to database use, security, and collaboration, as required by the Department.
- 1.26. The Contractor must ensure one hundred percent (100%) of evaluation reports are shared with the Medical Home of the CSHCN, with permission from the individual or family/guardian.
- 1.27. The Contractor must ensure one hundred percent (100%) of all evaluation reports include each required component identified in Paragraph 1.26.1., above.
- 1.28. Reporting
 - 1.28.1. The Contractor must provide annual reports no later than July 15th, in a format approved by the Department that must include, but are not limited to:
 - 1.28.1.1. Data including, but not limited to:
 - 1.28.1.1.1. Performance measures.
 - 1.28.1.1.2. Demographics.
 - 1.28.1.1.3. Diagnosis.
 - 1.28.1.1.4. Numbers served.
 - 1.28.1.2. Quality assurance and improvement activities.
 - 1.28.1.3. Future plans and goals.
 - 1.28.1.4. Progress made and efforts undertaken to meet goals and objectives in quantitative and qualitative terms, including statistical measures for evaluating successful outcomes.
 - 1.28.1.5. Satisfaction survey results.
 - 1.28.1.6. Emerging and/or ongoing issues.
 - 1.28.1.7. A corrective action plan for any performance measures or improvement goal not achieved.

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- 1.28.1.8. Example of success story.
- 1.28.1.9. Results of chart audits and case reviews including plans to address any findings of non-compliance.
- 1.28.2. The Contractor may be required to provide other key data and metrics to the Department in a format specified by the Department.
- 1.29. Performance Measures
 - 1.29.1. The Contractor must ensure the following performance measures are met:
 - 1.29.1.1. Eighty percent (80%) of CSHCN or their family/guardian, responding to an annual Department approved survey, will indicate satisfaction with services provided by the Complex Care Network (CCN).
 - 1.29.1.2. Eighty percent (80%) of providers who respond to an annual Department approved family satisfaction survey, indicate their ability to provide quality health care and family support to CSHCN was enhanced, for children that received services provided by the CCN.

2. Statement of Work for Child Development Services

- 2.1. The Contractor must provide pediatric triage, consultation, comprehensive diagnostic evaluations, and assessment services through Child Development Clinics, for children from birth through age five (5) who:
 - 2.1.1. Have inadequate, insufficient or lack of health insurance;
 - 2.1.2. Have conditions requiring a comprehensive team approach for an assessment, evaluation and consultation;
 - 2.1.3. Are underserved;
 - 2.1.4. Have or at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally (RSA 132:13); and
 - 2.1.5. In accordance with New Hampshire Administrative Rule He-M 500 Developmental Services, Part 520 Children's Special Medical Services, which includes, but is not limited to:
 - 2.1.5.1. Services provided.
 - 2.1.5.2. Limitation of Services.
 - 2.1.5.3. Appeals.
 - 2.1.5.4. Waivers.
- 2.2. The Contractor must provide information, referral and/or application to the parent/guardian upon receipt of referral.
- 2.3. The Contractor must prioritize children from birth -through five (5) years of age who do not have timely access to diagnostic services due to barriers including, but not limited to:
 - 2.3.1. Economic.

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- 2.3.2. Linguistic.
- 2.3.3. Social.
- 2.4. The Contractor must ensure services are available statewide via secure and confidential telehealth appointments and in-person at clinics located, at a minimum, in the following communities:
 - 2.4.1. Manchester.
 - 2.4.2. Laconia.
 - 2.4.3. Keene.
 - 2.4.4. North Country.
- 2.5. The Contractor must provide pediatric triage, consultation, comprehensive diagnostic evaluations, and assessment services for children within the covered population. The evaluations and services must be:
 - 2.5.1. Family-centered.
 - 2.5.2. Consistent with best practices that are supported by:
 - 2.5.2.1. Evidence-based or evidence-informed findings;
 - 2.5.2.2. Current research; and
 - 2.5.2.3. Professional consensus.
- 2.6. The Contractor must convene and maintain regional child development interdisciplinary teams to participate in consultations, evaluations, and annual meetings in accordance with Section 2.22, Child Development Services Staffing, of this agreement.
- 2.7. The Contractor must ensure the child development clinical interdisciplinary teams, as referenced in Section 2.6., provide triage, consultation, and evaluation services that reflect best practices, evidence-based practices and evidence informed practices as follows:
 - 2.7.1. Assess, coordinate and collaborate across disciplines to provide comprehensive medical evaluation and treatment recommendations.
 - 2.7.2. Provide assessments that include an evaluation of the child's functioning from the perspectives of the Interdisciplinary Teams, which include, but are not limited to:
 - 2.7.2.1. Developmental pediatrician.
 - 2.7.2.2. Child psychologist/neuropsychologist.
 - 2.7.2.3. Social worker; and
 - 2.7.2.4. Early childhood educator, when applicable.
 - 2.7.3. Provide services consistent with guidelines as put forth by the Society of Developmental Behavioral Pediatrics and the American Academy of Pediatrics, most recently updated in 2021, regarding Childhood Developmental Disorders.

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- 2.7.4. Use a sensitive, family-centered approach, as the integration of disciplines gives families and primary care providers' diagnostic clarification to their referral questions and concerns.
- 2.7.5. Provide a full report by all disciplines and a Plan of Care to each family and others involved in the child's care with the family's permission.
- 2.8. The Contractor must ensure the Child Development Clinic Program Director plans and coordinates Child Development Interdisciplinary Team Network meetings, in collaboration with the Department, at least annually in order to convene all regional interdisciplinary teams to review topics that include, but are not limited to:
 - 2.8.1. Diagnostic processes.
 - 2.8.2. Evidence-based and/or evidence-informed practices.
 - 2.8.3. Regional successes and challenges.
 - 2.8.4. Barriers and problem solving.
 - 2.8.5. Program development.
 - 2.8.6. Statewide initiatives.
- 2.9. The Contractor must provide an interdisciplinary team that includes, but is not limited to:
 - 2.9.1. Developmental-behavioral pediatricians.
 - 2.9.2. Community-based psychologist.
 - 2.9.3. Allied health provider.
 - 2.9.4. Local team coordinator.
- 2.10. The Contractor must ensure each child's Evaluation Team includes, but is not limited to:
 - 2.10.1. Licensed physician specializing in child development.
 - 2.10.2. Psychiatrist, psychologist, or pediatric neurologist.
 - 2.10.3. Members of the interdisciplinary team.
 - 2.10.4. Additional members representing the unique needs of the child including, but not limited to:
 - 2.10.4.1. Preschool teachers.
 - 2.10.4.2. Family Support Coordinators.
 - 2.10.4.3. Family Centered Early Supports and Services providers.
- 2.11. The Contractor must ensure Child Development Clinic programs service as training sites, in collaboration with UNH Leadership Education in Neurodevelopmental Disabilities (UNH LEND) Program, supporting workforce development in the area of multi-disciplinary diagnostic evaluation for young children.
- 2.12. The Contractor must ensure family-centered communication with families throughout their experience with Child Development Services including, but not limited to the

**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

- following:
- 2.12.1. Clinic coordinators reaching out to families prior to appointments to better understand their concerns and prepare them for a successful clinic appointment.
 - 2.12.2. Team members meeting with each family to review diagnostic findings and offer recommendations, at the close of each visit.
 - 2.12.3. Offering parent/guardian conferences to review findings when one parent/guardian is unable to attend the evaluation and/or when other family members and caretakers need the opportunity to ask questions of the team.
 - 2.12.4. Scheduling in-person or virtual follow-up meetings with families to answer any questions.
 - 2.13. The Contractor must provide families with CSHCN information related to their child's medical, developmental and educational needs during the interdisciplinary team evaluation.
 - 2.14. The Contractor must ensure coordination of Child Development Services and activities including, but not limited to:
 - 2.14.1. Scheduling.
 - 2.14.2. Screening for Rapid Response eligibility for all children referred who are less than three (3) years old.
 - 2.14.3. Wait lists.
 - 2.14.4. Two (2) levels of triage, including:
 - 2.14.4.1. Upon receipt of certified application from the Department; and
 - 2.14.4.2. After record review, to help families understand the community resources available for their child, and to help reduce wait list numbers.
 - 2.14.5. Checking for children who might be on multiple waitlists.
 - 2.14.6. Communication plans.
 - 2.14.7. Clinical sessions from the time of enrollment through triage, consultation and evaluation, as applicable for each child.
 - 2.14.8. Home and office visits provided in-person or virtually.
 - 2.14.9. School meetings, as requested by the family.
 - 2.14.10. Consultation with allied professionals.
 - 2.14.11. Referrals to community resources and services, as needed.
 - 2.15. The Contractor must participate in meetings and activities with the Department including, but not limited to:
 - 2.15.1. BFCS bi-annual coordinator meetings.

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- 2.15.2. Monthly contract review meetings with the BFCS Administrator or other State designee.
- 2.15.3. Needs assessments and surveys.
- 2.15.4. Regional planning efforts.
- 2.16. The Contractor must adjust delivery of services in this agreement to comply with a state of emergency declaration, including adjustments for delivery of services with approval from the Department.
- 2.17. The Contractor must collaborate with other professional disciplines and community based stakeholders to maximize the impact of coordinated comprehensive specialty clinics and consultation including, but not limited to:
 - 2.17.1. UNH LEND.
 - 2.17.2. Dartmouth Health Family Practice Residency Program and Doctoral Psychology programs.
- 2.18. The Contractor must ensure that the Child Development Clinic's professional network consists of, but is not limited to:
 - 2.18.1. Family Centered Early Supports and Services.
 - 2.18.2. Preschool special education providers.
 - 2.18.3. Child care programs.
 - 2.18.4. Head Start and Early Head Start.
 - 2.18.5. Designated area agencies for developmental services.
 - 2.18.6. Community health centers.
 - 2.18.7. Community mental health centers.
 - 2.18.8. Primary care providers.
 - 2.18.9. Allied health professionals.
 - 2.18.10. Medical specialists.
 - 2.18.11. Parent support groups.
 - 2.18.12. Advocacy groups.
 - 2.18.13. Applied Behavior Analysis (ABA) programs.
 - 2.18.14. Other community-based agencies.
- 2.19. The Contractor must assure clinic coordinators communicate with the following:
 - 2.19.1. Families.
 - 2.19.2. Medical Homes.
 - 2.19.3. Health Care and Family Support Coordinators.
 - 2.19.4. Family Centered Early Supports & Services.
 - 2.19.5. Nutrition, Feeding & Swallowing network members/providers.

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- 2.19.6. Local health care providers.
- 2.19.7. Schools.
- 2.19.8. Other local series agencies.
- 2.20. The Contractor must notify a recipient's parent or guardian of discharge in writing 30 calendar days prior to the date eligibility will close in accordance with He-M 520.02(f) or when services have been completed, whichever occurs first.
- 2.21. The Contractor must conduct a department-approved satisfaction survey with clients and provide the results to the Department in the required annual reports in accordance with Section 2.25., Child Development Services Reporting.
- 2.22. **Child Development Services Staffing**
 - 2.22.1. The Contractor must recruit staff, in the event of vacancies.
 - 2.22.2. The Contractor must, after obtaining signed and notarized authorization from a hired individual, and prior to their employment or volunteer work commencing:
 - 2.22.2.1. Obtain at least two (2) references for the person.
 - 2.22.2.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) state registry maintained pursuant to RSA 170-G:8-c.
 - 2.22.2.3. Complete a criminal records check at the Contractor's own expense to ensure that the person has no history of:
 - 2.22.2.3.1. Felony Conviction.
 - 2.22.2.3.2. Any misdemeanor conviction involving:
 - 2.22.2.3.2.1. Physical or sexual assault.
 - 2.22.2.3.2.2. Violence.
 - 2.22.2.3.2.3. Exploitation.
 - 2.22.2.3.2.4. Child Pornography.
 - 2.22.2.3.2.5. Threatening or reckless conduct.
 - 2.22.2.3.2.6. Theft.
 - 2.22.2.3.2.7. Driving under the influence of drugs or alcohol.
 - 2.22.2.3.3. Any other conduct that represents evidence of behavior that could endanger the well-being of a consumer.
 - 2.22.2.4. Complete a motor vehicle record check on any individual who will be responsible for transporting consumers to ensure the person possesses a valid driver's license.
- 2.23. **Child Development Services Staff Qualifications and Requirements**
 - 2.23.1. The Contractor must ensure Developmental Pediatricians have qualifications that include, but are not limited to:

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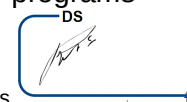
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- 2.23.1.1. A current license from the State of New Hampshire, Board of Registration in Medicine.
- 2.23.1.2. Completed fellowship training in:
 - 2.23.1.2.1. Child development; or
 - 2.23.1.2.2. Developmental disabilities; or
 - 2.23.1.2.3. Rehabilitative medicine; or
 - 2.23.1.2.4. Other equivalent training and experience.
- 2.23.1.3. No less than five (5) years of experience working in a clinical setting with families who have children with developmental issues or birth defects.
- 2.23.1.4. Demonstrated strong interpersonal skills and ability to communicate with:
 - 2.23.1.4.1. Primary care physicians.
 - 2.23.1.4.2. Local early intervention and educations agencies.
 - 2.23.1.4.3. Allied health professionals.
 - 2.23.1.4.4. Families.
- 2.23.1.5. Demonstrated ability to work with children and other health professionals within an interdisciplinary framework.
- 2.23.1.6. Ability to travel within the state on assignment.
- 2.23.1.7. Familiarity with standardized cognitive assessments and their applicability to children with specific disabilities.
- 2.23.2. The Contractor must ensure psychologists have qualifications that include, but are not limited to:
 - 2.23.2.1. A current license from the New Hampshire Board of Examiners of Psychologists as a certified psychologist pursuant to NH RSA 329-B.
 - 2.23.2.2. Knowledge of the principles and practices of developmental and child psychology that are required for assessment and treatment of children, birth through five (5) years, which includes, but is not limited to:
 - 2.23.2.2.1. Skill in behavioral observation.
 - 2.23.2.2.2. Psychological testing (cognitive functioning).
 - 2.23.2.2.3. Scoring and interpretation.
 - 2.23.2.2.4. Consultation and counseling.
 - 2.23.2.3. A minimum of five (5) years of experience in child psychology, three (3) of which would be serving high-risk infants, young children, and their families within a family or developmental context.

