



Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

19 GPC

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF PUBLIC HEALTH SERVICES***

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July 14, 2022

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a contract with Amoskeag Health (VC#157274), Manchester, NH, in the amount of \$1,010,000, to provide primary care health clinics and mental health services in school base settings, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through June 30, 2023. 100% Federal Funds.

Funds are available in the following account for State Fiscal Year 2023, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

**05-95-90-903510-24680000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, DIVISION OF PUBLIC HEALTH, PUBLIC HEALTH CRISIS RSP-ARP**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90027508	\$1,010,000
			<b>Total</b>	<b>\$1,010,000</b>

**EXPLANATION**

The purpose of this request is to establish school-based primary care and mental health services. These services will be provided in partnership with the local school district and services will be provided to students on a voluntary basis and only after consent is obtained by the student's parent or guardian. Criminal background checks, Bureau of Elderly and Adult Services State Registry Check and Division for Children Youth and Families Central Registry Check will occur prior to any of the Contractor's staff working within a school-based setting.

Since the start of the COVID-19 pandemic, there has been an increased need for both health and behavioral health services for New Hampshire's K-12 students. Many students missed crucial well child visits and immunizations, and many have developed increased symptoms of anxiety and depression.

The Contractor, who is already contracted with the Department for the Maternal & Child Health Care in the Integrated Primary Care setting has been providing pediatric care services since 1993 and Behavioral Health services since 2011. The Contractor started providing School based services in collaboration with the Manchester school district in 2012 using the "Community Schools Model". This model promotes collaboration between schools and the community to help increase family and neighborhood engagement and also to help youth development and improve student success. With this new funding, the Contractor has proposed to expand and improve behavioral health and physical health services at existing and new school based sites within the Manchester School District, with the goals of improving behavioral and emotional health, increasing access to healthcare and other needed services as well as, improving academic performance.

The Contractor will use the funds provided to launch a pilot medical telehealth service for acute care in partnership with the school nurses in two (2) Manchester elementary schools. The goal is to assist the school nurses in assessing acute medical needs and determining a course of action. The Contractor also has a long history of community collaborations with other stakeholders and community partners in the Manchester area. The program will link students and their families with appropriate resources in the community, as needed.

The Department will monitor the Contractors services by ensuring:

- Completion of the quarterly Performance Measures Table. Measures include:
  - Total number of unduplicated students served.
  - Total number of physical health services provided.
  - Total number of behavioral health services provided.
  - Total number of preventative health screenings.
  - Total number of depression screenings.
  - Total number of anxiety screenings.
  - Total number and types of REFFERRALS (Outgoing referrals from the School based health center (SHC) that are beyond the capacity of SHC services offered).
  - What are the top four diagnoses seen in the SHC? (Examples: UTI, Anxiety Disorder, etc.).
- Completion of the biannually Work Plan.
- Receipt of other key data metrics, including client-level demographic, performance, and service data, as requested by the Department.

The Department selected the Contractor through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 26, 2022 through May 24, 2022. The Department received one (1) response that was reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.


Should the Governor and Council not authorize this request, the Department would not be able to provide access to school based health clinics for primary care and mental health services which are vital to students K-12 overall health.

Area served: Manchester and Greater Manchester Area

Source of Federal Funds: Assistance Listing Number #93.354, FAIN # NU90TP922144

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

Respectfully submitted,

  
For Lori A. Shibinette  
Commissioner

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

Project ID # RFA-2023-DPHS-03-SCHOO

Project Title School Based Health Services

	Maximum Points Available	Amoskeag Health
<b>Technical</b>		
Ability (Q1)	50	45
Experience (Q2)	50	43
<b>TOTAL POINTS</b>	<b>100</b>	<b>88</b>

**Reviewer Name**

1	Erica Tenney
2	Lisa Storez
3	Rhonda Siegel
4	Shari Campbell

**Title**

Program Specialist III
Public Health Nurse Consultant
Administrator III
Program Specialist III

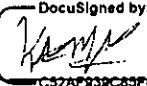
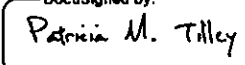
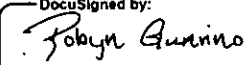
Subject: MCH and Primary Care School Base Setting (RFA-2023-DPHS-03-SCHOO-01)

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

**AGREEMENT**

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

**GENERAL PROVISIONS****1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Amoskeag Health		1.4 Contractor Address 145 Hollis Street Manchester, NH 03101	
1.5 Contractor Phone Number (603) 935-5210	1.6 Account Number 095-90-903510-2468	1.7 Completion Date 6/30/2023	1.8 Price Limitation \$1,010,000
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 7/13/2022		1.12 Name and Title of Contractor Signatory Kris McCracken President/CEO	
1.13 State Agency Signature DocuSigned by:  Date: 7/20/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 7/21/2022			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

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

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

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

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

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

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

**7. PERSONNEL.**

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

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

## 8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

## 9. TERMINATION.

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

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

## 10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

## 12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### **14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

#### **15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

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

**18. CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

**19. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

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

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

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

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



**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT A**

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**Revisions to Standard Agreement Provisions**

**1. Revisions to Form P-37, General Provisions**

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

3.3. The parties may extend the Agreement for up two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor shall provide school-based physical and/or behavioral health services in a K-12 school setting. The Contractor shall:
  - 1.1.1. Obtain written consent from student's parent(s) or legal guardian(s) on a form approved by the Department, prior to providing any physical and/or behavioral health services. Services include, but are not limited to:
    - 1.1.1.1. A preventive health exam or well-child exam to thoroughly review the student's general well-being.
    - 1.1.1.2. A complete physical examination with recommendations concerning the student's health.
    - 1.1.1.3. An acute care visit focused on the student's new or existing health problem(s). Some examples include, but are not limited to:
      - 1.1.1.3.1. BMI assessment with nutrition education and physical activity counseling.
      - 1.1.1.3.2. Immunization administration.
      - 1.1.1.3.3. Health education/training on diabetes and/or asthma.
      - 1.1.1.3.4. Urgent sickness/illness visits for triage and/or first aid.
      - 1.1.1.3.5. Medication management and education.
- 1.2. The Contractor shall provide behavioral health services within the school setting. Services must be performed by a behavioral health clinical and are to involve the treatment, diagnosis, or care of a student K-12 experiencing behavioral health concerns. Services include, but are not limited to:
  - 1.2.1. Depression/anxiety screening.
  - 1.2.2. Individual counseling.
  - 1.2.3. Group counseling.
  - 1.2.4. Crisis intervention/stabilization.
- 1.3. The Contractor shall increase collaboration between community service providers in order to increase successful referrals for students needing services outside of the school-based health center, which include, but are not limited to:
  - 1.3.1. Family resource centers.
  - 1.3.2. Community health centers.

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7/13/2022

**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT B**

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- 1.3.3. Primary care.
- 1.3.4. Community organizations servicing youth.
- 1.4. The Contractor shall increase screenings for Social Determinants of Health (SDOH) needs and provide referrals. SDOH include, but are not limited to:
  - 1.4.1. Economic Stability.
  - 1.4.2. Health Care Access and Quality.
  - 1.4.3. Education Access and Quality.
  - 1.4.4. Neighborhood and Build Environment.
  - 1.4.5. Social and Community Context.
- 1.5. The Contractor shall ensure access to services related to either physical or behavioral health, including services related to the emotional and financial impacts of COVID-19 on children and/or families.
- 1.6. The Contractor shall ensure all professional medical staff have applicable licensing and credentials.
- 1.7. The Contractor shall obtain, at expense of the Contractor or its subcontractor(s), a Criminal Background Check as required by State Law. The Contractor shall authorize the Department to conduct a Bureau of Elderly and Adults (BEAS) State Registry check and a Division for Children Youth and Families (DCYF) Central Registry check, as applicable, at no cost to the Contractor. The BEAS State Registry check and DCYF Central Registry check provide confidential results, which shall be returned directly to the Department.
- 1.8. The Contractor shall ensure that all employees and subcontractors providing direct services to individuals under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement.
- 1.9. The Contractor shall not commence services prior to the Department's receipt and verification of all required documentation referenced in 1.7.
- 1.10. Reporting
  - 1.10.1. The Contractor shall submit quarterly reports to the Department's Maternal Child Health (MCH) utilizing the Performance Measures Table, which is attached as Appendix F.
  - 1.10.2. The Contractor shall develop and submit a high-level Work Plan in a format approved by the Department, which is attached as Appendix G, and no greater than three (3) pages in length, biannually (August 1, 2022 and February 1, 2023) to the Department for approval.
    - 1.10.2.1. In year one (1), the Contractor shall submit a Work Plan to

**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT B**

the Department within thirty (30) days of the Contract Effective Date. Annual Work Plans must include, but are not limited to:

- 1.10.2.1.1. Campaign objectives.
- 1.10.2.1.2. Fiscal reports specific to this supplemental funding award, activities, and outcomes for each State Fiscal Year of the Contract.

1.10.3. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

**1.11. Performance Measures**

1.11.1. The Department will monitor Contractor performance by ensuring that the Contractor captures data elements indicated on the Performance Measures Table, which is attached as Appendix F, and report the data to the Department, as referenced in 1.10.1.

**2. Exhibits Incorporated**

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

**3. Additional Terms**

**3.1. Impacts Resulting from Court Orders or Legislative Changes**

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

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

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7/13/2022

**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT B**

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- 3.2.1. The Contractor shall submit, within ten (10) 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.
- 3.3. Credits and Copyright Ownership
  - 3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall 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."
  - 3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.
  - 3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
    - 3.3.3.1. Brochures.
    - 3.3.3.2. Resource directories.
    - 3.3.3.3. Protocols or guidelines.
    - 3.3.3.4. Posters.
    - 3.3.3.5. Reports.
  - 3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

**4. Records**

- 4.1. The Contractor shall keep records that include, but are not limited to:
  - 4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such

**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT B**

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costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

- 4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall 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.

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

- 4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall 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) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT C**

**Payment Terms**

1. This Agreement is funded by:
  - 1.1. 100% Federal funds, Public Health Crisis Response, as awarded on May 18, 2021, by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA 93.354, FAIN # NU90TP922144.
2. For the purposes of this Agreement the Department has identified:
  - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
  - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
  - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
  - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
  - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to [DPHSCContractBilling@dhhs.nh.gov](mailto:DPHSCContractBilling@dhhs.nh.gov) or mailed to:  
  
Financial Manager  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

DS  


**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT C**

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
  - 8.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
    - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
    - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
    - 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
  - 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
  - 8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract



**New Hampshire Department of Health and Human Services  
MCH and Primary Care School Base Setting**

**EXHIBIT C**

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to which exception has been taken, or which have been disallowed  
because of such an exception.

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name: <u>Amoskeag Health</u>	
Budget Request for: <u>MCH and Primary Care School Base Setting</u>	
Budget Period <u>September 1, 2022 - June 30, 2023 (SFY 2023)</u>	
Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$556,457
2. Fringe Benefits	\$131,880
3. Consultants	\$0
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>	\$0
5.(a) Supplies - Educational	\$30,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$703
5.(e) Supplies Office	\$59,660
6. Travel	\$1,875
7. Software	\$44,306
8. (a) Other - Marketing/Communications	\$6,240
8. (b) Other - Education and Training	\$28,800
8. (c) Other - Other (specify below)	
Other - Interpretation	\$56,160
Other - Employee Health	\$2,100
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
<b>Total Direct Costs</b>	<b>\$918,182</b>
<b>Total Indirect Costs</b>	<b>\$91,818</b>
<b>TOTAL</b>	<b>\$1,010,000</b>



7/13/2022



**New Hampshire Department of Health and Human Services  
Exhibit D**

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

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

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

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

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

New Hampshire Department of Health and Human Services  
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
    - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

A handwritten signature in black ink, appearing to read "Kris McCracken", written over a horizontal line.

Name: KRIS McCracken

Title: President/CEO



New Hampshire Department of Health and Human Services  
Exhibit E

**CERTIFICATION REGARDING LOBBYING**

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

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

Programs (indicate applicable program covered):

- \*Temporary Assistance to Needy Families under Title IV-A
- \*Child Support Enforcement Program under Title IV-D
- \*Social Services Block Grant Program under Title XX
- \*Medicaid Program under Title XIX
- \*Community Services Block Grant under Title VI
- \*Child Care Development Block Grant under Title IV

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: KRIS McCracken

Title: President/CEO

Exhibit E – Certification Regarding Lobbying

Vendor Initials

7/13/2022

Date

**New Hampshire Department of Health and Human Services**  
**Exhibit F**



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION**  
**AND OTHER RESPONSIBILITY MATTERS**

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

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

DS



**New Hampshire Department of Health and Human Services  
Exhibit F**

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

**PRIMARY COVERED TRANSACTIONS**

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

**LOWER TIER COVERED TRANSACTIONS**

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
  - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: K. F. S. McCracken

Title: President/CEO

Contractor Initials

Date 7/13/2022

New Hampshire Department of Health and Human Services  
Exhibit G



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO  
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND  
WHISTLEBLOWER PROTECTIONS**

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

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

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

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

Exhibit G

Contractor Initials

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

6/27/14  
Rev. 10/21/14

Page 1 of 2

7/13/2022  
Date



New Hampshire Department of Health and Human Services  
Exhibit G



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

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

- I. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: KRIS McCracken

Title: President/CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations  
and Whistleblower protections

Contractor Initials   
Date 7/13/2022

New Hampshire Department of Health and Human Services  
Exhibit H



**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

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

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

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

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

A handwritten signature in black ink, appearing to read "Kris McCracken", written over a horizontal line.