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- 2.23.2.4. Ability to work with children and other health professionals within an interdisciplinary framework.
- 2.23.2.5. Ability to travel within the state on assignment.
- 2.23.2.6. Ability to work under the leadership of, and take clinical direction from the Developmental Pediatrician.
- 2.23.3. The Contractor must ensure staff, personnel and volunteers attend pertinent meeting, training opportunities and technical assistance (TA) sessions or progress reviews identified as required by the Department.
- 2.23.4. The Contractor must notify the Department in writing at least one (1) week prior to each new employee's start date. This notification must include the new employee's:
 - 2.23.4.1. Resume.
 - 2.23.4.2. Completed "Access to SMS/PIH – User Request Form."
- 2.23.5. The Contractor must not utilize any staff, including subcontractors, to fulfill the obligations of the Contract who have been convicted of any crime of dishonesty, including but not limited to criminal fraud, or otherwise convicted of any felony or misdemeanor offense for which incarceration for up to one (1) year is an authorized penalty.
- 2.23.6. The Contractor must promote and maintain an awareness of the importance of securing the State's information among the Contractor's employees and agents.
- 2.23.7. The Contractor's workforce must not be permitted to handle, access, view, store or discuss the Department's' Confidential Data until an attestation is received by the Contractor that all Contractor workforce associated with fulfilling the obligations of this Contract are, based on NH DHHS provided criteria herein and their job responsibility requirements, eligible to participate in work associated with this Contract.
- 2.24. **Child Development Services Data Collection**
 - 2.24.1. The Contractor must ensure encounter data and information collected during triage, consultation and evaluation is recorded in the Department's on premise Data System, Special Medical Services/Partners in Health (SMS/PIH Data System), in accordance with Department guidance and the DHHS Information Security Exhibit, within five (5) business days of receipt of information or report completion and includes, but is not limited to:
 - 2.24.1.1. Developmental concern expressed by referral source and/or family.
 - 2.24.1.2. Results of triage and recommendations for further consultation and/or evaluation including the names of individuals participating and their agency affiliation.
 - 2.24.1.3. The number of children triaged out to community programs including, but not limited to:

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- 2.24.1.3.1. Outpatient therapy.
- 2.24.1.3.2. Family Centered Early Supports and Services (Part C).
- 2.24.1.3.3. Special Education (Part B).
- 2.24.1.3.4. Other diagnostic clinics (for children six (6) years of age and older).
- 2.24.1.4. Diagnoses made as a result of the evaluation.
- 2.24.1.5. Referrals for further assessment and/or services.
- 2.24.1.6. The final assessment report, required documentation is uploaded into the Department Data system.
- 2.24.1.7. Confirmation that report(s) have been shared with family and medical home/primary care provider.
- 2.24.1.8. Discharge information including date and reason for discharge.
- 2.24.1.9. The written notification of discharge, as referenced in 2.20., is uploaded to the Department Data System.
- 2.25. **Child Development Services Reporting**
 - 2.25.1. The Contractor must submit annual reports to the Department no later than July 15th of each year, in a format approved by the Department that includes, but is not limited to:
 - 2.25.1.1. Statistical information including, but not limited to:
 - 2.25.1.1.1. Number of evaluations completed for children from birth through five (5) years of age, including:
 - 2.25.1.1.1.1. Number of final reports shared with family; and
 - 2.25.1.1.1.2. Number of final reports shared with medical home/primary care provider.
 - 2.25.1.1.2. Number of parent and school conferences held, and who attended.
 - 2.25.1.1.3. Number of outreach consultations to local MD's, and method.
 - 2.25.1.1.4. Number of referrals made for children from birth through five (5) years of age who receive an evaluation and are referred for additional assessment or services.
 - 2.25.1.1.5. Number of referrals made for children six (6) years of age and older, who are referred for additional assessment or services.
 - 2.25.1.2. Consultations, Technical Assistance and Education to other professionals or para-professionals:

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- 2.25.1.2.1. Number of consultations provided and to whom.
- 2.25.1.2.2. Number of in-services, trainings and educational sessions presented to include the topic, who presented, who attended (agency affiliation) and location.
- 2.25.1.2.3. Number of community planning meetings held to include who attended (agency affiliation) and outcome.
- 2.25.1.3. Quality assurance and improvement activities.
- 2.25.1.4. Future plans or goals.
- 2.25.1.5. Progress made and efforts undertaken to meet goals and objectives in quantitative and qualitative terms, including statistical measures for evaluating successful outcomes.
- 2.25.1.6. Satisfaction survey results.
- 2.25.1.7. Emerging and ongoing issues.
- 2.25.1.8. Notwithstanding paragraphs eight (8) and nine (9) of the General Provisions of the Agreement (Form P-37), a corrective action plan for any performance measure or improvement goal not achieved.
- 2.25.1.9. Example of success story.
- 2.25.1.10. Results of chart audits and case reviews including plans to address any findings of non-compliance.
- 2.25.2. The Contractor must submit supporting documentation related to the outreach activities and efforts that address the National and State Performance Measures selected in the Title V Block Grant for Developmental Screening annually, no later than May 15th of each year.
- 2.25.3. The Contractor may be required to provide other key data and metrics to the Department in a format specified by the Department.
- 2.26. Child Development Services Performance Measures**
 - 2.26.1. The Department will monitor Contractor performance using the following performance indicators:
 - 2.26.1.1. Ninety-five percent (95%) of evaluation reports are shared with the Medical Home or Primary Care Provider of the CSHCN, with permission from the family/guardian.
 - 2.26.1.2. Eighty percent (80%) of parent/guardians responding to a Department approved satisfaction survey, as referenced in Section 2.25.1.6., indicate satisfaction with the services provided.
 - 2.26.1.3. Eighty-five percent (85%) of children who receive an evaluation are referred for additional assessment or services.
 - 2.26.2. The Contractor must actively and regularly collaborate with the Department to enhance contract management and improve results.

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2.26.3. The Department may identify expectations for active and regular collaboration, including key performance objectives.

3. Provisions applicable to all services:

3.1. Prior to making an offer of employment or for volunteer work, the Contractor must, at its own expense, after obtaining signed and notarized authorization from the person or persons for whom information is being sought:

- 3.1.1. Obtain at least two (2) references for the person;
- 3.1.2. Submit the person's name for review against the Bureau of Elderly and Adult Services (BEAS) State registry maintained pursuant to RSA 161-F:49.
- 3.1.3. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) state registry maintained pursuant to RSA 169-C:35.
- 3.1.4. Complete a criminal records check to ensure that the person has no history of:
 - 3.1.4.1. Felony conviction; or
 - 3.1.4.2. Any misdemeanor conviction involving:
 - 3.1.4.3. Physical or sexual assault;
 - 3.1.4.4. Violence;
 - 3.1.4.5. Exploitation;
 - 3.1.4.6. Child pornography;
 - 3.1.4.7. Threatening or reckless conduct;
 - 3.1.4.8. Theft;
 - 3.1.4.9. Driving under the influence of drugs or alcohol; or
 - 3.1.4.10. Any other conduct that represents evidence of behavior that could endanger the well-being of a consumer.
- 3.1.5. The Contractor agrees it will initiate a criminal background check re-investigation of all workforce assigned to this Contract every five (5) years. The five (5) year period will be based on the date of the last Criminal Background Check conducted by the Contractor or its agent.
- 3.1.6. The Contractor must complete a motor vehicle record check to ensure that the person has a valid driver's license if driving is required to perform the duties of the position (e.g. conducting home visits).
- 3.2. The Contractor must establish and maintain program personnel policies and procedures that include, but are not limited to:
 - 3.2.1. Selection and dismissal of staff, volunteers and others.
 - 3.2.2. Delivery of services under the provider's direction.
 - 3.2.3. Supporting students/interns interested in working with CSHCN.
 - 3.2.4. Verifying staff, volunteer and student trainee/intern qualifications.

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3.2.5. Description of how they are accessible and available to all agency staff and BFCS.

4. Confidential Data

- 4.1. 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.
- 4.2. 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.

5. Exhibits Incorporated

- 5.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 5.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 5.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

6. Privacy Impact Assessment

- 6.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, 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:
 - 6.1.1. How PII is gathered and stored;
 - 6.1.2. Who will have access to PII;
 - 6.1.3. How PII will be used in the system;
 - 6.1.4. How individual consent will be achieved and revoked; and
 - 6.1.5. Privacy practices.
- 6.2. 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.

7. Department Owned Devices, Systems and Network Usage

- 7.1. If Contractor End Users are authorized by the Department's Information Security

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Office to use a Department issued device or system (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, the selected Contractor must:

- 7.1.1. 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;
- 7.1.2. 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 must they access or attempt to access information without having the express authority of the Department to do so;
- 7.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
- 7.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;
- 7.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;
- 7.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
- 7.1.7. 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."
- 7.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
- 7.1.9. Include in the signature lines information identifying the End User as a non-Department workforce member; and
- 7.1.10. Ensure the following confidentiality notice is embedded underneath the signature line:
- 7.1.11. 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."
- 7.2. 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:

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- 7.2.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.
- 7.2.2. 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 Contract and annually throughout the Contract term.
- 7.2.3. Agree End User's will only access the Department' intranet to view the Department's Policies and Procedures and Information Security webpages.
- 7.2.4. Agree, if any End User is found to be in violation of any of the above-Department terms and conditions of the Contract, said End User may face removal from the Contract, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.
- 7.2.5. 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.

8. Contract End-of-Life Transition Services

8.1. General Requirements

- 8.1.1. If applicable, upon termination or expiration of the Contract the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the Services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the Services previously performed by the Contractor for this section the new Contractor must be known as "Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP). The Department must provide the DTP template to the Contractor.
- 8.1.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

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- 8.1.3. 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.
- 8.1.4. The internal planning of the Transition Services by the Contractor and its End Users must be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.
- 8.1.5. Should the data Transition extend beyond the end of the Contract, the Contractor agrees that the Contract 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.
- 8.1.6. In the event where the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of Exhibit K: DHHS Information Security Requirements.

9. Completion of Transition Services

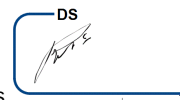
- 9.1. Each service or Transition phase must be deemed completed (and the Transition process finalized) at the end of 15 business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 9.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of Exhibit K: DHHS Information Security Requirements.

10. Disagreement over Transition Services Results

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

11. Additional Terms

- 11.1. Impacts Resulting from Court Orders or Legislative Changes
 - 11.1.1. 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.



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

11.2.1. The Contractor must submit, within ten (10) business days of the Agreement Effective Date, a detailed description of the communication access and language assistance services 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.

11.3. Credits and Copyright Ownership

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

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

11.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:

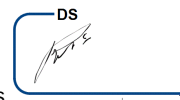
- 11.3.3.1. Brochures.
- 11.3.3.2. Resource directories.
- 11.3.3.3. Protocols or guidelines.
- 11.3.3.4. Posters.
- 11.3.3.5. Reports.

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

11.4. Operation of Facilities: Compliance with Laws and Regulations

11.4.1. 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.

11.5. Eligibility Determinations

DS


**New Hampshire Department of Health and Human Services
Specialty Services for Children with Medical Complexity**

EXHIBIT B - Amendment #2

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

12. Records

- 12.1. The Contractor must keep records that include, but are not limited to:
 - 12.1.1. 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.
 - 12.1.2. 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.
 - 12.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
 - 12.1.4. Medical records on each patient/recipient of services.
- 12.2. 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. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) must terminate, provided however, that if, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Exhibit C-5 Amendment #2 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Amoskeag Health		
Budget Request for: Specialty Services for Children with Medical Complexity		
Budget Period July 1, 2026 - December 31, 2026		
Indirect Cost Rate (if applicable) 15%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$99,451	\$19,530
2. Fringe Benefits	\$40,805	\$8,013
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0
5.(e) Supplies Office	\$1,364	\$0
6. Travel	\$500	\$0
7. Software	\$2,000	\$750
8. (a) Other - Marketing/ Communications	\$0	\$0
8. (b) Other - Education and Training	\$200	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Telephone	\$550	\$0
Postage	\$250	\$0
Contract Services	\$12,795	\$4,855
Membership Dues	\$293	\$0
9. Subrecipient Contracts	\$0	\$0
Total Direct Costs	\$158,696	\$33,148
Total Indirect Costs	\$23,804	\$4,972
TOTAL	\$182,500	\$38,120

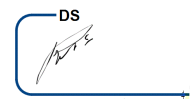
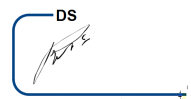


Exhibit C-6 Amendment #2 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Amoskeag Health		
Budget Request for: Child Development Services		
Budget Period July 1, 2026 - December 31, 2026		
Indirect Cost Rate (if applicable) 15%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$201,453	\$54,785
2. Fringe Benefits	\$50,383	\$13,702
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$1,250	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0
5.(e) Supplies Office	\$1,371	\$0
6. Travel	\$1,250	\$0
7. Software	\$750	\$0
8. (a) Other - Marketing/ Communications	\$0	\$0
8. (b) Other - Education and Training	\$300	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Telephone	\$650	\$0
Postage	\$250	\$0
Contract Services	\$10,990	\$5,012
Community Relations/CDP Network M	\$250	\$0
9. Subrecipient Contracts	\$0	\$0
Total Direct Costs	\$269,565	\$73,499
Total Indirect Costs	\$40,435	\$11,025
TOTAL	\$310,000	\$84,524



Contractor Initials:

RFP-2023-DLTSS-01-SPECI-01-A02
Amoskeag Health

Date: 5/27/2026

State of New Hampshire

Department of State

CERTIFICATE

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

Business ID: **175115**

Certificate Number: **0007747486**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of January A.D. 2026.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Thomas Lavoie, hereby certify that:

(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Amoskeag Health (formerly Manchester Community Health Center).
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 26, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