Name: KRIS McCracken

Title: President/CEO



## New Hampshire Department of Health and Human Services

## Exhibit I

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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Exhibit I  
Health Insurance Portability Act  
Business Associate Agreement  
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## New Hampshire Department of Health and Human Services

## Exhibit I

- I. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

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

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
  - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall not disclose the PHI.



## New Hampshire Department of Health and Human Services

## Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - o The unauthorized person used the protected health information or to whom the disclosure was made;
  - o Whether the protected health information was actually acquired or viewed
  - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



## New Hampshire Department of Health and Human Services

## Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



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## Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

**(4) Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

**(5) Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

**(6) Miscellaneous**

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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## New Hampshire Department of Health and Human Services

## Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State by:

Patricia M. Tilley

Signature of Authorized Representative

Patricia M. Tilley

Name of Authorized Representative  
Director

Title of Authorized Representative

7/20/2022

Date

Amoskeag Health

Name of the Contractor

Kris McCracken

Signature of Authorized Representative

Kris McCracken

Name of Authorized Representative

President/CEO

Title of Authorized Representative

7/13/2022

Date



**New Hampshire Department of Health and Human Services  
Exhibit J**



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY  
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

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

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (UEI #)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

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

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

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: Kris McCracken

Title: President/CEO



**New Hampshire Department of Health and Human Services  
Exhibit J**

**FORM A.**

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

1. The UEI (SAM.gov) number for your entity is: PJE7C4T4PEB8
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

    X     NO                      YES

**If the answer to #2 above is NO, stop here**

**If the answer to #2 above is YES, please answer the following:**

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

           NO            X            YES

**If the answer to #3 above is YES, stop here**

**If the answer to #3 above is NO, please answer the following:**

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

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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**DHHS Information Security Requirements**



mail; all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

**I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR**

**A. Business Use and Disclosure of Confidential Information.**

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

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DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

## II. METHODS OF SECURE TRANSMISSION OF DATA

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

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DHHS Information Security Requirements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

**III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS**

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

**A. Retention**

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

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**New Hampshire Department of Health and Human Services**

**Exhibit K**

**DHHS Information Security Requirements**



whole, must have aggressive intrusion-detection and firewall protection.

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

**B. Disposition**

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

**IV. PROCEDURES FOR SECURITY**

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
  1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
  2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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**Exhibit K**

**DHHS Information Security Requirements**



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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**New Hampshire Department of Health and Human Services**

**Exhibit K**

**DHHS Information Security Requirements**



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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
  - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
  - b. safeguard this information at all times.
  - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
  - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

**New Hampshire Department of Health and Human Services**

**Exhibit K**

**DHHS Information Security Requirements**



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

**V. LOSS REPORTING**

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

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

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

**New Hampshire Department of Health and Human Services**

**Exhibit K**

**DHHS Information Security Requirements**



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

**VI. PERSONS TO CONTACT**

**A. DHHS Privacy Officer:**

DHHSPrivacyOfficer@dhhs.nh.gov

**B. DHHS Security Officer:**

DHHSInformationSecurityOffice@dhhs.nh.gov

# State of New Hampshire

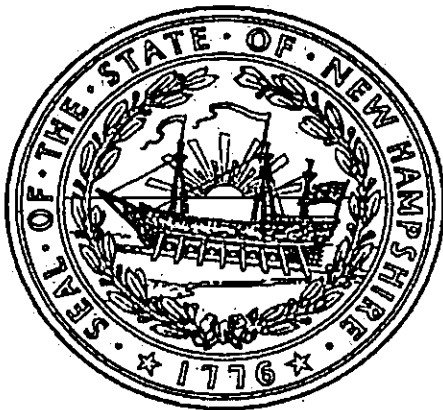
## Department of State

### 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: 0005780173



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 19th day of May A.D. 2022.

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, David Crespo, 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  
(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 July 6th, 2022, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

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

is duly authorized on behalf of Amoskeag Health to enter into contracts or agreements with the State  
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to 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: 07/06/2022  
Signature of Elected Officer  
  
Name: David Crespo  
Title: Secretary



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/08/2022

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

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

<b>PRODUCER</b> Optisure Risk Partner, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	<b>CONTACT NAME:</b> Jen Paquin <b>PHONE (A/C, No, Ext):</b> (603) 647-0800 <b>FAX (A/C, No):</b> (603) 647-0330 <b>E-MAIL ADDRESS:</b> Jen.paquin@optisure.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Selective Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Comp-SIGMA Ltd</td> <td></td> </tr> <tr> <td>INSURER C: Hanover Professionals Direct</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Selective Insurance Company		INSURER B: Comp-SIGMA Ltd		INSURER C: Hanover Professionals Direct		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Selective Insurance Company															
INSURER B: Comp-SIGMA Ltd															
INSURER C: Hanover Professionals Direct															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> AMOSKEAG HEALTH 145 HOLLIS ST MANCHESTER NH 03101-1235															

**COVERAGES**      **CERTIFICATE NUMBER:** CL2262317711      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			S 2438257	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2438257	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			S 2438257	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			HCHS20220000588	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	FTCA Gap Excess Prof Liability FTCA Gap Professional Liab			L3VA515491 & L3VD305375	07/01/2022	07/01/2023	Each Incident \$1,000,000 Aggregate \$3,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

State of NH Dept of Health & Human Services 129 Pleasant Street Concord NH 03301-3857	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**AMOSKEAG**  
**HEALTH**

## **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:

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



FINANCIAL STATEMENTS

June 30, 2021 and 2020

With Independent Auditor's Report





## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Amoskeag Health

We have audited the accompanying financial statements of Amoskeag Health, which comprise the balance sheets as of June 30, 2021 and 2020, and the related statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility 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; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors  
Amoskeag Health  
Page 2

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Amoskeag Health as of June 30, 2021 and 2020, 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.

### Change in Accounting Principle

As discussed in Note 1 to the financial statements, during the year ended June 30, 2021, Amoskeag Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

*Berry Dunn McNeil & Parker, LLC*

Portland, Maine  
November 2, 2021

**AMOSKEAG HEALTH****Balance Sheets****June 30, 2021 and 2020****ASSETS**

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 4,731,957	\$ 3,848,925
Patient accounts receivable	1,806,238	1,650,543
Grants and other receivables	880,300	985,801
Other current assets	<u>300,180</u>	<u>114,920</u>
Total current assets	7,718,675	6,600,189
Property and equipment, net	<u>4,152,995</u>	<u>4,249,451</u>
Total assets	<u><u>\$11,871,670</u></u>	<u><u>\$10,849,640</u></u>

**LIABILITIES AND NET ASSETS**

Current liabilities		
Line of credit	\$ -	\$ 450,000
Accounts payable and accrued expenses	754,413	526,311
Accrued payroll and related expenses	1,723,122	1,473,665
Paycheck Protection Program refundable advance	-	1,467,800
Current maturities of long-term debt	<u>52,072</u>	<u>42,505</u>
Total current liabilities	2,529,607	3,960,281
Long-term debt, less current maturities	<u>1,503,059</u>	<u>1,556,661</u>
Total liabilities	<u>4,032,666</u>	<u>5,516,942</u>
Net assets		
Without donor restrictions	7,054,282	4,711,819
With donor restrictions	<u>784,722</u>	<u>620,879</u>
Total net assets	<u>7,839,004</u>	<u>5,332,698</u>
Total liabilities and net assets	<u><u>\$11,871,670</u></u>	<u><u>\$10,849,640</u></u>

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

**AMOSKEAG HEALTH****Statements of Operations****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Operating revenue		
Net patient service revenue	\$11,123,864	\$10,792,094
Grants, contracts and support	9,926,932	8,334,383
Paycheck Protection Program loan forgiveness	1,467,800	-
Other operating revenue	110,480	264,523
Net assets released from restriction for operations	<u>1,026,327</u>	<u>1,014,296</u>
Total operating revenue	<u>23,655,403</u>	<u>20,405,296</u>
Operating expenses		
Salaries and wages	13,238,880	12,918,995
Employee benefits	2,551,855	2,423,466
Program supplies	536,720	519,960
Contracted services	2,724,436	2,211,397
Occupancy	829,588	725,333
Other	868,512	789,982
Depreciation and amortization	500,368	426,791
Interest	<u>62,581</u>	<u>86,838</u>
Total operating expenses	<u>21,312,940</u>	<u>20,102,762</u>
Excess of revenue over expenses and increase in net assets without donor restrictions	<u>\$ 2,342,463</u>	<u>\$ 302,534</u>

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

# AMOSKEAG HEALTH

## Statements of Functional Expenses

Years Ended June 30, 2021 and 2020

	2021											
	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	\$ 1,443,105	\$ 572,404	\$ 2,179,922	\$ 69,028	\$ 5,916,509	\$ 832,105	\$ 275,664	\$11,288,737	\$ 132,793	\$ 165,591	\$ 1,651,759	\$13,238,880
Employee benefits	279,237	115,773	463,013	17,219	1,018,387	149,979	57,331	2,100,939	23,902	31,089	395,925	2,551,855
Program supplies	1,030	2,259	46,502	181,901	253,478	10,685	28,469	524,324	110	6,004	6,282	536,720
Contracted services	206,814	280,152	122,384	311,761	762,194	347,396	351,447	2,382,148	-	16,018	326,270	2,724,436
Occupancy	105,110	14,372	92,022	3,700	587,893	100,856	-	903,953	(530,075)	14,926	440,784	829,588
Other	78,320	8,310	68,944	-	160,715	18,080	20,064	354,433	72,395	39,600	402,084	868,512
Depreciation and amortization	566	-	14,276	-	95,931	569	1,573	112,915	242,975	504	143,974	500,368
Interest	-	-	-	-	-	-	-	-	58,146	-	4,435	62,581
Total	<u>\$ 2,114,182</u>	<u>\$ 993,270</u>	<u>\$ 2,987,063</u>	<u>\$ 583,609</u>	<u>\$ 8,795,107</u>	<u>\$ 1,459,670</u>	<u>\$ 734,548</u>	<u>\$17,667,449</u>	<u>\$ 246</u>	<u>\$ 273,732</u>	<u>\$ 3,371,513</u>	<u>\$21,312,940</u>

	2020											
	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	\$ 1,718,516	\$ 526,822	\$ 1,927,974	\$ 79,500	\$ 5,631,705	\$ 842,162	\$ 236,825	\$10,963,504	\$ 125,802	\$ 158,008	\$ 1,671,681	\$12,918,995
Employee benefits	323,122	98,862	360,012	14,705	984,467	154,645	42,814	1,978,627	23,506	28,852	392,481	2,423,466
Program supplies	1,308	2,966	58,720	197,339	231,140	7,369	8,622	507,464	1,419	-	11,077	519,960
Contracted services	152,425	265,070	197,932	338,328	474,948	361,030	166,451	1,956,184	14,136	14,036	227,041	2,211,397
Occupancy	114,192	15,814	99,973	4,020	635,524	109,571	-	979,094	(524,235)	16,216	254,258	725,333
Other	69,816	5,692	87,212	435	101,999	20,137	42,731	328,022	55,165	22,673	384,122	789,982
Depreciation and amortization	205	-	11,358	-	50,809	569	1,224	64,165	241,318	462	120,846	426,791
Interest	-	-	-	-	-	-	-	-	62,889	-	23,949	86,838
Total	<u>\$ 2,379,584</u>	<u>\$ 915,226</u>	<u>\$ 2,743,181</u>	<u>\$ 634,327</u>	<u>\$ 8,110,592</u>	<u>\$ 1,495,483</u>	<u>\$ 498,667</u>	<u>\$16,777,060</u>	<u>\$ -</u>	<u>\$ 240,247</u>	<u>\$ 3,085,455</u>	<u>\$20,102,762</u>