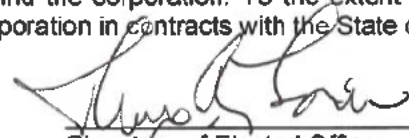
VOTED: That Kris McCracken, President/CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Amoskeag Health (formerly Manchester Community Health Center) to enter into
(Name of Corporation/ LLC)

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

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

Dated: 5/26/2026



Signature of Elected Officer

Name: Thomas Lavoie
Title: Amoskeag Health Board Chair

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/26/2026

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

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

PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Huy Thai PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: huy.thai@usi.com <table border="1"> <tr> <th data-bbox="803 420 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 420 1576 451">NAIC #</th> </tr> <tr> <td data-bbox="803 451 1437 483">INSURER A : Selective Insurance Co of the Southeast</td> <td data-bbox="1437 451 1576 483">39926</td> </tr> <tr> <td data-bbox="803 483 1437 514">INSURER B : Granite State Healthcare & Human Svc WC</td> <td data-bbox="1437 483 1576 514">NONAIC</td> </tr> <tr> <td data-bbox="803 514 1437 546">INSURER C : Zenith Insurance Company</td> <td data-bbox="1437 514 1576 546">13269</td> </tr> <tr> <td data-bbox="803 546 1437 577">INSURER D : Hanover Atlantic Insurance Company, Ltd</td> <td data-bbox="1437 546 1576 577">NONAIC</td> </tr> <tr> <td data-bbox="803 577 1437 609">INSURER E :</td> <td data-bbox="1437 577 1576 609"></td> </tr> <tr> <td data-bbox="803 609 1437 638">INSURER F :</td> <td data-bbox="1437 609 1576 638"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance Co of the Southeast	39926	INSURER B : Granite State Healthcare & Human Svc WC	NONAIC	INSURER C : Zenith Insurance Company	13269	INSURER D : Hanover Atlantic Insurance Company, Ltd	NONAIC	INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
INSURED Amoskeag Health 145 Hollis Street Manchester, NH 03101															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	☒ COMMERCIAL GENERAL LIABILITY <table border="1"> <tr> <td>☐ CLAIMS-MADE</td> <td>☒ OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	☐ CLAIMS-MADE	☒ OCCUR			S2640265	07/01/2025	07/01/2026	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$3,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$3,000,000	PRODUCTS - COMP/OP AGG	\$3,000,000		\$
☐ CLAIMS-MADE	☒ OCCUR																						
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A	AUTOMOBILE LIABILITY <table border="1"> <tr> <td>☐ ANY AUTO OWNED AUTOS ONLY</td> <td>☐ SCHEDULED AUTOS</td> </tr> <tr> <td>☒ HIRED AUTOS ONLY</td> <td>☒ NON-OWNED AUTOS ONLY</td> </tr> </table>	☐ ANY AUTO OWNED AUTOS ONLY	☐ SCHEDULED AUTOS	☒ HIRED AUTOS ONLY	☒ NON-OWNED AUTOS ONLY			S2640265	07/01/2025	07/01/2026	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$		
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A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0			S2640265	07/01/2025	07/01/2026	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$4,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$4,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$4,000,000	AGGREGATE	\$4,000,000		\$										
EACH OCCURRENCE	\$4,000,000																						
AGGREGATE	\$4,000,000																						
	\$																						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N			R02300HCHS2026	01/01/2026	01/01/2027	<table border="1"> <tr> <td>☒ PER STATUTE</td> <td>☐ OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$1,000,000</td></tr> </table>	☒ PER STATUTE	☐ OTHER		E.L. EACH ACCIDENT		\$1,000,000										
☒ PER STATUTE	☐ OTHER																						
E.L. EACH ACCIDENT		\$1,000,000																					
C	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			M1397402	01/01/2026	01/01/2027	<table border="1"> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$1,000,000</td></tr> </table>	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000												
E.L. DISEASE - EA EMPLOYEE	\$1,000,000																						
E.L. DISEASE - POLICY LIMIT	\$1,000,000																						
D	Excess Liability			L3ED30537511	07/01/2025	07/01/2026	\$1,000,000/\$1,000,000																
D	Professional Liab			L3EA51549111	07/01/2025	07/01/2026	\$1,000,000/\$3,000,000																
D	Abuse/Molestation			L3EA51549111	07/01/2025	07/01/2026	\$1,000,000/\$3,000,000																

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

This Certificate is issued for insured operations usual to Amoskeag Health.

CERTIFICATE HOLDER**CANCELLATION**

**New Hampshire Department of Health
and Human Services**
129 Pleasant St, Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE



NONPROFIT COVER SHEET

A. Entity Name: Amoskeag Health_____

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Betsy Burtis, bburtis@amoskeaghealth.org

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President)	<u>Affiliations</u>
Thomas Lavoie (Chair)	Insurance Broker, CGI Business Insurance
Karen Schoch, SHRM-SCP (Vice Chair)	Chief Human Resources Officer, Catholic Charities New Hampshire
Obhed Giri (Secretary)	Home Care Assistant, The Moore Center
Richard Elwell (Treasurer)	Consultant, Sprouts International
Timothy Donovan	Assistant County Attorney, Cheshire County, NH
Normand Fortin	Patient Service Representative Tellica Imaging
Madhab Gurung	Direct Support Professional, Siddharth Services, Inc.
Anna Hamel	Legal Assistant, Hillsborough County Attorney
Karine Jacques Batu	Regional Marketing Manager (NH), Bangor Savings Bank
Tiffany Johnson	Managing Director, Baker Newman Noyes
Dawn McKinney	Policy Director, New Hampshire Legal Assistance
Oreste "Rusty" Mosca	Managing Director, Nathan Wechsler & Company
Steven Paris, MD	Retired
Jamie Pike	Town Administrator, Town of Franconia, NH

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

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Julie Smith	CDC Clinic Coordinator	\$33,966	\$16,983
Gregory Prazar	Developmental Pediatrician	\$22,071	\$11,035
Mary Ellen Ryan	Nurse Practitioner	\$28,092	\$14,046
Patricia McLean	Nurse Care Coordinator	\$50,253	\$25,126
Linda Bergeron Hansen	CDC Clinic Coordinator	\$37,440	\$18,720
Kristin Logan	Nurse Practitioner	\$25,055	\$2,891
Evelyn Gibney	Program Assistant	\$47,029	23,514
Kelly Unger	CCN Coordinator	\$71,074	35,537
Anna Hutton	Neuropsychologist	\$32,273	\$16,136
Kirsten McGhee	Neuropsychologist	\$34,174	\$17,087
Jan McGonagle	Developmental Pediatrician	\$191,174	\$95,587

Sarah Belhumeur	Referral Coordinator	\$61,964	\$15,491
Wendy Labrecque	Accountant	\$61,269	\$8,616
Brooke Cormier	Billing Specialist	\$40,981	\$13,660
Betsy Burtis	Chief Operating Officer	\$167,170	\$10,448

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

E. Check one of the following:

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

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

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

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

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

FINANCIAL DISCLOSURES**G. Check one the following:**

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

1. INCOME STATEMENT

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

2. BALANCE SHEET

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



MISSION

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

VISION

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

CORE VALUES

We believe in:

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

Where quality and compassion meet family and community

5052

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Manchester	NH	03101
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03101

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5/2026



FINANCIAL STATEMENTS

and

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

June 30, 2024 and 2023

With Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

Board of Directors
Amoskeag Health

Report on the Audit of the Financial Statements

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter

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

Board of Directors
Amoskeag Health

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Board of Directors
Amoskeag Health

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

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

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

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 3, 2024

AMOSKEAG HEALTH**Balance Sheets****June 30, 2024 and 2023****ASSETS**

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

LIABILITIES AND NET ASSETS

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

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

AMOSKEAG HEALTH**Statements of Operations and Changes in Net Assets****Years Ended June 30, 2024 and 2023**

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

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

AMOSKEAG HEALTH**Statements of Functional Expenses****Years Ended June 30, 2024 and 2023**

	2024							
	Healthcare Services					Administrative and Support Services		
	Medical	Behavioral Health	Pharmacy	Special Medical Programs	Total Healthcare Services	Administration	Marketing and Fundraising	Total
Salaries and wages	\$ 7,973,255	\$ 3,168,919	\$ 68,667	\$ 1,366,431	\$ 12,577,272	\$ 1,419,469	\$ 180,287	\$ 14,177,028
Employee benefits	2,021,604	902,060	53,140	334,755	3,311,559	245,328	31,335	3,588,222
Supplies and minor equipment	415,689	47,619	171,852	16,238	651,398	22,170	207	673,775
Contracted services	1,145,537	711,577	336,781	145,106	2,339,001	1,104,155	23,143	3,466,299
Occupancy	650,477	290,521	34,974	106,783	1,082,755	2,743	-	1,085,498
Other	112,969	98,055	4,607	32,057	247,688	243,587	14,280	505,555
Depreciation and amortization	210,402	77,127	9,708	28,998	326,235	102,638	-	428,873
Interest	2,499	1,035	133	397	4,064	46,520	-	50,584
Total	\$ 12,532,432	\$ 5,296,913	\$ 679,862	\$ 2,030,765	\$ 20,539,972	\$ 3,186,610	\$ 249,252	\$ 23,975,834
	2023							
	Healthcare Services					Administrative and Support Services		
	Medical	Behavioral Health	Pharmacy	Special Medical Programs	Total Healthcare Services	Administration	Marketing and Fundraising	Total
Salaries and wages	\$ 8,939,465	\$ 3,006,416	\$ 52,985	\$ 1,573,145	\$ 13,572,011	\$ 1,710,956	\$ 237,664	\$ 15,520,631
Employee benefits	1,892,344	885,604	13,259	332,514	3,123,721	594,854	58,759	3,777,334
Supplies and minor equipment	657,097	148,089	97,574	75,261	978,021	250,493	23,397	1,251,911
Contracted services	1,468,341	855,698	336,323	269,827	2,930,189	812,470	16,649	3,759,308
Occupancy	656,520	147,959	97,489	75,195	977,163	250,274	23,376	1,250,813
Other	274,017	58,473	43,760	30,474	406,724	106,445	9,748	522,917
Depreciation and amortization	178,648	47,234	6,284	18,651	250,817	202,918	3,698	457,433
Interest	16,084	5,060	749	2,222	24,115	24,174	435	48,724
Total	\$ 14,082,516	\$ 5,154,533	\$ 648,423	\$ 2,377,289	\$ 22,262,761	\$ 3,952,584	\$ 373,726	\$ 26,589,071

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

AMOSKEAG HEALTH**Statements of Cash Flows****Years Ended June 30, 2024 and 2023**

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

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023****Organization**

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

1. Summary of Significant Accounting Policies**Basis of Presentation**

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

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

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

Use of Estimates

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

Income Taxes

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

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2024 and 2023

Cash and Cash Equivalents

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

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

Revenue Recognition and Patient Accounts Receivable

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

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

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services provided to a Medicare beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023****Medicaid**

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

Commercial Payers

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

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to \$1,988,390 and \$2,188,583 for the years ended June 30, 2024 and 2023, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023**

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patients Accounts Receivable

Effective July 1, 2023, the Organization adopted Financial Accounting Standards Board Accounting Standards Update (ASU) 2016-13, *Financial Instruments—Credit Losses* (Topic 326): *Measurement of Credit Losses on Financial Instruments*, as amended, which modifies the measurement of expected claims and credit losses on certain financial instruments. Topic 326 requires measurement and recognition of expected versus incurred losses for financial assets held. Financial assets held by the Organization that are subject to ASU 2016-13 include patient accounts receivable. The adoption of this ASU did not have a material impact on the Organization's financial statements.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and are reduced by explicit and implicit price concessions. Management estimates implicit price concessions based on its historical collection experience with patients. No additional valuation allowance is necessary for possible credit losses based on historical experience, current conditions, and reasonable and supportable forecasts.

Grants and Other Receivables

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

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

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023****Right-of-Use Assets and Lease Liabilities**

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

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

Property and Equipment

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

Contributions

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

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023****Functional Expenses**

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

Deficiency of Revenue Over Expenses

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

Subsequent Events

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

2. Availability and Liquidity of Financial Assets

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

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

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023****3. Patient Accounts Receivable and Net Patient Service Revenue****Patient Accounts Receivable**

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

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

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

Net Patient Service Revenue

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

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

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

AMOSKEAG HEALTH
Notes to Financial Statements
June 30, 2024 and 2023

4. Property and Equipment

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

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

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

5. Line of Credit

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

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

6. Leases

The Organization has entered into the following lease arrangements:

Operating Leases

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023****Short-Term Leases**

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

Lease Cost

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

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

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

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

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

7. Long-Term Debt

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023**

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

8. Net Assets

Net assets were as follows as of June 30:

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

9. Benefit Plans

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

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

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2024 and 2023

10. Medical Malpractice Insurance

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

11. Financial Improvement Plan

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

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

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

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

Plans to Alleviate Substantial Doubt

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

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

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2024 and 2023**

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

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

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

Status

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

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

Conclusion

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

SUPPLEMENTARY INFORMATION

AMOSKEAG HEALTH

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2024

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

The accompanying notes are an integral part of this schedule.

AMOSKEAG HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended June 30, 2024

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

The accompanying notes are an integral part of this schedule.

AMOSKEAG HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2024

1. Summary of Significant Accounting Policies

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

2. De Minimis Indirect Cost Rate

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

3. Basis of Presentation

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



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

Board of Directors
Amoskeag Health

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

Report on Internal Control over Financial Reporting

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

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

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

Board of Directors
Amoskeag Health

Report on Compliance and Other Matters

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

Purpose of this Report

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

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 3, 2024



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

Board of Directors
Amoskeag Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Amoskeag Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended June 30, 2024. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2024.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Board of Directors
Amoskeag Health

Auditor's Responsibilities for the Audit of Compliance

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

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

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

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

Report on Internal Control over Compliance

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

Board of Directors
Amoskeag Health

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

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

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

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 3, 2024

AMOSKEAG HEALTH

Schedule of Findings and Questioned Costs

Year Ended June 30, 2024

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

☐

Yes

☒

No

Significant deficiency(ies) identified that are not considered to be material weakness(es)?