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

**AMOSKEAG HEALTH****Statements of Changes in Net Assets****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions		
Excess of revenue over expenses and increase in net assets without donor restrictions	\$ <u>2,342,463</u>	\$ <u>302,534</u>
Net assets with donor restrictions		
Contributions	1,190,170	1,028,655
Net assets released from restriction for operations	<u>(1,026,327)</u>	<u>(1,014,296)</u>
Increase in net assets with donor restrictions	<u>163,843</u>	<u>14,359</u>
Change in net assets	2,506,306	316,893
Net assets, beginning of year	<u>5,332,698</u>	<u>5,015,805</u>
Net assets, end of year	<u>\$ 7,839,004</u>	<u>\$ 5,332,698</u>

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

**AMOSKEAG HEALTH****Statements of Cash Flows****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ 2,506,306	\$ 316,893
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	500,368	426,791
Equity in loss from limited liability company	-	6,877
(Increase) decrease in the following assets		
Patient accounts receivable	(155,695)	240,140
Grants and other receivables	105,501	77,662
Other current assets	(185,260)	40,441
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	228,102	(50,312)
Accrued payroll and related expenses	249,457	262,775
Paycheck Protection Program refundable advance	<u>(1,467,800)</u>	<u>1,467,800</u>
Net cash provided by operating activities	<u>1,780,979</u>	<u>2,789,067</u>
Cash flows from investing activities		
Distribution from limited liability company	-	12,223
Capital expenditures	<u>(399,526)</u>	<u>(274,832)</u>
Net cash used by investing activities	<u>(399,526)</u>	<u>(262,609)</u>
Cash flows from financing activities		
Payments on line of credit	(450,000)	-
Payments on long-term debt	<u>(48,421)</u>	<u>(46,368)</u>
Net cash used by financing activities	<u>(498,421)</u>	<u>(46,368)</u>
Net increase in cash and cash equivalents	883,032	2,480,090
Cash and cash equivalents, beginning of year	<u>3,848,925</u>	<u>1,368,835</u>
Cash and cash equivalents, end of year	<u>\$ 4,731,957</u>	<u>\$ 3,848,925</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	<u>\$ 62,581</u>	<u>\$ 86,838</u>

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

## **AMOSKEAG HEALTH**

### **Notes to Financial Statements**

**June 30, 2021 and 2020**

#### **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, 2021 and 2020**

#### **COVID-19**

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the Center for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients. Medical and behavioral health patient visits were done through telehealth when appropriate.

The Organization received a loan in the amount of \$1,467,800 in April 2020 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act. The PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The Organization is following the conditional contribution model to account for the PPP and determined the conditions for forgiveness were substantially met during the year ended June 30, 2021. The Organization was notified in May 2021 the PPP was fully forgiven by the SBA.

The Organization received a loan in the amount of \$250,000 in July 2020 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, is interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor, at which time the loan is due in full. The Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Organization submitted an application to convert the Relief Loan to a grant during 2021, which was approved and recognized as revenue.

The CARES Act and the PPPHCE Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (HHS). During 2020, the Organization received PRF in the amount of \$214,172. The Organization incurred qualifying revenue losses and recognized the PRF in full during the year ended June 30, 2020.

#### **Cash and Cash Equivalents**

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

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

**AMOSKEAG HEALTH****Notes to Financial Statements****June 30, 2021 and 2020****Revenue Recognition and Patient Accounts Receivable**

The Organization has adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, organizations recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the organization expects to be entitled in exchange for those goods and services. Topic 606 also requires organizations to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization elected to adopt this ASU retrospectively with the cumulative effect recognized at the date of initial application; therefore, the financial statements and related notes have been presented accordingly.

The adoption of Topic 606 changed how implicit price concessions are presented in the financial statements. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as a provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts.

The impact of the adoption on the statement of operations for the year ended June 30, 2020 was as follows:

	As Originally <u>Reported</u>	Adjustments due to Topic 606 <u>Adoption</u>	Revised <u>Balance</u>
Patient service revenue	\$ 11,473,557	\$ (681,463)	\$ 10,792,094
Provision for bad debts	<u>(681,463)</u>	<u>681,463</u>	<u>-</u>
Net patient service revenue	<u>\$ 10,792,094</u>	<u>\$ -</u>	<u>\$ 10,792,094</u>

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 payors (including commercial insurers and governmental programs).

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for contract pharmacy services based on when the prescription is dispensed to the patient. The Organization's performance obligations are satisfied at a point in time.

## **AMOSKEAG HEALTH**

### **Notes to Financial Statements**

**June 30, 2021 and 2020**

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collect based on its collection history with those patients.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payor. 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 payor or group of payors will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. payor concentrations are disclosed in Note 7.

The Organization bills the patients and third-party payors several days after the services are performed. A summary of payment arrangements follows:

#### Medicare

The Organization is primarily reimbursed for medical and ancillary services based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

#### Medicaid and Other Payors

The Organization has also entered into payment agreements with Medicaid and 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, which may be less than the Organization's public fee schedule.

## **AMOSKEAG HEALTH**

### **Notes to Financial Statements**

**June 30, 2021 and 2020**

#### **Patients**

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity 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 free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to \$2,662,554 and \$2,432,740 for the years ended June 30, 2021 and 2020, respectively. The Organization is able to provide these services with a component of funds received through local community support and 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.

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.

**AMOSKEAG HEALTH****Notes to Financial Statements****June 30, 2021 and 2020****Patient Accounts Receivable**

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

	<u>2021</u>	<u>2020</u>
Medical and dental patient accounts receivable	\$ 1,710,630	\$ 1,532,554
Contract 340B pharmacy program receivables	<u>95,608</u>	<u>117,989</u>
Total patient accounts receivable	<u>\$ 1,806,238</u>	<u>\$ 1,650,543</u>

Accounts receivable at July 1, 2019 were \$1,890,683.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The accounts receivable from patients and third-party payors, net of contractual allowances, were as follows:

	<u>2021</u>	<u>2020</u>
Governmental plans		
Medicare	15 %	20 %
Medicaid	44 %	32 %
Commercial payors	19 %	31 %
Patient	<u>22 %</u>	<u>17 %</u>
Total	<u>100 %</u>	<u>100 %</u>

**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 of \$6,625,746 and \$5,557,242 that have not been recognized at June 30, 2021 and 2020, respectively, because qualifying expenditures have not yet been incurred. The Organization also has been awarded \$3,372,763 in cost-reimbursable grants with a project period beginning July 1, 2019.

The Organization receives a significant amount of grants from HHS. As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2021 and 2020, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 68% and 58%, respectively, of grants, contracts and support revenue.

## **AMOSKEAG HEALTH**

### **Notes to Financial Statements**

**June 30, 2021 and 2020**

#### **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 \$1,000.

#### **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 as net assets released from restriction.

#### **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.

#### **Reclassifications**

Donor restricted contributions of \$308,131 recorded as deferred revenue at June 30, 2020 were reclassified to contributions with donor restrictions for the year ended June 30, 2020 as it was determined there was no requirement to return the contributions. The reclassification resulted in an increase in the change in net asset of \$308,131 for the year ended June 30, 2020.

#### **Subsequent Events**

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 2, 2021, 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.

**AMOSKEAG HEALTH****Notes to Financial Statements****June 30, 2021 and 2020****2. Availability and Liquidity of Financial Assets**

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a \$1,000,000 line of credit (Note 4).

The Organization had working capital of \$5,189,068 and \$2,639,908 at June 30, 2021 and 2020, respectively. The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days. The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 83 and 71 at June 30, 2021 and 2020, respectively.

Financial assets available for general expenditure within one year were as follows:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 4,731,957	\$ 3,848,925
Patient accounts receivable	1,806,238	1,650,543
Grants and other receivables	<u>880,300</u>	<u>985,801</u>
Financial assets available	7,418,495	6,485,269
Less net assets with donor restrictions	<u>784,722</u>	<u>620,879</u>
Financial assets available for general expenditure	<u>\$ 6,633,773</u>	<u>\$ 5,864,390</u>

**3. Property and Equipment**

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

	<u>2021</u>	<u>2020</u>
Land	\$ 81,000	\$ 81,000
Building and leasehold improvements	5,330,228	5,165,754
Furniture and equipment	<u>2,590,248</u>	<u>2,355,196</u>
Total cost	8,001,476	7,601,950
Less accumulated depreciation	<u>3,848,481</u>	<u>3,352,499</u>
Property and equipment, net	<u>\$ 4,152,995</u>	<u>\$ 4,249,451</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.

**AMOSKEAG HEALTH****Notes to Financial Statements****June 30, 2021 and 2020****4. Line of Credit**

The Organization has a \$1,000,000 line of credit demand note with a local banking institution with interest at the LIBOR rate plus 2.75% (3.98% at June 30, 2021). The line of credit is collateralized by all assets. There was an outstanding balance on the line of credit of \$450,000 at June 30, 2020. There was no balance outstanding at June 30, 2021.

The Organization has a 30-day paydown requirement on the line of credit, which was met for the year ended June 30, 2021.

**5. Long-Term Debt**

Long-term debt consists of the following as of June 30:

	<u>2021</u>	<u>2020</u>
Note payable, with a local bank (see terms below)	\$ 1,555,131	\$ 1,598,648
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), paid in full in July 2020	<u>-</u>	<u>518</u>
Total long-term debt	1,555,131	1,599,166
Less current maturities	<u>52,072</u>	<u>42,505</u>
Long-term debt, less current maturities	<u>\$ 1,503,059</u>	<u>\$ 1,556,661</u>

The Organization has a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, for \$1,670,000 with NHHEFA 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.

Scheduled principal repayments of long-term debt for the next five years follows as of June 30:

2022	\$ 52,072
2023	49,455
2024	50,882
2025	52,602
2026	<u>1,350,120</u>
Total	<u>\$ 1,555,131</u>



**AMOSKEAG HEALTH****Notes to Financial Statements****June 30, 2021 and 2020**

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 in compliance with all loan covenants at June 30, 2021.

**6. Net Assets**

Net assets were as follows as of June 30:

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions		
Undesignated	\$ 6,552,445	\$ 4,209,982
Designated for working capital	<u>501,837</u>	<u>501,837</u>
Total	<u>\$ 7,054,282</u>	<u>\$ 4,711,819</u>
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Healthcare and related program services	\$ 518,180	\$ 389,092
Child health services	<u>165,184</u>	<u>130,429</u>
Total	683,364	519,521
Permanent in nature		
Available to borrow for working capital as needed	<u>101,358</u>	<u>101,358</u>
Total	<u>\$ 784,722</u>	<u>\$ 620,879</u>

**7. Patient Service Revenue**

Patient service revenue follows for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Gross charges	\$19,234,585	\$18,001,613
Less: Contractual adjustments and implicit price concessions	(7,233,156)	(6,697,617)
Sliding fee discount policy adjustments	<u>(2,266,275)</u>	<u>(2,020,443)</u>
Total net direct patient service revenue	9,735,154	9,283,553
Contract 340B program revenue	<u>1,388,710</u>	<u>1,508,541</u>
Total patient service revenue	<u>\$11,123,864</u>	<u>\$10,792,094</u>

Revenue from Medicaid accounted for approximately 57% and 53% of the Organization's gross patient service revenue for the years ended June 30, 2021 and 2020, respectively. No other individual payor represented more than 10% of the Organization's gross patient service revenue.

**AMOSKEAG HEALTH****Notes to Financial Statements****June 30, 2021 and 2020****8. Retirement Plan**

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed \$304,497 and \$285,796 for the years ended June 30, 2021 and 2020, respectively.

**9. 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, 2021, 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.

**10. Lease Commitments**

The Organization leases office space under noncancelable operating leases. Future minimum lease payments under these lease agreements are as follows:

2022	\$ 174,782
2023	141,850
2024	124,676
2025	<u>63,929</u>
Total	<u>\$ 505,237</u>

Rent expense amounted to \$274,689 and \$226,805 for the years ended June 30, 2021 and 2020, respectively.

## AMOSKEAG HEALTH BOARD OF DIRECTORS AS OF 7/6/2022

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>
David	Crespo	*Board Secretary
Dawn	McKinney	Director
Angella	Chen-Shadeed	Director
Kathleen	Davidson	*Board Chair
Richard	Elwell	*Board Treasurer
David	Hildenbrand	Director
Thomas	Lavoie	Director
Oreste "Rusty"	Mosca	Director
Debra	Manning (Hirsch)	Director
Christian	Scott	*Board Vice-Chair
Madhab	Gurung	Director
Jill	Bille	Director
Obhed	Giri	Director
Gail	Tudor	Director
Sonia	Stagen	Director
Vanessa	Maradiaga	Director

**Amoskeag Health  
NH DHHS School Based Health Services  
RFA-2023-DPHS-03-SCHOO**

**Resumes and Job Descriptions**

## ***Elizabeth (Betsy) Burtis***

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### **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.