☐

Yes

☒

None reported

Noncompliance material to financial statements noted?

☐

Yes

☒

No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?

☐

Yes

☒

No

Significant deficiency(ies) identified that are not considered to be material weakness(es)?

☐

Yes

☒

None reported

Type of auditor's report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

☐

Yes

☒

No

Identification of major programs:

Assistance Listing Number

Name of Federal Program or Cluster

Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:

\$750,000

Auditee qualified as low-risk auditee?

☒

Yes

☐

No

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

None

Julie Rolfes Smith

Child Development Clinic at Amoskeag Health 2018-present

Manchester, NH

- Clinic Coordinator- Coordinate interdisciplinary team evaluations for children ages 1-7 with developmental concerns including autism, ADHD, and learning. Prepare charts, connect with community providers, coordinate visit, child interaction/observation, support families throughout diagnostic process, and provide resources and follow up support.

University of New Hampshire Maine LEND Program 2008- present

- Family Faculty- Provide perspective and lectures regarding family perspectives on ASD, diagnosis, and clinical practice. Mentor family trainees. Write and edit Spotlight monthly newsletter. 2008-present.
- Clinical Placement Coordinator- Coordinate the clinical placements for NH trainees. 2018-present.
- Clinic and Family Coordinator- Seacoast Child Development Clinic- Supported families of young children through interdisciplinary evaluation: conducted home visits, coordinated the clinic team, provided recommendations for family support, monitored and reviewed reports, mentored trainees. In 2013, additional responsibility of coordinating the clinic structure including referrals, triage, and schedule. 2008-2017.
- ASD Learning Collaborative- Early Identification and Screening of Young Children- Worked with team in the planning and implementation of the series. Presented and represented the family perspective and coordinated parent partners. 2009-2010.

Leadership Roles and Community Involvement in New Hampshire

- Community Partners ASD Repository Workgroup, Dover, NH: March 2021- present.
- Oyster River ASD Friends, Durham, NH: Founder/facilitator of parent group for transition age youth and young adults, October 2015-present.
- Family Advisory Council, Community Partners Area Agency for Developmental Services, Family Support, and community Mental Health, Dover, NH: 2008-2020.
 - CPAC (Community Partners Autism Committee), Feb 2010- 2018.
 - BASE, Parent partner for parent training grant, March 2010- March 2011.
 - Vice Chair, January 2017-present.
 - Family council meetings: 9/2018, 10/2018, 11/2018, 12/2018, 1/2019, 2/2019, 3/2019, 4/2019, 5/2019, 6/2019, 9/2019, 10/2019, 11/11/2019, 1/2020, 2/2020.
 - NH State Family Support Council Representative, Concord, NH: Attended: 7/2018, 10/2018, 12/2018, 4/2019, 6/2019, 10/2019, 2/2020.
- Transition Resource Network Consortium, September 2017-2018.
- Transition Community of Practice Collaborative: parent representative, December 2015- August 2017.
- NH Disability and Public Health Project Planning Group, November 2012- June 2015.
- Institute on Disabilities Consumer Advisory Council, 2008-June 2015.
- National Center on Inclusive Education Advisory Council, 2010.
- Parent to Parent of New Hampshire: trained support parent, 2007-present.
- NH Council on Autism Spectrum Disorders-Screening and Diagnosis workgroup, 2009- February 2013. Assisted in the design of next steps form for parents of children with positive developmental screening.
- Act Early Regional Summit Team- Parent representative- RI, April 26, 2010.
- NH Connections Forum- Family/School Partnerships in Special Education: Parent rep Oct 2010.
- FAST-Families and School Together- District project to improve communication. Jan 2011- June 2011.
- Oyster River Parents of Young Children with Autism, founder and facilitator. 2005- 2008.
- NH Connections: Collaborated to bring ABA workshop with Tom Benjamin to school district, 100 parents and professionals attended, 2006.
- Autism Focus Group, New Hampshire Department of Health and Human Services, Division of Developmental Services, 2007.
- SCERTS Work group Oyster River School District: parent representative on project exploring the adoption of model for school district, 2005.

Guest Speaking/Panels

- University of New Hampshire, Seminar in Autism Spectrum Disorders: “Family story and Perspective on ASD Diagnosis and across the Lifespan” Fall 10/2011, 10/2012; 03/2014, 03/2015, 03/2016, 03/ 2017, 03/2018, 03/2019, 03/ 2021.
- Rivier University, Nashua NH, Guest Lecture: Characteristics of Autism Disorder: “Parent Perspective and understanding the Emotional Response to School Teams”, October 2013.
- Autism Summer Institute, Presenter, 2010
 - “It’s a Play Date, Not a Therapy Session: Parent Perspective on Planning & Supporting a Play Date”.
 - “ASD Diagnosis Confirmed: Now What? How parents Navigate Supports and Services”.
- Autism Summer Institute, Parent support coordinator, 2009.
- University of New Hampshire Department of Family Studies Class: Panel discussion: “Parenting a child with a disability”, Fall 2009.
- University of New Hampshire Department of Education Class: “Parent Perspective on Special Education Process and Inclusion of Children in Typical Classrooms,” Fall 2009.
- Autism Summer Institute, University of New Hampshire: Panel for film “Including Samuel”, 2009.
- Oyster River High School: Panel Discussion of Curious Incident of a Dog in the Night-time, 2008.
- University of New Hampshire Department of Music Education: “How Children with disabilities survive public school: How my son succeeds in the school band program,” 2008.

Advocacy

- NH Dept. of Health and Human Services, In Home Supports Waiver Renewal Listening Session. 12-16-2019.
- New Hampshire HCBS Corrective Action Plan. Public Feedback Session, Epping NH, 11-19-2019.
- Tea at Bridge House Governor’s Mansion with Valerie Sununu, Concord, NH: Discussion of the challenges families face with providing supports and services to peoples with developmental disabilities. 10-25-2019.
- Corrective Action Plan (CAP): Participating in a joint committee of NH area agencies to advocate on behalf of parents to allow their case management and services to be administered by their community area agency.
 - Meetings, Virtual, Laconia, NH: 6-2019, 7-2019.
 - Met with Governor Sununu, Concord, NH, 5-9-2019 and Senator Hassan, Concord, NH 5-30-2019.
 - Conflict Free Case Management/CAP Letter Campaign: Assisted the coordination of a 100 Letter campaign to state and federal leaders regarding parent concerns over the implementation of conflict free case management and request to grant waiver in order to maintain present model of care in NH. 2018-present
- NH State Budget 2018-19 Letter campaign to Governor Elect Chris Sununu requesting an additional 1.3 million dollars in state funding to support Early Intervention programs. Also provided written testimony to the House Finance Committee in support of fully funding developmental Services.
- Contacted legislators by letter or phone to advocate for the passage of bills:
 - HB 1687: Bill to develop a Comprehensive Mental Health Plan, 2006.
 - SB 338, later SB 93: Insurance Coverage for Early Intervention Therapy Services, 2006-07
Public Testimony, 2007-2008.
 - HB 396: Bill to establish a commission to study autism spectrum in New Hampshire.
 - HB679: An act relative to the delivery of special education services. Short term objectives.
 - HB 766: An Act relative to special education procedural safeguards, dispute resolution, and expert witness fees.
- New Hampshire Rules for the Education of Children with Disabilities: Testified to maintain short term objectives at the request of parents and contacted community board member. 2008.
- New Hampshire Managed Care Advocacy: Represented area agency’s family council and family concerns regarding the transition of the behavioral health and developmental services to managed care system. Attended state meetings, regional forum, and met with NH executive councilor to express concerns. 2012.

Publications

NH RAP sheet, Fall 2017: Looking Back/Moving Forward, a Coffee Conversation: Smith
 NH RAP Sheet, Spring 2010: Best Practices for Sharing a Diagnosis with a Family: Smith, Fisher, LE
 NH RAP Sheet, Winter/Spring 2011: Resource List for ASD. Smith

Education

University of Cincinnati, B.S., 1987, Design.
University of New Hampshire, NH-ME LEND program, 2018.

Previous Work Experience

Jockey International, Kenosha, Wisconsin, 1997-1999. Men's Designer. Primary responsibility was designing fashion product for international brand. Worked in corporate environment within the merchandise team. Purchased and implemented first computer design system. Traveled to New York and Europe for market research, supported sales force, and collaborated with international franchisees.

Gillman Knitwear Company, Cincinnati, Ohio, 1987-1996. Knitwear Designer. Designed and manufactured sweaters and knit apparel. Worked closely with owner and Taiwan office for this family owned company. Traveled extensively to Europe and Southeast Asia to research and source product. Increased original design and expanded design staff to three. Assisted national sales force. Purchased and implemented first computer design system.

CURRICULUM VITAE

Gregory Edward Prazar, M.D.

EDUCATION AND EXPERIENCE:

1968	B.A., The College of Wooster, Wooster, Ohio
1972	M.D., Case Western Reserve University School of Medicine, Cleveland, Ohio
1972 - 1974	Intern and Resident, Department of Pediatrics, Duke University Medical Center, Durham, North Carolina
1974 - 1976	Fellowship, Behavioral Pediatrics, Department of Pediatrics and Division of Child and Adolescent Psychiatry, University of Maryland Hospitals, Baltimore, Maryland
1976 - present	Pediatrician, Exeter Pediatric Associates, Inc., Exeter, New Hampshire

MILITARY SERVICE:

None

LICENSURE:

New Hampshire Medical License

**NATIONAL ACADEMIC &
PROFESSIONAL SOCIETY
MEMBERSHIPS:**

Certified by National Board of Medical Examiners, 1975

Certified by American Board of Pediatrics, 1992, 2002

Fellow, American Academy of Pediatrics; Section Member, Child Development Section, 1978

Affiliate Member, American Academy of Child Psychiatry, 1981

Member, Academic Pediatric Association, 1982

Member, Society for Developmental and Behavioral Pediatrics, 1983

HONORS:

Chosen as a member of the New Hampshire Pediatric Leadership Task Force, 1992. One of 24 New Hampshire pediatricians chosen by families who have children with special needs.

Listed by "Best Doctors in America," 1996 - present

Special Achievement Award from the American Academy of Pediatrics and the New Hampshire Pediatric Society for distinguished service and dedication to the mission and goals of the Academy, May 2005.

New Hampshire Pediatrician of the Year, 2009

**TEACHING & CONSULTING
APPOINTMENTS:**

Clinical Assistant in Medicine, Adolescent Unit, Children's Hospital Medical Center, Boston, Massachusetts, 1977 - 1979

Consulting Pediatrician, Ritchie McFarland Children's Center, Exeter, New Hampshire, 1976 - present.

Consulting Physician, Exeter Public Schools, Exeter, New Hampshire, 1981-1991

Participant, National Conference on Behavioral Pediatrics, sponsored by the U.S. Department of Health and Human Services, Easton, Maryland, March 3 - 5, 1985

Member, Task Force on Recent Advances, American Board of Pediatrics, 1985 - 1990

Member, Time-Limited Certification Committee, American Board of Pediatrics, 1988 - 2009

Member, Long-Range Planning Committee, American Board of Pediatrics, 2009-present

Adjunct Associate Professor of Pediatrics, Dartmouth Medical School, Hanover, New Hampshire, 1998 - present.

**TEACHING & CONSULTING
APPOINTMENTS (continued) :**

AAP National Committee Liaison (for the New Hampshire Pediatric Society) to:

Committee on Practice and Ambulatory Medicine, 1987 - 1993

Committee on Psychosocial Aspects of Child and Family Health, 1987 - 1993

**Member, Executive Committee, New Hampshire Pediatric Society, 1988 - 1993; 2005 - present;
Vice-President: 2007-present**

Member, Professional Advisory Committee for Seacoast CH.A.D.D., 1990 - 1998

Elected Member, Executive Committee for the Section on Developmental and Behavioral Pediatrics, American Academy of Pediatrics, 1993 - 2003

Member, Editorial Board, Journal of Pediatrics, 1993 - 2003

Member, Task Force on Environmental Stressors; American Academy of Pediatrics Advisory Committee for Development of the DSM - PC, 1994 - 1995

Member, Task Force on Mental Health, American Academy of Pediatrics, 2006 - 2009

Journal Reviewer for:

Journal of Developmental & Behavioral Pediatrics, 1986 - present

Journal of Pediatrics, 1987 - present

Archives of Pediatric and Adolescent Medicine, 2004 - present

Journal of Ambulatory Pediatrics, 2006 - present

State Chapter Co-coordinator for PROS Network (American Academy of Pediatrics Office-Based Research Organization). 1994 - present

Member, Task Force on Type 2 Diabetes in Childhood and Adolescence, American Academy of

Pediatrics, 2008-present

**Member, New England Genetics Group Medical
Home Workgroup, 2007-present**

**Member, New England Genetics Group Advisory
Council, 2008-present**

**Member, National Coordinating Center for the
Regional Genetics and Newborn Screening
Collaborative Medical Home Workgroup, 2009-
present**

Member, New Hampshire Autism Council, 2010

PUBLICATIONS:

Journal Articles:

Prazar, G.E. and Felice, M., "The Psychosocial Effects of Diabetes Mellitus in Childhood and Adolescence." Pediatric Annals, 1975, 4, 351 - 358.

Prazar, G.E. and Charney, E., "Behavioral Pediatrics in Practice," Pediatric Annals, June 1980.

Prazar, G.E., "Conversion Reactions." Pediatrics in Review, 1987, 8 (9), 279 - 286.

Prazar, G.E., "Psychosocial Risk Factors in Childhood: What Can the Pediatrician in Practice Do?" (Commentary). Journal of Developmental & Behavioral Pediatrics, 1990, 11 (4), 210 - 211.

Prazar, G.E., "An Office-Based Approach to Adolescent Psychosocial Issues." Contemporary Pediatrics, 1997, 14 (5), 59 - 71.

Prazar, G.E., "The Aural Infrared Thermometer: A Practitioner's Perspective." Journal of Pediatrics, 1998, 133, 471.

Prazar, G.E., "How Many Pediatricians Does It Take To Change a Practice?" (Editorial). Archives of Pediatric and Adolescent Medicine, 2005, 159, 500 - 502.

Olson, A.L., Dietrich, A.J., Prazar, G.E., Hurley, J.H., Tuddenham, A., Hedberg, V., and Naspinsky, D.A., "Two Approaches to Maternal Depression Screening During Well-Child Visits." Journal of Developmental and Behavioral Pediatrics, 2005, 26 (3), 169 - 175.

Olson, A.L., Dietrich, A.J., Prazar, G.E., Hurley, J.H., "Brief Maternal Depression Screening at Well-Child Visits." Pediatrics 2006, 118, 207- 215.

Book Reviews:

Helfer, R.E and Kempe, C.H. (Eds.) The Battered Child. Chicago: University of Chicago Press, 1974; and Steinmetz, S.K. and Straus, M.D. (Eds.), Violence in the Family. New York: Dodd, Mead and Cough, 1974; In The Journal of Nervous and Mental Disease, 1975, 162, 437- 439.

Shaefer, C.E., Millman, H.L., Sichel, S.M., and Zwilling, S.R., Advances in Therapies for Children. San Francisco: Jossey-Bass, Inc., 1986. In Journal of Developmental & Behavioral Pediatrics, 1988, 9, 109.

Levine, M.D., Carey, W.B., and Crocker, A.C., Developmental-Behavioral Pediatrics. Philadelphia: W.B. Saunders, 1992. In Journal of Developmental & Behavioral Pediatrics, 1993.

Book Chapters:

Prazar, G.E., "Conversion Symptoms in Childhood." In Primary Pediatric Care. St. Louis: C.V. Mosby, 1987; also in second edition, 1992; third edition, 1997; fourth edition, 2001.

Prazar, G.E., "Lying and Stealing." In Primary Pediatric Care. St. Louis: C.V. Mosby 1987; second edition, 1992; third edition, 1997; fourth edition, 2001.

Prazar, G.E. and Friedman, S.B., "Conversion Symptoms." In Clinical Practice of Adolescent Medicine. New York: Appleton-Century-Crofts, 1979.

Prazar, G.E. and Friedman, S.B., "Behavioral Problems in Children and Adolescents." In Current Diagnosis. Philadelphia: W.B. Saunders, 1985.

Prazar, G.E., "Temper Tantrums and Breathholding Spells." In Primary Pediatric Care. St. Louis: c.v. Mosby Co., 1987; also second edition, 1992; third edition, 1997; fourth edition, 2001.

Prazar, G.E., "Conversion Reactions in Adolescents." In Current Diagnosis (8). Philadelphia: W.B. Saunders, 1991.

Book Chapters (continued)

Prazar, G.E., "Psychosomatic Symptoms and Conversion Reactions." In Comprehensive Adolescent Health Care (Friedman, S.B., et al, editors), 1992; second edition, 1998.

Prazar, G.E., "A Private Practitioner's Approach to Adolescent Problems." In Friedman, S.B., DeMayo D (eds): Adolescent Psychiatric and Behavioral Disorders. Adolescent Medicine: State of the Art Reviews, vol.9, no. 2. Philadelphia, Hanley & Bellus, Inc., 1998.

Prazar, G.E., "Conversion Reactions and Hysteria." In: McInerny, T.K., Adam, H.M., Campbell, D.E., Kamat, D.K., Kelleher, K.J., eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village, IL: American Academy of Pediatrics, 2008.

Prazar, G.E., "Temper Tantrums and Breath-holding Spells." In: McInerny, T.K., Adam, H.M., Campbell, D.E., Kamat, D.K., Kelleher, K.J., eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village, IL: American Academy of Pediatrics, 2008.

PRESENTATIONS (past 10 years):

"Stories from the Front Line: Successful Patient Care Improvement Projects." Presentation to fourth-year Dartmouth Medical School students, February 26, 1998.

"The Rural Medical Home Improvement Project, a Model of Collaboration and Communication." Presentation to the New England Rural Pediatricians' Alliance Association (NNERPA), May 7, 1999.

"Local New Hampshire Initiatives: the ADaPT Project, and the Rural Medical Home Improvement Project." Presentation to the spring meeting of the New Hampshire Pediatric Society, May 19, 1999.

"Diagnosis and Management of Attention Deficit Hyperactivity Disorder." Presentation to the Exeter Community, May, 25, 1999.

"Pediatric Care Coordination at the Medical Home." Presentation at the following conference: Enhanced Care Coordination for the CSHCN in Managed Care Environments: Strategies for the New Millennium, September 30, 1999, Portsmouth New Hampshire.

"Management, Reimbursement and Stress Reduction Strategies: Behavior-Psychosocial Problems." Presentation at the Annual American Academy of Pediatrics Meeting, Washington, D.C., October 12, 1999.

"Collaboration and Coordination: The Rural Medical Home Improvement Project." Presentation to the MCH-Lend graduate course, University of New Hampshire, December 10, 1999.

"Building Primary Care Medical Homes for Children with Special Health Care Needs (CSHCN): Identification of CSHCN." Presentation at the fall meeting of New Hampshire Pediatric Society, Crotched Mountain facility, Greenfield, New Hampshire, November 28, 2001.

"Building Neighborhoods of Medical Homes through Quality Improvement Learning Collaborative." Presentation at the National Summit on Children with Special Health Care needs in Washington, D.C., December 12, 2001.

"Continually Improving Medical Homes." Presentation at Expert Panel: Improving Primary Health Care Services for Children with Special Health Care Needs Through Implementation of the Medical Home Concept. Sponsored by the USMCHB Division for Children with Special Health Care Needs. Boston, June 5 - 6, 2002.

"Seven Habits of Highly Effective Medical Home Improvement Teams." Presentation at the Medical Home Learning Collaborative (Learning Session 1), conducted by NICHQ, Miami, FL, April 4 - 5, 2003.

"It Takes Family-Centered Teamwork to 'Build' a Medical Home." Panel presentation at the First International Conference on Family-Centered Care, Boston, MA, September 5, 2003.

"Building Medical Homes with Family-Centered Improvement Teams." Panel presentation at the First CATCH and Medical Home National Conference, Chicago, Ill, July 16, 2004.

"You and Your Tween Child: A Behavioral Guide for Parents." Presentation to the community; at Exeter Hospital, October 12, 2004.

"Defining Well Child Care for Children and Youth with Special Health Care Needs." Presentation at National Conference sponsored by HSRA Maternal and Child Health Bureau and The Commonwealth Fund, Washington, D.C., October 12 - 13, 2006.

"Use of PDAs in Pediatric Practice at Well Child Visits as a Quality Improvement Tool." Presentation at Dartmouth Hitchcock Medical Center Pediatric Grand Rounds, November 22, 2006.

"How to foster a practice which embraces quality improvement." Presentation at New Hampshire Pediatric Society Fall Education Meeting, October 10, 2007.

"Evaluation and treatment of ADHD in children and adolescents." Presentation to the community, Exeter Hospital, April, 2008.

"Screening for autism spectrum disorder in practice." Presentation at New Hampshire Pediatric Society Spring Education Meeting, May 12, 2010

MARY ELLEN RYAN, MSN, CPNP

PEDIATRIC NURSE PRACTITIONER

- 34 years Pediatric Nursing experience in variety of settings with culturally diverse clients
- Effective interdisciplinary team member experienced in providing holistic medical care
- Primary care provider focused on patient education and family advocacy
- Independent with strong organizational, communication and clinical skills
- Committed to continued professional education with an interest in Pediatric Development and Behavioral Medicine and Integrative Medicine.

EDUCATION

Leadership Education in Neurodevelopmental Disabilities, University of New Hampshire
2018-2019

- Nursing trainee in graduate level training program focused on interdisciplinary, family-centered, culturally competent systems of care for children and youth with developmental disabilities and their families;
- Developed leadership skills that address the needs of children who have neurodevelopmental disabilities (NDD) and their families, developed an understanding of public policy and evidence-based care; participated in clinical training at Children's Hospital at Dartmouth and community-based clinical settings.

Leadership Education in Adolescent Health, Children's Hospital, Boston, 2006 - 2007

- Nursing fellow in Adolescent Health interdisciplinary training program
- Participated in weekly didactic instruction, clinical experience with diverse inner city adolescent population.
- Performed program development, research, and attended numerous faculty-sponsored conferences.

Masters of Science in Child Health Nursing, University of Texas at Arlington, 1995
Arlington, TX

Bachelor of Science in Nursing, Fitchburg State College, Fitchburg, MA 1986

PEDIATRIC NURSE PRACTITIONER EXPERIENCE

Elliot Health System, Pediatric Specialties, Manchester, NH April 2014- present
Developmental and Behavioral Pediatrics

- Evaluation of children with developmental and behavioral challenges including ADHD, Autism, learning disabilities and developmental delays.

Pediatric Associates of Portsmouth and Hampton, NH May 2009 - Sept. 2012

- Medical assessment and management of children ages newborn to 20 yrs in busy private practice

Child Health Services, Manchester, NH 2007-2009

- Primary care provider for disadvantaged children/adolescents using a bio-psycho-social model in a non-profit Pediatric clinic and Teen Health Center

Families First Health Center, Portsmouth, NH 1999 - 2006

- Independently managed patient panel of high-risk children
- Facilitated developmental screenings by specialist from Easter Seal's Baby Steps program during well child visits
- Significantly improved agency's immunization rate and compliance with state regulations
- Collaborated with community agencies to provide comprehensive multi-disciplinary services

North Central Texas Community Health Center, Wichita Falls, TX 1995

- Conducted well child exams and acute minor illness visits in rural community clinic while exercising prescriptive privileges.
- Coordinated referrals; conducted community outreach and health education programs.

REGISTERED NURSE EXPERIENCE

Phillips Exeter Academy Lamont Health Center, Exeter, NH 2007 - 2009

Exeter Pediatric Associates, Exeter, NH 1998 - 1999

Wentworth Douglas Hospital, Dover, NH 1997 - 1998

- Provided patient care in Level II nursery and postpartum unit on a per-diem basis.

Wichita General Hospital, Wichita Falls, TX 1993 - 1995

- Supervised training and evaluation of students and staff on inpatient pediatric unit of rural community hospital.

Addenbrookes' Hospital, Cambridge, England, UK 1990 - 1992

- Delivered care to children requiring hospitalization for cancer, diabetes, and general surgery at a regional oncology referral facility within the British National Health Service.

New England Medical Center - The Floating Hospital for Infants and Children, Boston, MA 1986 - 1990

- Instructed and counseled pediatric oncology patients and families on diagnosis, treatment protocols and home care.
- Presented educational updates to staff and provided direct care in outpatient oncology clinic.
- Administered total care to patients school-aged through adolescence on general medical unit under primary nursing model.
- Served as preceptor, charge nurse and member of Policies and Procedures Committee.

CERTIFICATION AND LICENSURE

Certified Pediatric Nurse Practitioner, 1996-present
PNCB- Pediatric Nurse Certification Board

Advanced Registered Nurse Practitioner 1996 - Present
State of New Hampshire

Primary Care Pediatric Mental Health Specialist –PMHS- 2017- present
PNCB-Pediatric Nurse Certification Board.

PROFESSIONAL MEMBERSHIPS

Member of New Hampshire Nurse Practitioner Association (NHNPA)

Member of National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

Member of Society of Developmental and Behavioral Pediatrics (SDBP)

VITAE

Name: McLean, Pat

Education

Institution and Location	Degree	Year Conferred	Field of Study
Fitchburg State College University of New Hampshire	B.S.N. M.Ed.	1970 1984	Nursing Early Childhood Special Needs

PROFESSIONAL EXPERIENCE:

2006- Present Community Care Coordinator/Intake Coordinator for Special Medical Services at Child Health Services, Manchester NH

This position involves working with families who have children with special health care needs birth to 21 years. Coordinators promote effective use of medical, educational, and community resources to maximize each child's health potential.

2004- 2017 Developmental Specialist, Capitol Region Family Health, Concord, NH.

This position involves mentoring DHMC Family Residents and medical students about child development and precepting them during well child visits. Providing developmental consults to faculty and residents for children and families in the practice. Participating on the Medical Home curriculum committee for residents.

1995 – JULY 2006 Clinic Coordinator, Seacoast Child Development Clinic – MCH Lend, Durham, NH.

This position involved coordinating interdisciplinary developmental evaluations and follow up, coordinating and collaborating with community providers, providing clinical training and evaluation to interns and fellows enrolled in MCH Lend, University teaching and maintaining a Business Plan for Seacoast Revenues.

July 2002-July 2006 Adjunct Assistant Professor of Pediatrics, Dartmouth Medical School.

This appointment involved community based teaching of Dartmouth Medical Students and Physicians.

July 2000-July 2006 Adjunct Professor in Nursing, University of NH, Durham, NH

This position involved guest lecturing for courses in the Nursing Program and clinical teaching to Master Level Nursing Students.

1986-July 1999 Infant Specialist, Richie McFarland Children's Center, Stratham, NH.

This position involved transdisciplinary early intervention services to infants and their families, medical/developmental consultation to team members, developmental evaluation of children birth to three, supervision of UNH nursing students, participation or chairing focus groups in best practice issues and administrative agency decision making.

1986-1988 Research Assistant, University of Massachusetts, Early Intervention Collaborative

Study, Worcester, MA.

This position involved utilizing multiple assessment tools for infant/family evaluation research.

1983-1984 Nurse Coordinator, State of New Hampshire, Bureau of Special Medical Services, Concord, NH.

This position involved coordinating a neuromotor interdisciplinary team, nursing assessment of children with neuro-muscular disabilities, counseling and education to children and their families, and consultation to community nurses and allied professionals.

1982-1983 Intern, Boston Children's Hospital Developmental Evaluation Clinic This position involved developmental evaluation of children primarily ages three to six years, assessment of high/risk premature infants, and collaboration on multidisciplinary assessment teams.

1973-1981 Nurse Coordinator, State of New Hampshire, Maternal Child Health, Allentown, NH.