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### **AREAS OF EXCELLENCE**

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

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### **PROFESSIONAL EXPERIENCE**

**AMOSKEAG HEALTH** (formerly known as Manchester Community Health Center, Manchester, New Hampshire)

**Chief Officer for Integrated Health Services** July 2019 – current

Oversees the development, staff supervision, budget management, and evaluation of programs providing case management, integrated care coordination, behavioral health, health equity and community-based services to a diverse patient population receiving primary care in a community health center.

**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 in Blackboard and Canvas 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.
- Redesigned and standardized new employee orientation and onboarding process.

*Elizabeth (Betsy) Burtis, Page 2*

**ASCENTRIA CARE ALLIANCE, Concord, New Hampshire (continued)**

***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.

*Elizabeth (Betsy) Burtis, Page 3*

### **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)*

## **LARA K. QUIROGA, M.ED.**

**lquiroga@amoskeaghealth.org**

### **Expertise Highlights**

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Childhood Trauma	Children & Families in Poverty	Strategic Planning
Early Childhood Policy	Child Development	Quality Improvement Processes
Early Care & Education Administration	Professional Development	Project Management

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### **Professional Experience**

**AMOSKEAG HEALTH– MANCHESTER, NH**

*2013 - present*

#### **Director of Community-Integrated Health & Wellbeing**

- Lead Amoskeag Health's efforts to implement community-based programs and services designed to improve the health and wellbeing of the community at the individual, family, and population levels.
- Responsible for all aspects of innovative community-based programming, including planning, developing, implementing, and evaluating programs to meet the mission, vision, and strategic goals of Amoskeag Health, Community Schools Project, Early Learning Collaborative, Preschool Development Grant, Family Advisory Council, Community-Wide Pyramid-Model Leadership Team, Adverse Childhood Experiences Response Team (ACERT™), and the LAUNCH Manchester Strategic Plans.
- Engage in outreach, strategic partnerships, and developing and recommending long-term strategies and goals to expand Amoskeag Health's role as a leader in community wellness.
- Supervise myriad staff, including managers, early childhood specialists, community health workers, pediatric behavioral health clinicians, patient navigators, and community health educators.
- Responsible for oversight, acquisition, and expenditure of federal, state, local, and philanthropic funding totaling more than \$2.3M annually, including grants and cooperative agreements from the US Department of Justice (BJA, OJP, OVC), US Department of Education, and US Department of Health and Human Services (ACF, HRSA, SAMHSA,)

#### **Director of Strategic Initiatives for Children**

- Provide leadership in efforts to improve young child wellness and local service infrastructure, including implementing evidence-based and promising practices and facilitating the establishment of interagency collaborations with other community-based, child- and family-serving public agencies
- Responsible for the development and oversight of the local system of care activities to improve outcomes for young children through improved collaboration, integration, and infrastructure development, including the Adverse Childhood Experiences Response Team (ACERT™) in collaboration with the Manchester Police Department and YWCA NH
- Guide the development and implementation of the Strategic Plan and coordinate data and evaluation for performance reporting and evaluation purposes

#### **Project LAUNCH Director**

- Lead all Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) activities within the locally-funded community and ensure their effective and efficient service delivery, including improving a system of developmental screening, enhanced home visiting, mental health consultation in early care and education, integration of behavioral health into primary care, and parenting skills training
- Convene and lead a Local Council on Young Child Wellness to develop and implement a Strategic Plan
- Provide leadership in all local facets of young child wellness efforts and facilitate efforts to improve local infrastructure
- Guide the development and implementation of the Strategic Plan and coordinate data and evaluation for performance reporting and evaluation purposes
- Promote the Project LAUNCH mission through upholding standards of cultural competence, system of care principles, family involvement, and integrative practices



TUFTS UNIVERSITY– MEDFORD, MA

2011 - 2013

**Communications and Project Administrator: Office of the President**

- Conceptualize and manage the implementation of a coordinated system of communications for the university's strategic initiatives, including diversity, sustainability, administrative effectiveness, strategic planning, and capital planning
- Support various committees led by the President and Chief of Staff, including the President's Council on Diversity and Council on Campus Sustainability
- Coordinate with the Office of the Provost regarding strategic plan development aligned to the university's mission and vision and initiatives of the President's Office
- Collaborate with the Office of Institutional Research to gather and analyze data to be used as an evidence base for a range of ongoing and one-time projects
- Write and disseminate a broad range of communications and correspondence including reports, announcements, and messages to the Tufts community
- Manage content on the President's Office website

**Accreditation Coordinator: Office of Institutional Research and Evaluation**

- Provide support to the chair of the NEASC steering committee and assist the chairs of the 11 standard working groups in facilitating meetings and writing reports
- Serve as a resource for information on the accreditation process and the development of a comprehensive learning outcomes assessment system
- Coordinate and disseminate information to all individuals, committees, and agencies involved with the accreditation process
- Create, manage, organize, and update an accreditation wiki for internal university use and a virtual workroom for the visiting accreditation team
- Manage and schedule the accreditation site visit
- Coordinate the preparation of and edit Tufts' accreditation self-study

SOUTHERN NEW HAMPSHIRE UNIVERSITY– MANCHESTER, NH

2007 - 2011

**Community Outreach Coordinator: School of Education**

- Support collaboration with community partners, state organizations, and accrediting agencies
- Develop and assist in offering outreach programs and events supporting the professional development of students, teachers, parents, and faculty/staff
- Assist in the School of Education's reaccreditation preparation through the NH Department of Education
- Serve as writer and content editor for the university semi-annual magazine and editor of the School of Education monthly newsletter
- Coordinate with the Offices of Admissions and Transfer Admissions to streamline activities for prospective students, including open house and orientation events
- Developed two university-wide articulation agreements, including dual admission protocol and transfer credit equivalents, with local community colleges

**Adjunct Faculty: School of Education and College of Online and Continuing Education**

- Develop syllabus for course offerings, including required reading and writing assignments, quizzes, exams, observations, and class content for undergraduate and graduate-level coursework in the field of Child Development and Early Childhood Education
  - Administration of Child Development Programs
  - Behavior Theory and Practice
  - Child Assessment
  - Cognitive Development of Young Children
  - Family and Culture
  - Theories of Play
  - Infants and Toddlers
  - Language and Cognitive Development
  - Psychosocial Development

MANCHESTER COMMUNITY COLLEGE– MANCHESTER, NH

2006 - 2008

**Adjunct Faculty: Early Childhood Education Department**

- Teach undergraduate-level coursework in the field of Early Childhood Education
  - ECE 100 Early Child Growth & Development
  - ECE 116 Child Health, Safety, & Nutrition
  - ECE 250 Childcare Administration and Management

VNA CHILD CARE AND FAMILY RESOURCE CENTER– MANCHESTER, NH

2001 - 2007

**Program Manager: Education and Professional Development**

- Supervise over 50 staff and monitor classrooms to ensure the provision of developmentally appropriate care and education to approximately 200 children and families
- Coordinate and provide professional development and training for over 50 teaching staff
- Provide evaluation and assistance to teachers who care for children with behavioral issues, including involvement in Universal, Targeted, and Intensive PBIS Teams to develop school-wide behavior expectations and individualized behavior intervention plans based on functional behavioral assessment
- Liaise with representatives from the Manchester School District to ensure consistent implementation of the Early Reading First program, including Curiosity Corner curriculum, PPVT-4, and PALS-PreK assessments, and professional development
- Coordinate with the local school district to ensure children with special needs receive services in accordance with IEP/IFSP activities/goals
- Increase capacity for and design quality initiatives including literacy, math, science, gross motor, and language arts
- Monitor day to day operational expenditures and discrepancies and provide input into annual budget planning

HEAD START/EARLY HEAD START, SOUTHERN NH SERVICES, INC. – MANCHESTER, NH 1999 - 2001

**Systems Coordinator**

- Develop and implement community collaborations and agreements
- Monitor a multimillion-dollar budget and assist in the development and writing of federal grant proposals
- Collaborate with Management Team to revise various program systems
- Plan and coordinate monthly Parent Policy Committee meetings

**Center Director**

- Responsible for daily operations, management, and quality child care of the center
- Supervise teaching and family service staff
- Design and implement staff training
- Assist in recruitment of eligible families in the community for program enrollment

**Teacher**

- Caregiver in Head Start and Early Head Start programs
- Plan and implement developmentally appropriate curriculum
- Home visit with families enrolled in the program
- Select and order equipment for model infant/toddler and preschool classrooms

KIDS CARROUSEL – MANCHESTER, NH

1998 - 1999

**Teacher**

- Plan and implement daily schedule and lesson plans
- Supervise two assistants with responsibility for sixteen toddlers
- Develop the job description for the Assistant Teacher position

## **Selected Trainer/Consultant Work**

SERESC PRESCHOOL TECHNICAL ASSISTANCE NETWORK– BEDFORD, NH	2009 - 2010
GROW, LEARN, & PLAY AT MOORE CENTER SERVICES, INC. – MANCHESTER, NH	2009
VNA CHILD CARE AND FAMILY RESOURCE CENTER– MANCHESTER, NH	2007 - 2010
EASTERSEALS CHILD DEVELOPMENT & FAMILY RESOURCE CENTER– MANCHESTER, NH	2014 -

## **Education**

SOUTHERN NEW HAMPSHIRE UNIVERSITY– MANCHESTER, NH  
**Master of Education in Child Development with a concentration in Administration, 2007**  
Thesis: *The Influence of Teacher Education Level on Early Childhood Education Program Quality*

GRANITE STATE COLLEGE– MANCHESTER, NH  
**Bachelor of Science in Early Childhood Education Administration, 2004**

## **Professional Summary**

### **AWARDS**

- DEA Operation Engage Excellence in Leadership Award 2021 for demonstrating strong prevention through a program, event, or initiative
- Henry Morgan Award for achievement in professional development and commitment to improving the quality of care and education in New Hampshire
- New Hampshire Early Learning Champion Award in 2015, 2016, 2018, and 2019
- New Futures' Nicholas Halias Law Enforcement Award in 2019 recognizing the promotion of excellence, innovation, and collaboration between law enforcement and community partners, in turn improving health outcomes
- Addiction Policy Forum Innovator of the Year Award in 2019

### **SELECTED BOARDS, COMMUNITY AFFILIATIONS, VOLUNTEERISM, AND ACTIVITIES**

- Member of Governor-appointed Council on Thriving Children representing local providers of early childhood education and development services (2020-present)
- Lead Member of the NH Alliance of Early Childhood Coalitions (2020-present)
- New Futures Early Childhood Advocacy Advisory Board (2021-present)
- Member of City of Manchester Office of Youth Services Advisory Board (2020-present)
- Vice Chair of Manchester Community Resource Center Board of Directors (2018-present)
- Vice Chair of Concordia Lutheran Church Council (2020 – present)
- NH Children's Trust Board of Directors (Board Chair 2016-2019; Board member 2011-2019)
- Leadership Greater Manchester Class of 2019
- Presenter at the National Center for School Mental Health Annual Conference on Advancing School Mental Health (2019)
- Co-Chair of Spark NH Policy Committee (2017-2018)
- Presenter at the Zero to Three National Training Institute (2016)
- Presenter at the Pyramid Model Consortium National Training Institute on Effective Practices: Addressing Challenging Behavior (2016, 2018)
- Presenter at the NAEYC Annual Conference (2008, 2009, 2010) and NAEYC Professional Development Institute (2010)

## **Christina M. Miller, MS, LCMHC**

### **EDUCATION:**

**MASTERS OF SCIENCE:** Community Mental Health/Mental Health Counseling  
*Southern New Hampshire University* Manchester, New Hampshire

**BACHELOR OF ARTS:** Psychology  
*Keene State College* Keene, New Hampshire

**ASSOCIATES OF SCIENCE:** Chemical Dependency  
*Keene State College* Keene, New Hampshire

### **LICENSE**

Licensed Clinical Mental Health Counselor  
*License number-1244* New Hampshire

### **WORK EXPERIENCE:**

**AMOSKEAG HEALTH...** *Adolescent Behavioral Health Counselor/Manager of Community Behavioral Health*  
*Adolescent Preventive Services Program* Manchester, New Hampshire  
September 2013-Present

This position includes two main components; the supervision of ten Master level school programming staff and providing individual counseling services to youth involved in programming. Working in collaboration with the Manchester School District, providing counseling and preventive health services to at-risk adolescents in middle and high schools. Creating opportunities to increase protective factors in adolescents' lives, while reducing barriers to their success.

**CHILD & FAMILY SERVICES...** *Case Coordinator*  
*Transitional Living Program* Manchester, New Hampshire  
April 2004-January 2014

Worked with former homeless youth between the ages of eighteen and twenty-two in a shared living setting, provided extensive life-skills training/education in order to foster self-sufficiency and to reduce the risk of future homelessness. Provided weekly individual counseling, case management, and facilitated educational groups on a variety of topics. Maintained daily contact with clients, created treatment plans, coordinated multiple services with other agencies and individuals, and supervised resident assistants.

**CHILD & FAMILY SERVICES...** *Case Manager/Tracker*  
*Integrated Home-Based Services* Manchester, New Hampshire  
July 2002-April 2004

As a Case Manager, worked with families/foster parents and their children provided family counseling sessions, treatment planning, and connected families to their community resources. As an Adolescent Tracker, I worked closely with adjudicated youth at school, home, and in their communities. Responsible for setting curfews, drug testing, and individual/family counseling.

----- **Ashley R. Roney, M.S.** -----

## **Skills & Qualities**

- Passionate, adaptable, creative, detail-oriented, with a high aptitude to learn & accept feedback
- Proficient in Microsoft Office, database software, scheduling software, & telecommunication
- Excellent customer service, problem-solving, and interpersonal communication skills
- Experience with client management software: CRM, EMR, DocuSign, OneNote, Outlook, ECM
- Advanced documentation and report writing skills
- Interview, assessment, & training skills
- Crisis intervention experience
- Relationship building skills
- Conflict resolution skills

## **Work Experience**

### **Amoskeag Health**

**Nov 2019-Present**

#### **Community Schools Behavioral Health Counselor**

- Clinical assessment, diagnosis, and treatment of children in elementary school, YMCA, & camp settings
- Participate in IEP meetings, wraparound engagement, & collaboration w/ parents & external supports
- Documentation, report writing, scheduling, administrative tasks, team support, & training
- Collaborate with clinical team. Partner with & co-facilitate community events with area agencies
- Case management monitoring & referrals as needed
- Individual, family, and group therapy
- Crisis intervention

### **Southern New Hampshire University**

**Aug 2018-April 2019**

#### **Academic Advisor I**

- Supported students through navigating federal Satisfactory Academic Progress laws
- Guided student success & supported those at risk or considered for Academic Probation
- Supported students in reaching their educational goals via phone and email
- Experience using Salesforce CRM to track student data and progress
- Experience using DocuSign to approve/deny student forms
- Answered student inquiries
- Created course plans

### **Riverbend Community Mental Health Children's Intervention Program**

**March 2017-July 2018**

#### **Community-Based Child and Family Therapist & Case Manager**

- Clinical assessment, eligibility, diagnosis, and treatment of children & families
- IEP meetings, team meetings, and collaboration with external supports
- Individual, family, and group therapy
- Intensive clinical case management
- Co-facilitated parenting classes
- Intensive parent support
- Crisis intervention
- Regional travel

## **Education**

### **Master of Science in Clinical Mental Health Counseling**

**Sept 2013 - Dec 2015**

New England College - Henniker, NH

### **Bachelor of Arts in Psychology, Minor in Writing**

**Sept 2009 - May 2013**

University of New Hampshire - Durham, NH



- Provides support, assistance, and referrals for pregnant women facing housing issues, lack of insurance, substance use, substance use treatment, mental health counseling.
- Conducts intake assessments, discharge inventories, and EPDS post-partum depression screenings.
- Participate in Centering Pregnancy groups meetings.
- Assist social workers on patient floors: conducted assessments on new patients, made VNA referrals, assisted patients in completing advanced directives, provided emotional support to patients.

### **Social Work Intern**

Crotched Mountain Rehabilitation Center

Greenfield, NH Sept. 2012-May 2013

- Worked with students with physical, emotional, and cognitive disabilities. Ages ranging from 6-21.
- Learned appropriate techniques and skills for working with students who are improving on their social skills and life skills.
- Conducted a social skills group for adolescent boys.
- Worked with students on how to deal with and handle major life transitions, in an appropriate and successful manner.
- Learned about different types of communication devices and integrated the use of them in sessions with the students.

# **Gabrielle McNulty, MSW**

## **Objective**

An ambitious and efficient individual who is determined to better the mental and emotional well being of children and their families.

## **Education**

### **MASTERS | DECEMBER 2019 | SIMMONS UNIVERSITY**

- Major: Social Work
- 3.9 GPA

### **BACHELORS | DECEMBER 2017 | RIVIER UNIVERSITY**

- Major: Psychology
- Minor: Criminal Justice
- 3.8 GPA (Graduated Magna Cum Laude)

## **Skills & Abilities**

- Proficient in Microsoft Office

## **Experience**

### **ADJUNCT PSYCHOLOGY & SOCIAL WORK PROFESSOR | RIVIER UNIVERSITY|**

**01/2021- PRESENT**

- Construct Syllabi
- Plan Weekly Class Material
- Assign and Grade Assignments Accordingly (Quizzes, Tests, Formal Assignments)

### **SCHOOL BEHAVIORAL HEALTH CLINICIAN | AMOSKEAG HEALTH| 02/2020-PRESENT**

- Provide individual & group therapy to elementary school aged children (remotely & in person)
- Write Treatment Plans & Clinical Notes
- Organize and participate in community events for low income families

### **ADJUNCT DANCE PROFESSOR | NORTHERN ESSEX COMMUNITY COLLEGE|**

**01/2021- PRESENT**

- Construct Syllabi
- Plan Weekly Class Material
- Assign and Grade Assignments Accordingly (Quizzes, Tests, Formal Assignments)

### **OFFICE ADMIN OPPORTUNITY NETWORKS | 05/2015-02/2020**

- Organize client database
- Assist with fundraisers
- Oversee client notes (adjusting notes and goals)

## **References**

**Available Upon Request**



## **Jessica L. Deshaies**

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**PROFESSIONAL LICENSE** LICSW - May 2021

**EDUCATION** University of New England  
Master in Social Work – May 2018  
  
Harding University  
Bachelor in Social Work - May 2001

### **PROFESSIONAL EXPERIENCE**

**Behavioral Health Counselor** **2018 to Present**  
**Amoskeag Health**  
**Community Schools Program**

- Provide school-based mental health and behavioral health counseling to elementary school children and their families.
- Complete mental health assessments, diagnose, and create treatment plans.
- Maintain professional and confidential record keeping.
- Participate in a multidisciplinary team to wrap services around students and their families and make appropriate referrals if indicated.
- Apply skills stemming from a variety of evidence-based practices to inform and guide direct practice while employing a strength based focus and a trauma informed approach.

**Family Support Specialist** **2013 to 2018**  
**Waypoint**  
**Healthy Families America Program**

- Provided home-based services including crisis intervention prenatally until the child's third birthday to families identified as being high risk for child maltreatment.
- Assessed individuals and families for risk and protective factors and created treatment plans based on assessment.
- Participated in a multidisciplinary team to wrap services around families and individuals and make appropriate referrals.
- Provided education and support using a variety of techniques including a parenting curriculum, motivational interviewing, and building natural support systems.
- Properly maintained records and files.
- Participated in Advisory Board meetings on a quarterly basis to share current information on program changes, challenges and gains.

# Heidi Schlenz

## SUMMARY OF QUALIFICATIONS

Hardworking, independent, and motivated individual seeking a Clinical Mental Health Counselor position working towards licensure. Experience working with children and adolescents in clinical, school, and community settings. Driven towards supporting youth in navigating challenges and growth.

## EDUCATION

- Master of Science, Clinical Mental Health Counseling** December 2020  
Plymouth State University, 4.0 GPA
- Associate, iaedp Institute of Eating Disorders** October 2020  
International Association of Eating Disorders Professionals
- Bachelor of Science, Psychology** April 2014  
Brigham Young University Idaho, 3.63 GPA

## EXPERIENCE

- Adolescent Behavioral Health Counselor** August 2021 – Current  
Amoskeag Health
- Provide counseling services to 30 adolescents in a school-based setting
  - Collaborate with school counselors to further identify and assess clients' needs
  - Utilize counseling techniques, including CBT and play therapy activities
  - Independently manage weekly schedule and caseload
- Residential Counselor** May 2021 – August 2021  
Webster House
- Supervised and ensured the safety of 10 residents in the program
  - Modeled interpersonal skills through teaching daily living and life skills
  - Supported youth in community activities on a regular basis
  - Provided support to residents during mental health crises
- Behavioral Health Counselor Student Intern** May 2020 – December 2020  
Amoskeag Health
- Provided counseling to 10 children and adolescents with varying mental health conditions
  - Incorporated cognitive behavioral therapy and play therapy interventions
  - Utilized telehealth services to provide effective counseling services for clients
  - Collaborated with medical providers in an integrative care setting
- Residential Youth Mentor** August 2019 – May 2020  
Texas School for the Blind and Visually Impaired
- Assisted 20 adolescents with daily living and coping skills in a residential capacity
  - Encouraged development among students through group and community activities
  - Provided supervision and support on and off campus
- Counselor Practicum Student Intern** August 2019 – December 2019  
Catholic Charities of Central Texas
- Provided counseling services to 14 clients, including children, adolescents, and adults
  - Counseled clients who have anxiety, depression, trauma, and PTSD
  - Utilized therapeutic modalities such as cognitive behavioral therapy and play therapy

# Heidi Schlenz

## **Administrative Assistant**

March 2018 – May 2019

Church of the Holy Spirit

- Built and maintained rapport with members of the church and community
- Made bank deposits and used QuickBooks
- Updated and managed weekly websites, bulletins, and e-newsletters

## **Community Case Manager**

March 2017 – June 2017

Lakes Region Mental Health

- Provided support to 10 clients with a rehabilitative focus to foster clients' personal growth
- Promoted independent and productive habits in clients by setting and working towards goals
- Assisted clients in discovering roles within the community through encouraging self-efficacy

## **Youth Counselor**

June 2016 – December 2016

Eva Carlston Academy

- Motivated youth in developing life skills, such as coping, communication, and social skills
- Fostered 20 adolescents' self-concepts and emotional development
- Encouraged youth through role modeling positive behaviors

## **Special Needs Caretaker**

September 2014 – February 2015

Sondra Thorell Residence

- Provided constant supervision of special needs adult with Down Syndrome
- Coordinated various activities among the community, including crafts and library visits
- Managed weekly activity budget by tracking costs and collaborating with supervisor

## **Psychiatric Technician**

June 2014 – January 2015

University Neuropsychiatric Institute

- Fostered a positive atmosphere for 30 individuals with a range of mental health conditions
- Developed rapport with children, adolescents, and adults in a milieu environment
- Participated in group sessions to enhance clients' inpatient counseling experience
- Provided consistent monitoring through behavior management techniques and supervision

## **VOLUNTEER**

### **English Teacher**

August 2015 – December 2015

China Horizons

- Taught weekly lessons to 350 students
- Developed creative and individualized lesson plans for middle-school students
- Built and maintained rapport with children through providing continued support

### **CASA Volunteer**

April 2014 – January 2015

Court Appointed Special Advocates

- Discovered child's needs and informed Guardian ad Litem on a weekly basis
- Planned and engaged in community outings with child, including trips to museums and parks
- Attended court hearings and group treatment meetings

# HOLLOWAY A. TESTERMAN

## EDUCATION

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**Masters of Social Work Degree**  
University of Minnesota, Saint Paul, MN

May 2022

Study Abroad: Uganda Studies Program

Spring 2020

## EXPERIENCE

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**ADOLESCENT BEHAVIORAL HEALTH COUNSELOR:** Amoskeag Health

May 2022-Present

- Provide counseling services to 30 adolescents in a school-based setting
- Collaborate with school counselors to further identify and assess clients' needs
- Utilize counseling techniques, including CBT and play therapy activities
- Responsible for diagnosing, treatment planning, and continued therapeutic alliance

**INTERN:** Jewish Community Action, Minneapolis, MN

September 2021 – May 2022

- Worked to increase Jewish engagement in social justice issues in the Twin Cities.
- Conducted grassroots community organizing, educational, and policy initiatives in the areas of housing justice, community safety, and immigration justice.
- Engaged in relational community organizing to develop members into community leaders for justice.
- Wrote grants totaling \$25,000 to sustain JCA's housing campaign budget.

**PERMANENCY COACH:** Becket Family of Services, Rochester, NH.

Sep 2020 – Jul 2021

- Provided community-based services to youth and parents to increase access to permanent supports.
- Provided treatment for sexualized behaviors, emotional regulation, truancy, and family reunification.
- Utilized MI, CBT, DBT, and trauma-informed models of care to facilitate client growth and healing.
- Worked with referral sources to support mental, behavioral, family, and educational goals.
- Advocated for child welfare and safety within the treatment team and within the court system.

**INTERN:** Compassion International Child Survival Program, Kisoga, Uganda

Jan 2020 – Mar 2020

- Provided community-based services to promote reproductive and maternal health in a Ugandan context.
- Provided family and individual counseling to prioritize wellbeing in cases of domestic violence.
- Facilitated group and individual sessions to promote positive parenting skills and infant health.
- Assessed clients for medical referral in event of injury or illness.
- Monitored developmental health of each child with detailed records.
- Utilized cross-cultural skills, self-regulation, and professionalism to adapt to a diverse range of clients.