This position involved administration of local Child and Youth Project, facilitation of team development and functioning, coordinated community involvement in organizing a local advisory board to the project, collaborated with schools, and state and community lecturing.

1971-1973 Clinic Nurse, Boston's Children's Hospital/Harvard Medical School, Family Health Care Program, Boston, Massachusetts.

This position involved primary nursing care to families, family planning and child birth education, collaborating team functioning, curriculum planning and teaching of Harvard University Family Residents, fellows and medical students, conduction of seminars on nursing process and team functioning, supervision of Northeastern nursing students, and lecturing.

1970-1971 Staff and Charge Nurse, Boston Children's Hospital, Boston, Massachusetts.
This position involved providing acute inpatient nursing care.

MAJOR RESEARCH:

Thesis Topic: Towards Coalescence – An Ecological Approach to Developmental Evaluation
(1984)

HONORS: SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING
1997 EXCELLENCE IN EARLY INTERVENTION ANNUAL AWARD

Linda Bergeron Hansen

PROFILE

Dedicated and highly skilled former educator with a commitment to meeting diverse needs. Advocate for children’s success, both personally and professionally, through providing families with the necessary resources and support for measurable progress. Strong collaborator with a passion for promoting an inclusive community.

EDUCATION

MASTER OF EDUCATION IN ELEMENTARY EDUCATION | 1999 | University of New Hampshire

- Major: Elementary Education
- Minor: Special Education

B.A. ENGLISH | 1995 | University of New Hampshire

- Minor: Education
- Honors: Summa Cum Laude, Presidential Scholar, Phi Beta Kappa Honor Society

LEND Program | 2025-2026 | NH Institute on Disabilities, University of New Hampshire

CERTIFICATION

State of New Hampshire Educator - General Elementary Education K-6 (2026)

PROFESSIONAL EXPERTISE

North Star Education Services, Bedford, NH Instructional coach in content areas and executive functioning.	2025-present
Pembroke Hill School, Pembroke, NH General education kindergarten, third grade, and intervention teacher.	2013-2024
Henry Moore School, Candia, NH General education third and fourth grade teacher	2003-2005
Parker Varney Elementary School, Manchester, NH Math and Reading Intervention Teacher	2002-2003
Bedford Memorial School, Bedford, NH A.S.D. Preschool Special Educator	2001-2002
Main Dunstable Elementary School, Nashua, NH Third grade general education classroom teacher	1996-2000

Kristin Logan, RN, MSN, APRN-BC

EDUCATION

Boston College , Chestnut Hill, MA	May 2013
MSN, Pediatric Nurse Practitioner, Master's Entry Program	
Colgate University , Hamilton, NY	May 2011
Bachelor of Arts, High Honors in Cellular Neuroscience	<i>Summa Cum Laude</i>
<i>Phi Beta Kappa (2011), Psi Chi (2010), Phi Eta Sigma (2008), Dean's Academic Excellence (2007-2011)</i>	

LICENSURE AND CERTIFICATIONS

- Pediatric Primary Care Nurse Practitioner, Board Certified by PNCB (June 2013)
- Licensed APRN (067122-23) and Registered Nurse (067122-21) in New Hampshire
- American Red Cross, CPR/AED for the Professional Rescuer and Healthcare Provider

PEDIATRIC NURSE PRACTITIONER PROFESSIONAL EXPERIENCE

Child Health Services at Manchester Community Health Center, NH June 2013- present

- Performing routine well child and acute visits for newborns through young adults with comprehensive assessment, diagnosis, and treatment. Specializing in adolescent medicine and family planning as one of the primary providers for the Teen Health Clinic.
- Conducting in-depth assessments of social, family, and medical history for all patients.
- Collaborating with nutritionists, counselors and social workers to provide holistic care.
- Expanded patient education resources for asthma, autism, developmental delays, acute illnesses, and well child care.

PEDIATRIC NURSE PRACTITIONER STUDENT CLINICAL ROTATIONS

General Pediatrics, Tufts Floating Hospital for Children, Boston MA Sept. '12- May '13

- Performed routine well child visits for newborns through adolescents. Managed patients with chronic health care conditions and diagnosed and treated acute illnesses.
- Designed and implemented a quality care improvement project: lipid screening in pediatrics.

Joslin Diabetes Center, Pediatric and Adolescent Clinic, Boston MA Sept. '12- Dec. '12

- Assessed and adjusted individualized diabetes management of children with type 1 and type 2 diabetes. Led motivational interviewing to modify behavior to maximize compliance.

Child Health Services, Manchester NH Dec. '12- May '13

- Performed routine well child and acute visits for newborns through adolescents with focus on the child's physical, social and emotional health and environment.

Elliot Pediatric Health Associates, Manchester NH Jan. '12-May '13

- Gained experience at specialty clinics at New Hampshire's Hospital for Children: nephrology, neurology, gastroenterology, pulmonary, developmental health, and integrative medicine.

Pediatric Dermatology, MassGeneral Hospital for Children, Boston MA Jan.'12- May '13

- Collaborated with the medical team to provide consults and treatment plans for a variety of dermatological conditions, including: acne, atopic dermatitis, molluscum, and warts.

RELEVANT EXPERIENCE

- Nursing Student Experience in Pediatrics, *Boston Children's Hospital* (Spring & Summer '12)
- Autism Para-Professional, *Hooksett School District/ Camp Allen* (Summer '10 & '11)
- Research Assistant, *NH-Dartmouth Family Residency Program* (Summer '09): A Multi-Faceted Educational Intervention to Improve Appropriate Inter-Pregnancy Intervals: A Pre-Post Study
- Teacher, *Breakthrough Manchester* (Summer '06 & '08)

- Engaged students in lesson plans following state standards.
- Improve student behavior by incorporating a reward system in classroom.
- Participated in IEP meetings.
- Utilized TsGold Curriculum and Assessment

Moore Center Services, Manchester, NH

July 2012- December 2017

Early Childhood Special Educator and Autism Specialist

- Conduct and complete developmental evaluations to determine eligibility for Early Supports and Services with children 0-3.
- Provide instruction and comprehensive service coordination to children with developmental delays.
- Complete and develop Individual and Family Service Plans for children in Early Supports and Services.
- Provide intensive services to children with a diagnosis of Autism Spectrum Disorder.
- Collaborate for regional Autism services providers to provide coordinated and evidence based services.
- Provide resources and supports to families enrolled in Early Supports and Services.
- Support families during the transition process to the school district and attend IEP meetings.
- Support families who have a child referred for a diagnostic evaluation.
- Provide families with developmentally appropriate strategies to carry over with their children in their homes.
- Serve as a liaison between families and community resources.
- Providing Autism services under a BCBA.

Kindercare Learning Center, Londonderry, NH

October 2011-June 2012

Toddler Teacher

- Promoted cognitive, motor, social and self-help skills in young children.
- Provided support and resources to families of children in the center
- follow a curriculum, develop and instruct developmentally appropriate activities in the classroom.
- asses with cooperate evaluation and provide parent teacher conferences.

The Learning Center, Concord, NH.

October 2010-October 2011

Infant Teacher

- Promoted cognitive, motor, social and self-help skills in young children.
- Provided support and resources to families of children in center.
- Developed and implement developmentally appropriate activities in the classroom.
- Communicated daily with email newsletters to caregivers as wells as use of communication notebok that traveled from home to school and vice versa.

Hobby Lobby, Laredo, TX

July2009-July2010

Assistant Manager

- Check and balance of stores cash/credit card sales.
- Bank deposits.
- Supervise 10 or more employees during closing.
- Order, stock, inventory products.

Kelly Unger

Education

- University of New Hampshire, Durham, NH. **May 2017**
Master of Education in Early Childhood: Special Needs
- Salter School of Nursing and Allied Health **May 2012**
LNA Certification
- State University of New York at Plattsburgh, Plattsburgh, NY. **May 2008**
Bachelor of Science in Early Childhood/Elementary Education

Trainings and Certifications

- **New Hampshire Teacher Certification** (Beginning Educator Certificate with Endorsements in Elementary Education (K-6) and Early Childhood Special Education)
- **Assistive Technology Graduate Certification**
- Cultural Competency Training
- Epilepsy First Aid
- Suspected Childhood Apraxia Training
- Applied Behavior Analysis Training
- Picture Exchange Communication Level 1 Certification
- VB Mapp Training
- Trained in use of HELP Strands (developmental assessment)
- TSGold
- Early Start Denver Model for Children with Autism Training
- Sensory Processing Training
- Person Centered Planning Training
- Floortime Training
- Social Stories Training

Employment Highlights

Amoskeag Health, Manchester, NH.

December 2017-Present

Health Care Coordinator

- Performs care coordinator function within specified timeframes
- Maintains timely and accurate documentation of application, assessment, services, care plans, progress notes and other information required in each child's record
- Understands and subscribes to the philosophy and values of culturally-relevant education, empowerment and community integration
- Works to ensure the family makes informed decisions, and is in regular contact with the child and family to discuss progress, problems and plans
- Communicates and collaborates with child's health and related service providers.
- Understand and subscribe to Standards for Quality Health Care Coordination and provide service according to best practices.
- Assist with interview process for new employees.
- Collaborate in work groups during redesign process of program.

Memorial Elementary School, Bedford, NH.

January 2017-April 2017

Preschool Intern

- Create engaging lesson plans for preschool classroom.
- Collaborated with other teachers for creative and innovative teaching ideas.
- Instructed UDL lessons to 12 preschool students in small and whole groups

Anna Dale Palmer Hutton, Psy.D.

Curriculum Vitae



EDUCATIONAL EXPERIENCE:

- 2002** **Doctorate of Psychology**
(APA - accredited program in Clinical Psychology)
Pepperdine University
Dissertation (defended 06/22/01): Predictors of high school completion while in residence for students of a residential, educational program
- 1998** **Master of Arts in Clinical Psychology**
Western Kentucky University, Bowling Green, Kentucky
Thesis: Gender differences in college students' causal attributions for success and failure
- 1996** **Bachelor of Arts in English**
Belmont University, Nashville, Tennessee
Thesis: Gender differences in children's literature
Graduated Cum Laude

CLINICAL TRAINING, EXPERIENCE, AND AFFILIATIONS:

04/01/2006 – Present **Child Health Services, Child Development Clinic**
Manchester, NH

Clinical activities include conducting neuropsychological and developmental assessments with children from birth to age 7 who present with various developmental delays including speech and language delays, including autism, and genetic and neurological disorders.

08/15/2006 – Present **Deer Creek Psychological Associates**
Main Office, East Thetford, VT

Clinical activities include conducting complete neuropsychological evaluations for children in a private practice office setting or in a school setting. Testing is conducted for a variety of purposes including evaluating for neurological injuries, neurological conditions, learning disabilities, Autism Spectrum Disorders, intellectual disabilities, and Attention Deficit Hyperactivity Disorder. Evaluations include record review, observations in multiple social settings (i.e., classroom, playground, lunchroom, etc.), as well as interviews and information provided by parents, teachers, allied educators, and mental health professionals.

08/01/2013-03/15/2020 **White River Junction Veterans Association (VA)**
White River Junction, VT

Clinical activities include completing Compensation and Pension evaluations for Veterans applying for benefits for Posttraumatic Stress Disorder and other emotional disorders secondary to military activity.

06/01/2005 – 07/20/2007 **Elliot Hospital, Manchester Counseling Services**
Manchester, NH

Responsibilities include conducting complete neuropsychological evaluations for children in an outpatient setting. Testing is conducted for a variety of purposes including evaluating for neurological injuries,

neurological conditions, learning disabilities, Autism Spectrum Disorders, emotional disorders, behavioral disorders, and Attention Deficit Hyperactivity Disorder.

10/01/2004 – 10/08/2005 LifeSpan Neuropsychological Services, Inc.

HealthSouth Braintree Rehabilitation Hospital, Braintree, MA

Responsibilities included conducting complete neuropsychological evaluations for children in an outpatient setting. Testing was conducted for a variety of purposes including evaluating for learning disabilities, Autism Spectrum Disorders, emotional disorders, behavioral disorders, and Attention Deficit Hyperactivity Disorder. Classroom observations were frequently conducted as part of the evaluation.

09/01/02 – 09/07/04 Post Doctoral Fellowship in Pediatric Neuropsychology

Children's Hospital, New Orleans, LA

Responsibilities included conducting complete neuropsychological evaluations for children in both inpatient and outpatient settings suffering from a variety of illnesses and disorders such as brain tumors, traumatic brain injuries, strokes, seizure disorders, learning disabilities, Autism Spectrum Disorders, behavioral disorders, and Attention Deficit Disorder. My work with in-patients typically involved evaluating the neuropsychological functioning of children who suffered from traumatic brain injuries, cerebral vascular accidents, and various forms of cancer. I often acted as a liaison between the hospital and the school to facilitate the child's reintegration into school. This involved my neuropsychological evaluation of the child as well as frequent communication with school psychologists, special education coordinators, teachers, and principals to assist the school in meeting the needs of the child. My work with children in the outpatient setting typically involved the assessment of children for diagnostic purposes and to make recommendations for school. These children typically presented with symptoms of learning disabilities, ADHD, and Autism Spectrum Disorder. I also evaluated children who have been discharged from the Rehabilitation Unit or the Hematology-Oncology Unit to determine the progress of cognitive functioning after treatment.

07/01/01 – 06/30/02 Pre-Doctoral Internship in Clinical Psychology

Dartmouth Medical School, Lebanon, NH

Responsibilities included providing individual and family therapy to children, adolescents, and their families. I conducted cognitive, emotional, and psychoeducational assessments with children and adults in an economically depressed rural community. I conducted neuropsychological assessment and research through the Dartmouth Neuropsychology and Neuroimaging Program. This component involved the neuropsychological assessment of adults as part of research projects on OCD, Bipolar Disorder, Schizophrenia, and PTSD.

09/00 – 06/01

Doctoral Practica:

Neuropsychiatric Institute/ University of California at Los Angeles

Responsibilities included conducting complete neuropsychological assessments and writing the neuropsychological report. At this site, I also had the opportunity to audit courses offered at UCLA, the Neuropsychology of Learning Disorders and Neuroanatomy.