**LEVEL 1 THERAPIST:** Behavior Care Specialists, Rock Valley, IA

Sep 2017 – Dec 2019

- Provided behavioral therapy to children with autism in order to increase positive coping skills.
- Creatively built relationships with children and coworkers in one-on-one and group settings.
- Utilized creative problem solving, empathy, and self-regulation to diffuse tantrum behaviors.

## VOLUNTEER EXPERIENCE

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Facilitator: Supporting Parents of Unplanned Pregnancy, Sioux Center, IA  
Student Advisor: Dordt University Internal Review Board, Sioux Center, IA  
Student Facilitator: Katelyn's Fund, Sioux Center, IA

April 2019  
Sep 2018 -- Dec 2019  
Sep 2018 – Dec 2019

# Melissa Berry

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Melissa Berry, LICSW

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## Experience

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### Amoskeag Health / Behavioral Health Counselor, Adolescent Preventive Services Program

FEBRUARY 2018 - PRESENT, Manchester, NH

- Provide individual counseling services to adolescents and teenagers at local high schools, through Amoskeag Health's community partnership with the Manchester School District
- Engage in mental health assessments, to create and implement treatment plans for students
- Collaborate with families, school staff, school administrators, and clinic staff to coordinate care for students

### Amoskeag Health / MSW Intern - Behavioral Health Counselor (clinical rotation)

AUGUST 2017 - DECEMBER 2017, Manchester, NH

- Provided individual counseling services to children and appropriate supports for families
- Created and implemented treatment plans for clients
- Collaborated with a team of pediatricians, case managers, and behavioral health counselors to provide immediate and follow-up behavioral health support for children and families during regular office visits in a clinic setting
- Assisted in facilitating the SHINE group program for high-school students

### Southern NH Services - Head Start / MSW Intern - Social Work

MAY 2016 - DECEMBER 2016, Manchester, NH

- Supported three preschool-age children within the classroom setting. Assessed individual children and identified areas of need to assist with the child's functioning in the classroom
- Created and implemented treatment plans for the clients
- Collaborated with families regarding goals to work on, as well as outside services which could be beneficial to the child and/or family
- Organized and facilitated social skills groups, which included smaller groups as well as whole-class group

- Collaborated with team members (LICSW supervisor, center director, classroom teacher, behavioral support coach, etc.) to best support the child's needs

### **Speech Therapy Solutions / Office Manager**

OCTOBER 2010 - AUGUST 2017, Salem, NH

- Implemented electronic medical records system and internal billing system
- Collaborated with therapists and families on scheduling, services needed, insurance authorizations, documentation, and other needs
- Managed and oversaw daily tasks for a small office which included five therapists
- Developed internal processes to streamline client intakes, insurance billing and authorizations, and patient invoicing

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## **Education**

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### **University of New England / Masters of Social Work**

SEPTEMBER 2013 - DECEMBER 2017, Online campus, Biddeford, ME

### **Emerson College / Bachelor of Science**

SEPTEMBER 1998 - AUGUST 2022, Boston, MA

----- Elyse O'Rourke, M.A. -----

## Work Experience

### Amoskeag Health-Memorial High School

March 2022-current

#### Adolescent Behavioral Health Counselor

- brief counseling, support, mentoring for adolescents
- school-based therapy sessions
- preventative care approach
- education/connection to community resources as needed
- mental health assessments, diagnosing, treatment formulation
- safety risk assessment and prevention
- psycho-education, coping skills, communication/conflict resolution training and implementation

### Center for Life Management

May 2021 – March 2022

#### Children's ACT Clinician

- Family Systems Approach
- In-Home therapy for at risk children
- Collaboration/wrap-around care
- Clinical Documentation
- Crisis Prevention
- Family education and Training

### Easterseals Residential Campus

July 2020 – May 2021

#### Clinician

- creation and implementation of trauma informed treatment plans
- staff training
- facilitation of treatment meetings
- individual & family therapy
- group therapy
- crisis intervention and stabilization

### Autism Bridges

October 2018 – July 2020

#### Registered Behavior Technician

- implementation of behavior support plans individualized to client
- ABA therapy implementation 1:1 with children on the spectrum
- discrete trial training
- incidental teaching
- in-vivo and natural environment learning
- task analysis

## Education

### Master of [arts, clinical mental health counseling]

September, 2016 – May, 2020

Rivier University, Nashua NH

### Bachelor of [arts, psychology]

September, 2009 – June, 2013

SNHU, Manchester NH

## Skills & Qualities

- Building Rapport/Therapeutic Alliance
- Safety & Risk Assessments
- Patient Evaluation
- Crisis Prevention Intervention
- Program Implementation
- Experience with At-Risk Youth
- Tracking Client Progress
- Maintaining Confidentiality
- Completing Clinical Documentation Accurately and Promptly

## Sahira Garcia

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### Education:

2019-2020 Various conferences on the need for social services and some resources.

2008- 2008 LNA Health Careers

1996-2001 Facultad de Ciencias de la Administracion (Mexico).

1993-1996 Centro de Bachillerato Tecnologico Industrial y de servicios No.97 (Mexico).

1990-1993 Benemerito de las Americas (Mexico).

1984-1990 Tomas Lopez Garcia (Mexico).

### Work Experience:

LNA- Maple Leaf (Currently Working)

Community Health Worker- Amoskeag Health former (MCHC)

Front Desk – Manchester Community Health Center

LNA- St. Joseph Residence (Currently Working)

LNA- Holly Cross

LNA- Catholic Charities (Shared Nursing Services Program)

LNA- St. Teresa Rehabilitation and Nursing Center

Dietary Aide- Mount Carmel Rehabilitation and Nursing Center



Cook- St. Teresa Rehabilitation and Nursing Center

Dietary Aide- St. Teresa Rehabilitation and Nursing Center

Teacher Aide- Centro de Desarrollo Infantil No.1 (Mexico)

Dietary Aide & Cook- Arbors Care Center (NJ)

Employee- Mc Donald's (NJ)

Employee- Town and Country (NJ)

Teacher Aide- Centro de Desarrollo Infantil No.1 (Mexico)

**PATRICIA TURINI-SYLVESTER**

[REDACTED]

[REDACTED]

**QUALIFICATIONS:**

*Strong interpersonal skills*

*Bilingual English/Portuguese*

*Hard working individual*

*Driven to exceed expectations*

*Basic conversational Spanish*

**EXPERIENCE:**

*Patricia's Cleaning / Self Employed House Cleaner / May 2014 –Present*

*M&M Cleaning / Commercial Cleaner / 2010 - 2014*

*HSBC - Bank Products / Marketing Promoter / 2004 - 2004*

*Aesthetics Post Surgical Procedures / Assistant / 2005 - 2008*

*Promotional Marketing / Customer Service / 2000 -2003*

*Personal Care Assistant / 1998-1999*

**EDUCATION:**

*Health Care Community Interpretation Training /Southern New Hampshire Area Health Education Center  
/ 2020*

*High School class of 2001/ Campinas / Brazil*

**Nadeige Kabala**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Education**

Associates Degree in Science, Human Service, New Hampshire Technical Institute, May 2021

**Experience**

Amoskeag Health, Community Schools Community Health Worker

November 2021 - Present

*Support students and families in navigating healthcare, educational and social service systems. Attend school meetings with the family, schedule medical appointments, arrange for transportation, and assist with applying for public assistance if eligible. Coordinate with a broad variety of community-based organizations to remove families' barriers to care and education.*

The Courville Assisted Living, Activities Assistant

January 2020 – November 2021

*Assisted residents with daily living support and care. Provides social and emotional support to individual residents in accordance with established standards, guidelines and regulations in regards to resident safety. Requires the ability to think independently, be self-motivated, organized, and have a positive, upbeat attitude.*

New Hampshire Hospital, Internship Practicum

September 2020 – May 2021

*Under the guidance of an experienced mental health worker, completed 125 hours of observation, practice and delivery of a variety of therapeutic and helping services. Experienced a variety of acute psychiatric care that includes all aspects of mental health worker duties and responsibilities. Demonstrated professional and polite behavior in all interactions and maintained a professional appearance within the therapeutic environment.*

Boston Market, Cook

July 2018 - July 2019

*Prepared meals, handled foods safely, maintained clean preparation area. Set up workstations and ingredients so that food can be prepared according to recipes. Responsible for basic cooking duties, such as reducing sauces and parboiling food. Prepare simple dishes, such as salads and entrees. Maintain a clean and orderly kitchen by washing dishes, sanitizing surfaces, and taking out trash. Ensure that all food and other items are stored properly. Comply with nutrition and sanitation guidelines.*

**Skills**

- Handling food safely
- Maintaining sanitary food preparation area
- Fluent in French and Lingala languages
- Commitment to customer service values in professional conduct and by promoting such values in assigned work area

**Maria Rodriguez**



**Merry Maids**

**House Cleaning Services,(March 2016- November 2016)**

303 Belmont St, Manchester NH, 603.651.0089

- Houses cleaning in General

**Monroe Staffing Services**

**Material Handler (April 2014-February 2016)**

814 Elm St, Manchester NH, 603.935-9489

- Maintaining the production line always with the material needed

**New England Royal Services**

**Housekeeper (September 2012 – March 2014)**

17 Birch St, Derry, NH, 603.432.1183

- Maintaining a clean and safe environment
- Assist customers with luggage
- Setting up Continental Breakfast for hotel customers
- Customer service and satisfaction, including responding to requests and complaints

**Kelley Services**

**Packer, Administrative Assistant (October 2010 – June 2012)**

15 Chocolate Place, Stratham, NH, 603.778.3454

- Packed chocolates in a warehouse setting
- Supervised up to 20 workers
- Operation of large volume cooking equipment
- working in a office environment

**Vicor Corporation**

**Material Handler, Machine Operator (January 2007 – August 2010)**

Andover, MA, 978.472.2900

- Operated warehouse machines
- Utilized computer programs to maintain accurate inventory
- Responsible for accurately storing and transporting materials

**ProtoPac Engineering**

**Electronics Assembler (June 2001 – October 2010)**

Wilmington, MA, 781.246.3899

- Assembled parts for various electronic devices
- Soldering

**Education:**

**Carmen Bozello de Huyke High School, Puerto Rico**  
High School Diploma (June 2004)

**Northern Essex Community College, Lawrence, MA**  
ESL Classes (2006)

**LARE Training School , Lawrence, MA**  
Electronics Assembler and soldering Training (2010)

## **Ivette Arroyo**

Diligent focused Community Health Worker with ability to develop strong connections within targeted populations to maximize outreach and services. Effective at multitasking, highly capable at interacting with people from all walks of life and diverse cultural backgrounds. Solid understanding of social and human services programs. Skilled at finding and implementing the best possible solutions. Professional and proactive in advocating for vulnerable and high-risk populations.

### **Highlights**

- Community Development
- Housing Programs
- Expert in the Welfare system
- Attentive listener
- Sensitive
- Strong communicator
- Community outreach expert
- Team player
- Exceptional organizational skills
- Data Collection and analysis
- Client Centered
- Detail Oriented
- Empathetic
- Bilingual – fluency level in Spanish

### **Launch Navigator (Amoskeag Health) 10/2021 Present**

- Responsible for completing Community Collaboration intakes with families of children aged 0-8.
- Develop-short-term care plans based on patient centered goals.
- Provides ongoing case management
- Administers relevant screening and makes external referrals to community agencies when appropriate.
- Documents all client activities appropriately in client records in both internal and external platforms.
- Provides care coordination for clients by acting as a liaison between various members of the team and as an advocate for clients with other service providers in the community.

### **Manchester Community Health Center (Amoskeag Health) – January 19 2015 - Present**

#### **Community Health Worker**

- Interviewed clients individually and with families to determine what services would best address their needs.
- Evaluated and addressed individual client needs and concerns
- Communicated with public social and welfare agencies to obtain and provide information
- Set up family meetings with guidance from physicians
- Collaborated with treatment team to assess and develop an effective plan for client
- Provided support to vulnerable populations and connected them with community resources.
- Maintained through case history records and wrote detailed reports
- Presented case history material for review and discussion with other staff members
- Provide intake screenings like ASQ, CCSA and FRA.
- Help connect individuals and families to housing resources and basic needs.
- Worked with a specific target population from diverse backgrounds in reducing cultural and socio-economic barriers between clients and institutions.
- Prenatal Intakes
- Refugee Clinics

**Manchester Community Health Center**  
**Language Assistance Coordinator May 2017- February 2019**

- Progressed through a series of promotions, culminating in responsibility for the coordination of 12 interpreters, delivering communication services for 8000+ patients.
- Communicate scheduling changes with appropriate staff.
- Trained new personnel to scheduling functions
- Develop and maintain relationships with community and state agencies for Communication Assistance needs.
- REAL (Race, Ethnicity, and Language) data collection and analysis - presented to senior management

**Manchester Community Health Center**  
**Medical Interpreter January, 2015-2017**

- Provides interpreting services with accuracy to patients with Limited English Language Proficiency.
- Relays medical information between patient and provider.
- Supports review of short translation as directed by manager.
- Identify, document and respond to client needs
- Set up appointments.
- Translate written communication from one language to another.
- Assist MCHC with written and oral communication as needed.
- Interpret verbal communication from one language to another and act as a medium where language barriers exist.