08/99 – 08/00

Catholic Charities Psychological Services

Van Nuys, California

Responsibilities included providing psychotherapy for children and adults, formulating behavior management plans for parents and teachers of behavior-disordered children as well as conducting cognitive and emotional assessments for children. In addition, I conducted weekly psychoeducational assessments for children with academic and behavioral problems at an elementary school.

01/98 – 05/98

Clinical Internship

Regional Child Development Center

Bowling Green, Kentucky

Responsibilities included implementing treatment plans for children with Autism Spectrum Disorders and developmental delays.

RESEARCH EXPERIENCE

09/01 – 07/02 **Research Assistant**
Neuropsychology and Neuroimaging Program
Dartmouth-Hitchcock Medical Center

Responsibilities include attending lab meetings, attending and assisting with fMRI scans, and conducting comprehensive neuropsychological assessments with healthy controls and adults with OCD, bipolar disorder, schizophrenia, or PTSD. Supervisors: Andrew Saykin, Psy. D., ABPP-CN and Robert Roth, Ph. D.

11/99 – 06/01 **Staff Research Assistant**
UCLA Neuropsychiatric Institute,

Responsibilities include conducting neuropsychological assessments with children with epilepsy for the NIMH Funded Kaplan Research Studies. Supervisors: Rochelle Kaplan, M.D. and Robert Asarnow, Ph.D.

06/99 – 06/01 **Research Assistant, Parent and Child Interviewer**
UCLA Youth and Adolescent Depression Studies

Responsibilities include conducting interviews with parents and children participating in NIH funded research regarding the treatment of depression and anxiety in children. Supervisor: John Weiss, Ph.D.

07/99 – 07/00 **Graduate Research/Teaching Assistant**
Department of Education and Psychology
Pepperdine University

Responsibilities included assisting in research regarding predictors of success and failure for the Boys' Hope/ Girls' Hope program for at-risk gifted students and scoring Rorschach Ink Blot Tests administered by students enrolled in a course on Advanced Emotional Assessment. Supervisor: Carolyn Keatinge, Ph. D.

08/96 – 05/98 **Graduate Research/Teaching Assistant**
Department of Psychology
Western Kentucky University

Responsibilities included data entry, grant writing, and aiding in research involving the study of children's understanding of fear as well as assisting with the three sections of a Developmental Psychology Class. Supervisor: Katrina Phelps, Ph. D.

1997 **The Development of a Measure of Collegiate Test Anxiety**

Presented at the Middle Tennessee Psychological Association Conference, 1997

Kirsten McGhee, Psy.D, BCBA

PROFESSIONAL SUMMARY: Licensed psychologist and behavior analyst with 15 years of experience working with the pediatric population, families and educators in school, private clinic and hospital settings. Special interest in early detection of autism spectrum disorder and diagnostic evaluations, psychoeducational evaluations, and behavior consultation. Currently working with SERESC as a psychologist consultant for various school districts, teaching graduate level courses at William James College, and attending professional development webinars about early detection of autism symptoms in young children.

EDUCATION

Doctor of Psychology in School Psychology, May 2005
Masters of Science in School Psychology, September 2003
St. John's University - Jamaica, New York

Bachelor of Arts in Psychology, May 2000
University at Albany, State University of New York - Albany, New York

LICENSES/CERTIFICATIONS

Licensed Psychologist, State of New Hampshire, October 2018
Licensed Psychologist and Health Service Provider, State of Massachusetts, February 2008
School Psychology License, State of New Hampshire, December 2016
Board Certified Behavior Analyst, August 2014

CLINICAL/TEACHING EXPERIENCE

SERESC (Southeastern Regional Education Service Center) August 2016-Present
Bedford, New Hampshire

Conduct psychoeducational evaluations for preschool and school age children as well as autism diagnostic evaluations. Provide consultation services to school districts regarding behavior challenges and create professional development seminars. Conduct functional behavior assessments and develop behavior intervention plans with school staff.

William James College - Newton, Massachusetts January 2016-Present

Adjunct Faculty: Teach a graduate level course on autism spectrum disorder, preschool assessment and intervention services, and psychological assessment for counselors.

Needham Public Schools - Needham, Massachusetts September 2007-June 2016

Conducted psychological evaluations for preschool and school age children to determine eligibility for special education services. Provided teacher consultation for behavioral challenges in the classroom and conducted Functional Behavior Assessments.

Boston Children's Hospital - Boston, Massachusetts July 2012-January 2015

Administered neuropsychological and academic achievement batteries to children born prematurely as part of a long-term research study.

Pediatric Psychological Services - Needham, Massachusetts October 2013-June 2014

Conducted neurodevelopmental and psychological evaluations for preschool age children with concerns related to an autism spectrum disorder, learning difficulties, and behavioral challenges. Provided parent consultation around special education procedures in the public school system and behavior challenges.

Boston Neuropsychological Services, LLC - Needham, Massachusetts October 2007-August 2012

Conducted neurodevelopmental evaluations for children under three years old and preschool age children with a range of referral questions including autism spectrum disorder, learning difficulties, and behavioral issues. Provided parent consultation regarding behavioral challenges and special education procedures in the public school system.

Kirsten McGhee, Psy.D., BCBA

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Applied Behavioral Associates, LLC - Framingham, Massachusetts

July 2009-June 2010

Provided treatment based on applied behavioral analysis for children with behavioral challenges and/or developmental disabilities including children with an autism spectrum disorder. Conducted diagnostic evaluations for children under-three years old with a question of an autism spectrum disorder.

POSTDOCTORAL/INTERNSHIP EXPERIENCE

**Boston Children's Hospital, Developmental Medicine Center
Boston, Massachusetts**

September 2005-August 2007

Clinical Postdoctoral Fellow in Pediatric Psychology: Conducted neurodevelopmental and psychological evaluations for children under three years old, preschool and school age children with autism spectrum disorder as well as other developmental concerns including genetic syndromes, behavior disorders, and developmental delays. Provided psychological assessments and consultation services to preschool and school age children in the Advocating Success for Kids program at community health centers serving multicultural populations. Conducted developmental evaluations for patients under two years old with a congenital heart defect as part of a research study.

New York-Presbyterian Hospital - White Plains, New York

June 2004-July 2005

Psychology Intern: Provided individual therapy in day treatment school setting to students between the ages of 5-12 years old who have emotional and behavioral disorders. Formulated treatment plans and served as a liaison between families and agencies providing support services.

**Westchester Institute for Human Development - Valhalla, New York
University Center for Excellence in Developmental Disabilities
Education, Research, and Service**

September 2004-August 2005

Psychology Intern/LEND Fellow: Participated in the Leadership Education in Neurodevelopmental and related Disabilities (LEND) fellowship program. Conducted psychological evaluations for children under three years old and preschool age with concerns related to an autism spectrum disorder, learning difficulties, and emotional/behavioral issues. Provided school consultation services for an integrated preschool setting and conducted in-home assessments of young children with a history of neglect, abuse, and positive toxicology at birth in foster care.

**New York-Presbyterian Hospital, Pediatric Comprehensive Evaluation Services
New York, New York**

August 2003-June 2004

Psychology Extern: Conducted crisis evaluations of children and adolescents in the Emergency Room or the Crisis Clinic who needed immediate diagnosis, stabilization, and disposition to resources within the hospital and external agencies. Provided short-term individual and family therapy.

Center for Psychological Services and Clinical Studies, St. John's University

June 2003-June 2004

Clinical Extern: Performed weekly individual cognitive-behavioral therapy with school-age children. Responsibilities included developing a treatment plan based on assessment information, implementing treatment plan, and monitoring the progress of treatment goals.

Jan McGonagle, M.D.

PHYSICIAN with 25 years of experience in NH and current Harvard University Fellow in Bioethics. Created, developed and implemented state-wide program to improve access and quality care for children with complex medical and developmental needs. Committed to providing excellent patient care and support through a team-centered approach.

Key competencies:

- Superb communicator in group or individual environments with many different constituencies
 - Strong systems thinking approach with ability to view solutions on both a large and small scale
 - Provide quality care for children with a wide range of medical needs
 - Excellent collaboration skills across medical, agency and educational services to devise the most effective holistic, treatment solutions
 - Strong background working with diverse patients and families
-

EDUCATION

Harvard University, Fellow in Bioethics, 2019-2020

University of Colorado, Fellow in Hematology/Oncology, 1995; Resident in Pediatrics, 1991-1994

State University of New York at Buffalo, Doctorate of Medicine: Cum Laude, 1991

William Smith College, Bachelor of Science: Summa Cum Laude, 1987

Phi Beta Kappa and Sigma Xi

BOARD CERTIFICATION AND LICENSURE

Board Certification:

Developmental Pediatrics, 2009

General Pediatrics, 1995

Licensure: New Hampshire, 1995-present

MEDICAL EXPERIENCE

Special Medical Services, Amoskeag Health, Manchester, NH, 2009-present

Developmental Pediatrician

Serving the state of New Hampshire's children with complex medical needs. Designed and built state-wide program that expands access to holistic care for all patients in all regions of the state

New Hampshire Neuromotor Clinics, 2000-2020

Developmental Pediatrician

Crotched Mountain Rehabilitation Center, Greenfield, NH, 2009-2017

Developmental Pediatrician

Brattleboro Memorial Hospital, Brattleboro, VT, 2003-2009

General Pediatrician

Dartmouth Hitchcock Medical Center, Keene, NH, 1995-2003

General Pediatrician

Cedarcrest, Inc., Keene, NH, 1995-2008

Medical Director

Served as medical director for the school and long-term care facility serving those with disabilities

OTHER PROFESSIONAL EMPLOYMENT EXPERIENCE

09/97 – 09/98

Therapeutic Child and Family Support Service Provider
LifeSkills, Inc., IMPACT Program

Responsibilities included mediating between families of emotionally and behaviorally disordered children and their treatment teams to maximize the child's treatment plans and facilitate the progress of the treatment plan.

06/97 – 12/97

Volunteer
LifeSkills, Inc., Adolescent Day Treatment Center

Responsibilities included organizing and facilitating group therapy involving the development of independent living skills.

06/97 – 08/97; 06/98 – 08/98 **Child and Family Support Service Provider**
LifeSkills, Inc., IMPACT Program

Responsibilities included organizing client recreational activities and aiding in the facilitation of the behavior modification of the clients, ages 6 to 12.

06/96 – 08/96

Volunteer
Harriet Cohn., Adult Day Treatment Center

Responsibilities included organizing client activities and completing the documentation of daily activities and progress for each of the 72 clients, ages 20 -84.

STATE LICENSES

New Hampshire
Massachusetts
Vermont

License Number 1037
License Number 8217
License Number 048-0000893

REFERENCES

Ray Chin, Ph.D.
Hanover, NH

[REDACTED]

Jan McGonagle, MD
Amoskeag Health

[REDACTED]

Rhea McKay, Ph.D.

[REDACTED]

Sarah Belhumeur	
OBJECTIVE	Obtain a job in the public health nutrition field and use skills to promote the overall health of individuals. Particularly interested in a specification in research and nutritional policies.
CORE COMPETENCIES • Work well as an individual contributor and team player with natural leadership ability • Self-motivated, multi-tasking, fast paced worker who performs under pressure and able to meet deadlines • Strong customer focus with outstanding communication and presentation skills • Problem solver with excellent reasoning, logic, and critical thinking skills • Able to convey concepts through distinguished public speaking skills and motivational interviewing techniques EDUCATION AND CERTIFICATIONS Bachelor's of Science Public Health - Nutrition Minor of Business Management • Keene State College, Keene, NH • Cum Laude • ServSafe certification • Early Sprouts certification Professional and Educational Implementation • Practicum • Lead a community wellness educational lesson for seventh and eighth grade students • Coordinated a meal at the college dining commons for three thousand people • Research experience TECHNICAL SKILLS • Proficient in a variety of operating systems including Windows, Mac OS X and IOS • Experience with a wide array of Microsoft Technologies including Microsoft Excel, Word, PowerPoint and Outlook • Working knowledge of SAP Concur Technologies • Experience designing in Conva VOLUNTEER EXPERIENCE • Hundred Nights Homeless Shelter • Outfitters Second Hand Shop • Taught summer classes for two consecutive years • Over one hundred volunteer hours in the past six years • Observed multiple appointments at the WIC Nutrition Office - Manchester, NH and Keene, NH	PROFESSIONAL EXPERIENCE Nutrition, Feeding & Swallowing Program Coordinator Oct 2018 - Present Amoskeag Health Manchester, NH • Responsible for overseeing the day to day operations of the Nutrition, Feeding & Swallowing program • Analyze medical records and works with patients to determine present conditions and program eligibility • Coordinate the appropriate level of pediatric care • Adheres to HIPAA (Health Insurance Portability and Accountability Act) guidelines • Work to design, conduct and integrate outcomes of quality assurance activities into program operations; prepare annual report • Professionally address programmatic feedback and/or complaints from key stakeholders and patients • Supervise the Nutrition Network Program Assistant Student Dietitian Feb 2018 - Apr 2018 Keene State College Keene, NH • Confidently used the nutrition care process and collected anthropometrics, biochemical data, food and nutrition related history, client history and physical findings • Assessed patient's nutritional status, developed plans of care and evaluated outcomes using Nutrition Diagnosis Statements (PES and ADIME) • Accurately calculated nutrition prescriptions including calories, macronutrient and fluid needs • Provided appropriate nutritional education • Identified appropriate nutritional risk of patients and intervened based on established criteria such as the Nutrition Diagnostic Terminology

Wendy A. Labrecque

Objective: Participate as a contributing member in a team that will best utilize acquired skills, education, and experience in accounting.