**Cigna Healthcare,**

**Data Entry Analysis, Hooksett, NH 2005-2013**

- Claim data analyses - identified performance gaps such as missed opportunities for client eligibility
- Support business operations by performing general administrative tasks: photocopying, faxing, mail distribution.
- Streamlined the filing system, coordinated and maintained client records
- Performed inventory of office supplies

**EDUCATION:**

- Southern NH University (Duet program), Manchester NH Associates in Healthcare Management June 2018 – October 2019
- Southern New Hampshire AHEC, Manchester, NH Community Health Worker Certificate June 2018- July 2018
- Southern New Hampshire AHEC, Manchester, NH Medical Interpreter Certificate Nov. 2014 – Dec. 2015

# **Michelle Wnek**

## **Staff Accountant**

Obtain accountant position at a company that values mentorship and provides opportunities for growth; increase and hone accounting skills and knowledge; pursue masters in accounting degree; contribute to success of company by producing high quality work product and offering innovative thinking.

Authorized to work in the US for any employer

## **WORK EXPERIENCE**

### **Staff Accountant**

Parkland Medical Center - Derry - Derry, NH - Present

Prepare surgical case and patient visit summaries to track volume and analyze variances between departmental data, forecasts, and statistical reports; reconcile general ledger accounts; prepare journal entries for prepaid accounts, amortization, accruals, and allocations; perform accounts payable functions; conduct petty cash and pharmacy audits; assist with month end close and reporting; prepare invoices and post entries related to industrial account and intercompany activity; maintain physician payment log; compile analysis files for Medicare year-end cost reports; and participate in annual budget process by preparing schedules, analyzing current year expenses and determining variances.

### **Staff Accountant**

Harte Hanks - Burlington, MA - 2015-04 - 2016-06

Reconciled general ledger accounts and prepared related schedules; calculated, prepared and recorded journal entries including prepaid amortization, intercompany, revenue entries, payroll, and accounts payable accruals; processed early payment discounts, credit memos, and other invoice adjustments; analyzed intercompany transactions, brokered costs and production costs to reconcile activity; performed monthly closing tasks; tracked and uploaded revenue by client to customer revenue database; maintained fixed assets accounts and inventory accounts; reviewed and researched monthly account fluctuations between actual and budget in Profit & Loss statement; interacted with operations personnel to ensure proper recording of financial results; and performed duties in accordance with Generally Accepted Accounting Principles.

### **Tax Staff (Seasonal)**

Melanson, Heath & Company - Nashua, NH - 2015-01 - 2015-03

Prepared tax returns for individuals, partnerships, and corporations; reviewed financial records such as income statement, balance sheet, and documentation of expenditures; utilized QuickBooks to input data into tax software and reconcile accounts; reviewed documentation to uncover potential deductions; and used working trial balance to determine appropriate adjusting journal entries.

### **Accounting Intern**

Carew & Wells, PLLC - Concord, NH - 2014-06 - 2014-08

Prepared tax returns for individuals; performed monthly bookkeeping tasks in QuickBooks for two restaurants; utilized Creative Solutions Accounting program to assist CPA with financial statement engagements; and assisted with preparing financial statements and related footnotes.



## **EDUCATION**

### **Bachelor of Arts in Business**

University of New Hampshire - Manchester, NH  
2014-12

### **Graduate Accounting Program in progress**

Southern New Hampshire University - Manchester, NH

## **ADDITIONAL INFORMATION**

### **TECHNICAL SKILLS**

PeopleSoft; XT Global; M-Files; Document Direct; Business Objects 4.1; Sage Fixed Assets; On Base; Lawson AP Workflow; ProSystem Tax programs; XCM Solutions; UltraTax; Doc.It; QuickBooks; Creative Solutions Accounting; Excel, including pivot tables and vlookups; and proficient with paperless accounting.

### **LEADERSHIP AND SERVICE**

- Treasurer of the Agility Club of New Hampshire
- Member of the New Hampshire Society of Certified Public Accountants
- Volunteer at Moore Center Services

# TARA D. GRAHAM

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## OBJECTIVE

To obtain a position in public health where I am able to make use of my knowledge, focus on quality, and 18 years of experience in healthcare (hospital, clinic, homecare/hospice, facility, association, and grant programming). To provide maximum efficiency to the projects, programs and matters I manage utilizing LEAN and Model for Improvement methodologies. In addition, to contribute, learn, and grow in a high-demand, fast-paced work environment.

## SUMMARY

- Certified, Management & Strategy Institute: Lean Six Sigma Green Belt and Project Management – Lean Process
- Successful experience with the PCMH accreditation process. Also trained in Lean Daily Management, Motivational Interviewing, Just Culture, communications planning and gap analysis/program planning.
- Contract Project Manager and Webmaster/Graphic Designer - Cancer Center Business Development Group – [www.ccbdgroup.com](http://www.ccbdgroup.com). Other contract quality and design work, freelance.
- Advanced computer knowledge in MS Office; Adobe CS; PCN, EPIC, LMR, IDX, GE-IDX, Athena, Cerner, MediTech, ECW, Horizon (McKesson), Allscripts Homecare, PointClickCare (Medical Practice Management Software/EMRs); SharePoint; WebEx & Zoom; ADP; PeopleSoft; Business Objects, HTML, graphic design and troubleshooting.

## EXPERIENCE

2021 – current NH Public Health Association  
*Immunization Alliance Coordinator*

Concord, NH/remote

Coordination for VaxWellNH, an Immunization Alliance. New program development, oversight and management of operations, meetings, communications, community engagement, strategic planning, facilitation, implementation and evaluation. Part-time role.

2019 – current Communities for Alcohol and Drug-Free Youth (CADY, Inc.) Plymouth, NH/remote  
*Program Coordinator, Central NH Community Opioid Response (CNH-COR) – HRSA RCORP Grant*

Responsible for organizing, coordinating and delivering overall project/program activities. Ensure that activities stay on track and that timelines are completed according to plan. Maintain and develop Consortium relationships, facilitating and leading Consortium meetings and activities, engaging collaborative input from members and facilitating consensus and collaborative strategic planning and operations. Developing three project teams (Opioid Prevention, Community Response, and Community Navigation & Recovery) and acting as boundary spanner to ensure consistent communications and coordination, leveraging efforts across and among the teams and optimizing group work to ensure each voice is heard, and that resulting strategy and operations are consensus-based. Coordinate and monitor the work of the Community Service Navigators to maintain progress toward deliverables and timelines. Other duties include designing, developing, facilitating, implementing and coordinating opioid use and addiction prevention, treatment and recovery programs, health education and community outreach, social and emotional wellness activities, and implementing/managing strategies, interventions, and programs to achieve program goals, deliverables and measurable objectives. Produce materials and content for community trainings and events and establish cooperative relationships with public, private, governmental and social service agencies. Manage communications and outreach for the project, and coordinate planning and logistics for educational events, trainings and other meetings/events. Collaboratively work with the Senior Scientist and other project staff to implement Community-Based Participatory Research methods and collect primary data for the project.

2018 – 2019 North Country Health Consortium

Littleton, NH/remote/travel

*Practice Facilitator, Transforming Clinical Practice Initiative (TCPI)/Northern New England Practice Transformation Network (NNE-PTN)*

The Transforming Clinical Practice Initiative (TCPI) model was designed to support clinician practices through nationwide, collaborative, and peer-based learning networks, designed to help clinicians and practices achieve large scale health care transformation, prepare practices to successfully participate in value-based payment arrangements, and improve the quality of care. The Northern New England Practice Transformation Network (NNE-PTN) was a Medicare grant-funded program that completed funding in 2019. Duties included: providing facilitation support including implementing QI methodologies and tools within practices, through in-person trainings, and remote support; work towards improving process and quality outcomes that result in improved patient experience and provider satisfaction; build the capacity of the practices to engage in and perform well in value-based payment

arrangements and population health initiatives; advanced informatics, reporting and data analytic management; assist with preparation and instruction of evidence-based guidelines, create interventions and determine the root cause of the high utilization and other barriers, and how to correct it; implementation of practice guidelines, job descriptions, clinic workflows and other projects.

2015 - 2018      Rockingham VNA & Hospice      Exeter, NH  
***Supervisor, Scheduling & Home Health Aides***

Supervise the Schedulers and coordinate the workflow of the staff. Prioritize responsibilities for staff and ensure a smooth scheduling process for patients and staff. Responsible for daily operations, interviewing, hiring, firing, and performance reviews. Efficient in the coordination of multi-disciplinary schedules to meet patients' needs. Assist managers with the tracking of clinician's schedules, develops clinical schedules including on-call, weekends, earned time, and holidays. Conduct home health aide & scheduling audits as required, ensuring compliance with established processes. Training and education of staff on the scheduling system. Facilitate staff meetings and education for Schedulers and LNAs.

2014 - 2018      Home Instead Senior Care      Portsmouth, NH/telecommute  
***Weekend Supervisor (on-call)***

Every other weekend on-call supervision, answering all calls and overseeing client schedule management to provide the highest quality service to clients. Communicating with caregivers and clients regarding scheduling as changes arise, fill in on assignments if needed until a replacement caregiver is found, provide guidance in emergent situations and follow up with reporting at the end of the weekend.

2014 - 2015      Genesis Healthcare      Manchester, NH  
***Business Office Manager, Hackett Hill Center***

Overseeing all business office functions and ensuring policy & procedure compliance in all related areas. Meeting established daily, weekly, and monthly deadlines, directing processing of accounts receivable, adjustments/refunds, private and third party agencies, census information, ancillaries, cash deposits and posting, managing patient trust funds and maintains confidential files, ensuring compliance with all state and federal regulations, meeting with all new admissions (resident or family) to explain financial obligations and paperwork, auditing new admission files to ensure completeness and accuracy, maintaining Private Spend Worksheets and assist with Medicaid Pending Tracking, managing all month end processes, which include completion of data entry, review and correction of edits, and census reconciliation, managing accounts receivable collections for past due patient accounts, ensuring timely filing of Medicare, Medicaid, and Insurance claims, providing written Past Due Report concerning customer accounts to the Administrator, recommending and preparing accounts for outside collection agencies, attorneys, and write off, coordinating documentation for internal and external auditors, assisting administrator and accounting dept. with resolving G/L variances, supervising and evaluating business office operations and staff, ensuring that the center adheres to the legal, safety, health, fire and sanitation codes, and ensuring that patients and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and rights.

2012 - 2014      Optum Palliative & Hospice Care      Waltham, MA  
***Supervisor, Clinical Operations***

Responsible for planning, coordinating, managing and directing all activities and programs relating to the day-to-day operational and financial performance of the office. Advocate for organization personnel. Collaboration with Human Resources, Facilities Management, Medical Records, Technology set up (Business Segment Liaison), Financial Management, Material Management and Talent Management. Liaison to community and facilities. Integral member of the hospice interdisciplinary group (collaborating to develop, provide, integrate and implement individualized written plans of care for services) and responsible for the recruitment, retention, coordination, training and supervision of volunteers providing services. Maintain documentation and personnel files in accordance with Federal and State regulations, and hospice policies. Resolve any grievances and billing issues, oversee intake and referral process. Participation in programs of public education, advocacy and public recognition. Develop contacts and utilize community resources to provide adjunct support services to enhance program delivery. Participation in the quality assessment and performance improvement program. Preceptor in the orientation of new team members. Additionally, assumed responsibility of health aide (CNA) supervision and scheduling and bereavement program coordination.

2011-2012      Massachusetts Hospital Association      Burlington, MA  
***Project Coordinator, Clinical Affairs***

Division coordinator for a variety of clinical, public health system, data-driven, and administrative projects within Clinical Affairs. Department designated lead for updating and managing website content. Responsible for all day-to-day system functions for the ongoing quality and safety committees, projects, teams and task forces, such as the Clinical Issues Advisory Council (CIAC), Chief Medical Officer (CMO) Forum, and the Pressure Ulcer Prevalence Improvement Project. Responsible for coordinating the Strategic Performance Improvement Agenda (SPIA), including, but not limited to, tracking documentation and member status, communicating with hospitals and health systems, related webinars, listservs, education sessions, documents, and meetings for reducing in-hospital

mortality priority (M-LiNk), reducing readmissions (STAAR), and reducing central line associated blood stream infections (CUSPCLABSI). Involvement in the MHA Workforce Team including the Tufts Health Plan Foundation and the RWJF PIN grant Nurse Scholarship Programs. Co-Chair, Best Practices Workgroup.