Summary of Qualifications: Includes over 20 years in a wide variety of accounting and fiscal management capacities, involving:

- Extensive experience with the day-to-day accounting operations of a non-profit organization, encompassing skills and responsibilities for the oversight of multiple accounts, including ledger balancing and posting, AR/AP, collections and reconciliations, as well as budgetary planning, forecasting and adherence management, P & L analysis, cost containment, IRS tax (990), expense reporting, balance investments in subsidiaries with the corresponding companies' current year contributions/distributions and aviation flight tracking spreadsheets for IRS purposes.
- Producing operating statements and financial year/end reports, preparation and coordination of internal/external (IRS) and funding source audit processes (A133), in addition to experience with corporate consolidation, acquisitions and merger activities, and performing regular intra/inter- fiscal accounting break-downs and analysis of consolidated balance sheets for multiple corporate entities.
- Comprehensive knowledge and hands-on experience with grant administration, budgeting, and reporting/compliance requirements, managing up to 40 grants simultaneously.
- Familiarity with the following computer systems and applications: Windows XP, Microsoft Word 07, Excel 2010, Excel Pivot Tables, Access, PowerPoint, Solomon, Quicken, ADP Payroll, Peachtree, Yardi, People Soft, NVision and a variety of data management packages.
- As a team player, providing substantial input into problem solving and quality assurance activities.
- Additional skills and experience: effective interpersonal and communications skills; coordination of volunteer-based programs, including supervision, training and task assignment responsibilities for up to 20 volunteers.

Employment History:

EASTER SEALS OF NEW HAMPSHIRE , Manchester, NH	
March 2013 – August 2014	Sr. Accountant
RJ FINLAY MANAGEMENT , Nashua, NH	
2008 – 2013	Accountant
CHARTER TRUST COMPANY , Concord, NH	
2005 – 2008	Financial Assistant
EASTER SEALS OF NEW HAMPSHIRE , Manchester, NH	
1984-2005	Held various positions from Accounting Clerk to Sr. Accountant

Accomplishments: *Recognized for outstanding job performance and presented: The Carousel of Accomplishment/ President's Meritorious Service Award.*

Community/ Volunteer Service: EASTER SEALS TELETHON PLEDGE CENTER COORDINATOR BIG BROTHERS / BIG SISTERS

Education: **NEW HAMPSHIRE COLLEGE** **Economics / Accounting 1 & 2**
Manchester, NH **Managerial Accounting Program**

GOFFSTOWN HIGH SCHOOL, Goffstown, NH **Diploma**

Continuing Ed.: *Attended numerous employer sponsored courses, programs and seminars, including: Managing Multiple Priorities, Customer Services, Budgeting Principles, Computer Applications: Excel07, Microsoft Word 07 etc.*

References: Excellent professional and personal references are available and will be furnished upon request.

BROOKE CORMIER

PROFESSIONAL SUMMARY

Results-driven and detail-oriented professional in special medical services and behavioral health medical billing with extensive experience in administrative support. Highly adaptable and skilled communication specialist with extensive experience in planning, organizing and scheduling logistics.

AREAS OF EXPERTISE

- | | | |
|------------------------|-------------------------|--------------------------|
| ✓ AthenaOne Scheduling | ✓ Interagency Data | ✓ Administrative Team |
| ✓ Patient Registration | ✓ Reporting | ✓ Collaboration |
| ✓ Medical Record | ✓ AthenaOne Claim | ✓ Patient Encounter |
| ✓ Management | ✓ Creation | ✓ Tracking |
| ✓ Encounter Billing | ✓ Relationship Building | ✓ Insurance Verification |
| ✓ Submission | | |

PROFESSIONAL EXPERIENCE

Billing and Reimbursement Specialist, Amoskeag Health Special Medical Programs, NH | October 2022 – Present

Provide administrative and billing support to the Nutrition, Feeding, and Swallowing program, ensuring efficient service delivery and reimbursement for children with nutritional and feeding challenges. Responsibilities include managing patient records, investigating insurance coverage, submitting billing, and collaborating with both internal and external teams to ensure timely delivery of high-quality services while increasing insurance reimbursements.

- Enter and maintain patient information, manage billing processes, and track visit utilization. Collaborate with providers and external entities to ensure proper documentation, service billing, and denial management.

Special Projects Director, Alnoba/Pinnacle Leadership & Team Development, Kensington, NH | January 2020 – March 2022

Supported the General Manager of Operations of Alnoba and Pinnacle Leadership Program Managers in coordinating leadership training logistics across 11 facilities, 600 acres of trails and 3 aerial ropes courses. Managed all aspects of event booking, billing, contract creation and updates. Responsibilities included ensuring smooth execution of weekly trainings and handling special requests to meet client needs and ensure safety.

- Managed and enhanced the outdoor programs offered at Alnoba. Supervised the recruitment, training, and management of the 25 person volunteer docent team to provide engaging and informative tours, ensuring seamless execution of the programs and tours.

PROFESSIONAL REFERENCES

Sue Ford, Waypoint (Richie McFarland Clinical Program Director) [REDACTED]

Bruce Cilley, General Manager Kensington NH Operations Pinnacle Leadership [REDACTED]

Elizabeth (Betsy) Burtis

PROVEN LEADERSHIP

Results-oriented leader with an established record of building and nurturing strong teams and cross-disciplinary relationships. Creative and innovative thinker adept at managing projects from initiation to completion. Highly skilled in the design and implementation of new systems and processes and managing change efforts to promote organizational effectiveness and efficiency. Resourceful and persuasive self-starter with unquestioned integrity, enthusiasm, excellent judgment and the conviction to act decisively.

AREAS OF EXCELLENCE

Leadership Development & Coaching . . . Collaborative & Strengths-Based Supervision . . . Planning & Project Management
Organizational and Individual Goal Alignment . . . Facilitation, Teaching and Training . . . Innovative Program Design

PROFESSIONAL EXPERIENCE

AMOSKEAG HEALTH, Manchester, New Hampshire

Chief Operating Officer – July 2019 – current

Served in a senior management position leading Advancement, Operations, Special Medical Programs, Behavioral Health, Social Services, and Strategic Initiatives for a 17,000 patient Federally Qualified Health Center. Partners with five department directors to guide the development, staff supervision, budget management, and evaluation of programs providing case management, behavioral health, health equity, school-based services, call center, interpretation, facilities, and medical records to a diverse patient population. Establishes and maintains relationships with community partners and funders.

Key Contributions:

- Established quality and productivity standards for behavioral health and social services.
- Developed and oversaw the organization's strategic planning process with the Director of Strategic Initiatives.
- Provided cross-functional leadership to organizational initiatives such as DEI, team huddles, new employee orientation, and leadership onboarding.
- Oversaw the identification, acquisition, and management of federal, state, city, and private philanthropic foundation grants.
- Identified a variety of billable care coordination and quality-related services that captured missed revenue.
- Designed and stewarded the rollout of a pilot Local Care Management process with Medicaid Managed Care Organizations.
- Led implementation, coordination and sustainability efforts for the Medicaid 1115 Waiver Program.
- Selected by Association of Clinicians for the Underserved to serve on the national Justice, Equity, Diversity and Inclusion (JEDI) committee.

Practice Transformation Project Manager – January 2019 – June 2019

Responsible for the development of organizational processes and systems to support behavioral health and primary care integration under the New Hampshire Delivery System Reform Incentive Payment (DSRIP) / Medicaid 1115 Waiver Program. Ensured completion of required activities for the Integrated Delivery Network (IDN) project plan.

AMERICAN RED CROSS, Concord, New Hampshire

Program Manager, Nurse Assistant Training – May 2017 – December 2018

Direct a team of twenty clinical instructors and administrative staff in the provision of high-quality nurse assistant education throughout the states of New Hampshire and Vermont. Market program and establish collaborations with employers and workforce development groups to meet the critical shortage of nursing assistants in the area.

Key Contributions:

- Secured five new contracts and partnerships with hospitals, long-term care facilities and high schools.
- Initiated organization-wide process improvement team for customer tracking procedures in Salesforce.
- Scored 95% manager effectiveness in employee engagement survey, exceeding organizational benchmark by seven points.
- Executed the successful recertification process with state boards of nursing and departments of education.
- Completed People Management Development Program (leadership development) curriculum.

MANCHESTER COMMUNITY COLLEGE, Manchester, New Hampshire

Adjunct Faculty – March 2016 – June 2019

Teaching classroom-based, online and hybrid first year seminar course to new students. Developed course content and activities to support first-year student success and retention. Competency in building and maintaining coursework online learning software.



ASCENTRIA CARE ALLIANCE, Concord, New Hampshire

Organizational Learning & Development Manager - December 2015 – May 2017

Generated new program for staff and organizational development for a 1300+ employee, multi-state nonprofit human services agency.

Key Contributions:

- Developed first organizational training plan to meet accreditation criteria for Council on Accreditation.
- Collaborated with senior leadership to design the first employee engagement survey and developed action plan for follow up on results.
- Created annual mandatory education process to address safety and compliance training gaps and meet accreditation standards.
- Adopted and implemented an e-learning system for all employees.
- Designed and delivered leadership training sessions.

Program Manager, Health Profession Opportunity Project - 2011 to 2015

Built new federally funded healthcare workforce development program from the ground up. Led team of ten professionals in identifying, motivating, training and placing low-income, motivated individuals into health careers.

Key Contributions:

- Managed five-year \$1.9 million federally funded grant and came in under budget each year.
- Directed employment program producing 88% job placement rate.
- Collaborated with State and Federal entities in administration of the federal grant: NH Office of Health Equity, US Department of Labor, NH Workforce Investment Board.
- Analyzed labor market information and trends to guide students in career choices and fill community healthcare employer needs.
- Identified marketing and recruitment opportunities and performed outreach to potential students and employers.

TRAINING CONSULTANT, Self-Employed, Derry, New Hampshire

Independent Consultant - 2009 to 2011

Partnered with organizations and workplaces to impact positive change.

- New Hampshire Technical Institute, Concord, NH - delivered job search strategies and customer service workshops.
- New Hampshire Humanities Council, Concord, NH – facilitated ongoing community conversations about New Hampshire and immigration utilizing the Civic Reflections model of literature based civic dialogues.
- Tufts Medical Center Residency Program, Boston, MA – led cultural effectiveness workshops for new resident orientation.
- Caritas Norwood Hospital, Norwood, MA – consulted with Quality Management to design programming aimed at improving interdisciplinary teamwork and communication.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, Nashua, New Hampshire

Manager, Training and Development, 2002-2009

Designed and delivered comprehensive training and development programs across a 2000+ employee health system. Served as instructional designer, consultant, coach, and facilitator to senior leadership, departments, teams, and committees on topics such as leadership impact, conflict resolution, alignment with strategic organizational goals, effective communication and process improvement. Guided the organizational Cultural Effectiveness, Domestic Violence and Service Recovery Teams.

Key Contributions:

- Increased employee participation at in-house training programs by 30% annually.
- Improved training results and accountability by implementing post-training action plan and follow-up process.
- Implemented and managed annual safety education program resulting in 100% employee participation, exceeding the Joint Commission's requirements for compliance.
- Devised and delivered Process Improvement Studio Course, a hands-on series in which employees applied tools and techniques such as flowcharting, data collection and analysis, lean processes, and root cause analyses to processes in their own departments.
- Created and managed annual Quality Fair to celebrate and inspire broader interest in process improvement. Entries required to show results impacting organizational core values. Approximately 20 entries and 400 visitors each year.

Associate Director, Foundation Medical Partners, 2001-2002

Managed four family practice sites, analyzed and supervised operations of Institute for Health and Wellness (an integrated holistic health center), developed leadership development programs, recruited physicians, and served as project manager for electronic medical record selection process.

Practice Manager, Foundation Medical Partners, 2000-2001

Managed operations for three behavioral health practices. Selected, hired, and led 25 clinical and administrative staff. Developed and administered budgets. Planned and executed merger of two practices, which reduced overhead expenses and allowed the operation to provide a wider range of clinical services.



CENTER FOR LIFE MANAGEMENT, Derry, New Hampshire

Director, Adult Outpatient Program, 1997-2000

Promoted to this position to oversee operations for community behavioral health center serving adults and children. Selected, hired, and led a team of 15 clinical and administrative staff in three sites.

Site Administrator, 1995-1997 & Office Manager, 1994-1995

Directed administrative functions and managed facilities for two outpatient clinics; managed seven administrative staff. Enhanced patient co-pay collections, initiated patient intake and insurance verification process.

EARLY CAREER, CURRY COLLEGE

Higher education administrator managing student-housing program in progressive roles. Supervised professional and student staff, led judicial affairs program, taught first year seminar. Handpicked by senior leadership to head a student retention project.

EDUCATION

LINKAGE INCORPORATED, DEPAUL UNIVERSITY | *Certificate in Organizational Development*

THE UNIVERSITY OF VERMONT | *Master of Education, Higher Education Administration*

BOSTON UNIVERSITY | *Bachelor of Arts, History*

SELECTED TRAINING & CERTIFICATIONS

CORPORATION FOR POSITIVE CHANGE | *Foundations of Appreciative Inquiry (4 days)*

INTERACTION INSTITUTE FOR SOCIAL CHANGE | *The Masterful Trainer (2 days), Essential Facilitation (3 days), Facilitative Leadership (2 days)*

AHA! PROCESS, INC. | *Bridges Out of Poverty (2 days)*

Key Personnel

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Julie Smith	CDC Clinic Coordinator	\$33,966	\$16,983
Gregory Prazar	Developmental Pediatrician	\$22,071	\$11,035
Mary Ellen Ryan	Nurse Practitioner	\$28,092	\$14,046
Patricia McLean	Nurse Care Coordinator	\$50,253	\$25,126
Linda Bergeron Hansen	CDC Clinic Coordinator	\$37,440	\$18,720
Kristin Logan	Nurse Practitioner	\$25,055	\$2,891
Kelly Unger	CCN Coordinator	\$71,074	35,537
Anna Hutton	Neuropsychologist	\$32,273	\$16,136
Kirsten McGhee	Neuropsychologist	\$34,174	\$17,087
Jan McGonagle	Developmental Pediatrician	\$191,174	\$95,587
Sarah Belhumeur	Referral Coordinator	\$61,964	\$15,491
Wendy Labrecque	Accountant	\$61,269	\$8,616
Brooke Cormier	Billing Specialist	\$40,981	\$13,660
Betsy Burtis	Chief Operating Officer	\$167,170	\$10,448