2010-2010 (corporate merger lay-offs)      Caritas Carney Hospital      Boston, MA  
*Program Manager, Endocrinology*

Opened new clinic. On-site Manager for the endocrinology clinic and education program of the Carney Hospital. Responsible for all day to-day operational, administrative, and fiscal aspects of the department. Main responsibilities included overseeing all administrative activities, including but not limited to, improving on functions of patient flow, appointment management, registration, cash collection, charge entry, managed care issues, medical records, inventory control, allocating resources to necessary tasks and setting priorities. Other responsibilities included: staffing (including interviewing & hiring), facilitating training, processing & administering performance evaluations, processing & administering the corrective action process and performance improvement processes as required, preparation & management of annual operating budgets, triaging patient complaints for the office, managing the oversight and audit of encounter forms for completeness, accuracy, batching, and prompt distribution to billing, monitoring missing charge reports, payroll processing and payment of invoices, ordering supplies and equipment, and ensuring a safe environment with effective and efficient systems to provide quality patient care.

2009 – 2010      Dana-Farber Cancer Institute      Boston, MA  
*Administrative Specialist*

Dual role in Medical Oncology Operations/Administration and Administration in the Lance Armstrong Adult Survivorship Program. Monthly statistics and reporting; Quarterly newsletters, brochures, templates, website coordination, branding, and any other design-related needs; Database creation - project management; Site visit coordination and standardization; Purchasing and reconciliations; Calendar management for Chief Administrator and Director; Liaison to Londonderry, NH satellite; Treatment Summaries, Care Plans and related operations and procedures; Psycho-Social project and group coordination; Pharmaceutical Grants; Video projects; Collaborative projects with other facilities; CME course development.

2003 – 2009      NH Oncology-Hematology, PA (DFCI affiliate)      Hooksett, NH  
*Executive Coordinator*

Executive level administrative services provided to 8 physician partners, Executive Director, Director of Operations and others as needed. Duties require discretion, tact and knowledge of business communications which must be managed in a manner that protects the confidential nature of privileged information. Responsibilities included office management and coverage in multiple departments as needed; interim office manager/liaison to C-level Management and Physicians; financial and statistical analysis; compensation models; new practice volume ramp-up models; operations and staffing plans; development of a new performance review/merit raise system; HR support; desktop publishing and graphic design; advertising, media relations and PR campaigns; various projects; website maintenance; newsletter design and publication; travel and conference arrangement; production of NHOH/Dana-Farber sponsored community patient education series; monthly office calendars; transcription; petty cash management and daily balances; human resource assistance; database management and involvement in the marketing, safety and management/supervisor committees.

2010 - Present (Freelance)      Valyria Consulting      Pembroke, NH  
<http://www.valyriaconsulting.com>

Graphic and web design, project management, marketing, copywriting, editing. Freelance basis.

## EDUCATION

1993 - 1997	Sanborn Regional High School	Kingston, NH
	Graduated with honors, college prep, National Honor Society.	
1997 - 2000 (FT)	University of New Hampshire	Durham, NH
2000 - 2001 (PT)	BA, Communication	

Currently in the process of applying to MPH programs.

# GEYSEL LOPEZ

## OBJECTIVE

To continue gaining experiences in the Social Work Field, in order to obtain a position that will allow me to learn, gain skills, and also be able to provide my years of experience while building upon my strong commitment to serving the needs and disadvantages of the population in need.

## EDUCATION/CERTIFICATES

*Master in Social Work*

*Simmons University*

*Attended: May, 2019- December 2021*

*Bachelor of Human Services w/co Child and families Services*

*Southern N.H University*

*Concentration in Child and Family Services*

*Dates attended: March 2015 – March 2019*

*Certified Medical Interpreter- 2012*

*Certified Marketplace Counselor - 09/2016*

*Diversity and Cultural Competency in Health Care Certificate – 2016*

## SKILLS PROFILE

- Excellent communication skills – both written and oral
- Bilingual
- Certified Interpreter
- Certified Application Assister
- Certified Marketplace Application Counselor
- Exceptional interpersonal skills with both coworkers, parents, and customers
- Superb administration, organizational and problem-solving skills
- Proficient in several software applications, including Microsoft Office
- Health Educator
- Ability to adjust to constantly changing workloads
- Strong command over verbal and written English and Spanish language

- Attention to details and work efficiently with minimum supervision.
- Translated curriculum power point presentation and documents into Spanish

#### **RELEVANT EXPERIENCE**

- Assessing individual and community needs
- Knowledge of community resources
- Advocate for health-related issues
- Prepare and distribute health education materials, including reports, posters
- Answers and screens inquiry call and emails from prospective clients
- Strong telephone management, organization, and prioritization skills.
- Ability to direct requests and unresolved issues to the designated resource
- Knowledge of medical terminology
- Educate young girls about healthy decision making
- Helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the Marketplace and potentially qualify for an insurance affordability program.
- Researches and follow up on all correspondence associated with assigned accounts and documentation letters, and generate correspondence requesting required information, when necessary
- Complete new Medicaid applications and re-certifications
- Financial Verification's for new admissions
- Responsible for completing initial psycho-social assessment with all families served by Amoskeag Health
- Responsible for developing a care plan for individual families addressing family risks and priority needs using a family strength-based approach.
- Provides crisis services as needed in a primary care pediatric setting
- Assist families in applying for services such as DHHS, child support, housing, fuel assistance, guardianship, domestic violence petitions
- Experience developing case plans and documentation
- Identify community resources and services that could possibly benefit clients

#### **Amoskeag Health**

12/1/2012 — Present

- Behavioral Health Community Counselor
- Youth Enrichment Program Coordinator
- Case Manager
- Intake Representative

- New Patient Representative
- Medicaid Application Assister
- Market Place Counselor
- Health Facilitator for Shine Program (Girls Program)
- Health Facilitator for R.T.R. (Boys program)
- Receptionist

**Behavioral Health Counselor- Youth Enrichment Program Coordinator    03/2021- Present**

- Provide group-behavioral health support at youth serving organizations.
- Participate in efforts to explore data sharing with identified partners.
- Provide comprehensive assessment, consultation, diagnosis, brief intervention of psychological/psychiatric problems and/or disorders.
- Provide effective treatment planning and assisting clients in successfully achieving goals including information and referral, advocacy and case management.
- Evaluate crisis situations and apply appropriate interventions.
- Assist in the detection of "at risk" patients and development of plans to prevent further psychological or physical deterioration.
- Works collaboratively with primary providers and other involved clinical staff to develop and implement care plans for patients.
- Short-term counseling.
- Maintain accurate, timely documentation in the client's medical record of all client contacts, case planning and the client's plan of care.
- Provide clinical behavioral health services to individual youth and to groups served by GUW YEP partnering agencies in community settings.
- Sensitivity to cultural diversity of population being served. Maintains client age-related competencies.

**Case Manager**

**03/2018- 09/2020**

- Determines clients' requirements by completing intake interviews, psycho-social assessment, and plan of care for each individual family.
- Monitors cases by verifying clients' attendance; observing and evaluating treatments and responses; advocating for needed services and entitlements; obtaining additional resources; crises intervention; providing personal support.
- Provides frequent reassessments and evaluations of patient care received
- Serves as an advocate for the patient within the health care system, as well as with outside agencies such as insurance companies and other payers.
- Coordinates the patients ongoing care in conjunction with outside agencies as needed
- Ensures the ethical and legal issues related to patient care delivery are addressed and that care is provided appropriately

- Works closely with or within managed care organizations
- Maintaining accurate, up-to-date case information
- Provide patient and family education
- Makes sure that the process in organizing, securing, integrating, and modifying the resources necessary to accomplish the goals set forth in the case management plan
- Delivers healthcare services to patients and families or caregivers over the telephone or through correspondence, fax, e-mail, or other forms of electronic transfer.
- Review services to ensure that they are medically necessary, provided in the most appropriate care setting, and at or above quality standards
- Attend relevant trainings, workshops and seminars
- Assist families in applying for services such as DHHS, child support, housing, fuel assistance, guardianship, domestic violence petitions
- Assist families with immigration issues or referrals to appropriate organizations
- Assist in families with domestic violence issues (filling DVP orders, support during court hearings, housing concerns, makes safety plan)

#### **Luisa's Italian Pizzeria**

**01/02/1996- 2018**

- Open and Closing duties
- Keeping the restaurant in compliance with health codes, etc.
- Managing customer relations
- Enforce sanitary practices for food handling, general cleanliness, and maintenance
  - Of kitchen and dining areas. Ensure compliance with operational standards,
- company policies, federal/state/local laws, and ordinances
  - Oversee and manage all areas of the restaurant and make final decisions on
  - matters of importance to guest service
- In charge of managing 10-12 employee
- Counting all money in the registers, safe and making deposits at end of shift

#### **Family Justice Center / Case Manager**

**09/2017 - 05/2018**

- Coordinate and manage client flow and information;
- Assess clients' safety and needs; Determine client needs
- Assist in determining next steps for clients' visit to the Family Justice Center
- Work with on-site partners to schedule client appointments;
- Answer telephones and respond to service inquiries;



- Provide information, referrals and advocacy on the phone and in person
- Link the client to on- and off-site partners
- Attend relevant trainings, workshops and seminars
- Maintain cooperative working relationships with other service providers
- Perform other duties as assigned.
- Worked closely with Domestic Violence Partners (NHLA)
- Assisted clients in getting information in timely manner for DVP case or for other agencies
- Develop relationships with families who are homeless and facing issues such as mental illness, substance abuse, physical disability, history of trauma and/or domestic violence, and poverty
- Assists in the filing of protection orders
- Assist families in applying for services such as DHHS, child support, housing, fuel assistance, guardianship, domestic violence petitions

## Amoskeag Health

Key Personnel

Employee Name	Position Title	Amount Funded by this program for Budget Period
	<b>Administrative Salaries</b>	
Elizabeth Burtis	Chief Officer for Integrated Health Services	\$0.00
Lara Quiroga	Director of Community-Integrated Health and Wellbeing	\$9,672.00
Christina Miller	Community-Based Behavioral Health Manager	\$7,889.44
Ivette Arroyo	Community Health Worker Supervisor	\$14,352.00
To Be Hired	Administrative Asst for Community Health	\$18,720.00
To Be Hired	Behavioral Health Clinician & Licensure Supervisor	\$13,728.00
To Be Hired	Patient Account Billing Representative - School-based Services	\$36,608.00
Michelle Wnek	Accounting & Grant Finance Specialist	\$3,750.24
Tara Graham	Data & Reporting Manager	\$910.00
	<b>Direct Service Salaries</b>	
Ashley Roney	Behavioral Health Clinician	\$0.00
Kaitlyn Croteau	Behavioral Health Clinician	\$0.00
Vacant	Behavioral Health Clinician	\$0.00
Gabrielle McNulty	Behavioral Health Clinician	\$0.00
Jessica Deshaies	Behavioral Health Clinician	\$19,075.68
To Be Hired	Behavioral Health Clinician	\$17,472.00
To Be Hired	Behavioral Health Clinician	\$17,472.00
To Be Hired	Behavioral Health Clinician	\$17,472.00
To Be Hired	Behavioral Health Clinician	\$17,472.00
Heidi Schlenz	Behavioral Health Clinician	\$17,160.00
Holloway Testerman	Behavioral Health Clinician	\$17,160.00
Melissa Berry	Behavioral Health Clinician	\$19,300.32
Elyse O'Rourke	Behavioral Health Clinician	\$17,160.00
Christina Miller	Community-Based Behavioral Health Manager	\$23,668.32
Geysel Lopez	Behavioral Health Clinician	\$17,160.00
To Be Hired	Behavioral Health Clinician	\$17,472.00
To Be Hired	Behavioral Health Clinician & Licensure Supervisor	\$20,592.00
To Be Hired	Community Health Worker	\$33,280.00
To Be Hired	Community Health Worker	\$33,280.00
To Be Hired	Community Health Worker	\$33,280.00
Nadeige Kabala	Community Health Worker	\$6,789.12
Patricia Turini-Sylvester	Community Health Worker	\$0.00
Maria Rodriguez	Community Health Worker	\$7,126.08
Sahira Garcia	Community Health Worker	\$0.00
To Be Hired	Nurse Practitioner or Physician Assistant	\$60,996.00
To Be Hired	Medical Assistant	\$18,720.00
To Be Hired	Patient Navigator	\$18,720.00