

## LEGISLATIVE PERFORMANCE AUDIT AND OVERSIGHT COMMITTEE MINUTES

November 7, 2025

The Legislative Performance Audit and Oversight Committee met on Friday, November 7, 2025 at 10:00 AM at 1 Granite Place, Room 234.

Members in attendance were as follows:

Rep. Gerald Griffin, Chairman  
Rep. Lucy Weber  
Rep. Keith Erf  
Rep. Ken Weyler  
Rep. Mary Jane Wallner

The meeting was called to order by Representative Griffin at 10:00 AM.

### VOTE ON ACCEPTANCE OF THE OCTOBER 3, 2025 MEETING MINUTES

On a motion by Representative Weber, seconded by Representative Weyler, that the minutes of the October 3, 2025, meeting be accepted. **MOTION ADOPTED.**

### POTENTIAL AUDIT TOPICS – REVIEW STATUS OF PRIOR PERFORMANCE AUDITS

#### *Department of Corrections, Sexual Offender Treatment Program – 6 Observations*

Jane Graham, Strategic Communications and Legislative Affairs Administrator for the Department of Corrections (DOC), and Abigail Simon, Behavioral Health Administrator, were in attendance to discuss the November 2016 Department of Corrections (DOC), Sexual Offender Treatment Program audit.

Jane Graham stated DOC resolved all but one observation identified in the audit. She explained DOC has had difficulty implementing its new data management system. She also noted that DOC hopes to resolve the observation within the next six months.

Representative Weyler asked whether the treatment system follows up on offenders after they are released on parole and what metrics are being used to measure progress. Abigail Simon responded that offenders who are released on parole receive “aftercare” which involves following up with their parole officer and receiving a list of things they can or cannot do in their community. This can include additional recommendations if, for instance, the individual in question has substance abuse issues.

Representative Weyler asked how often DOC follows up with these individuals. Abigail Simon responded that DOC relies on the offenders' parole officers. Representative Weyler asked whether the sexual offenders undergoing treatment exhibited changed behaviors and whether the program was long enough. Abigail Simon and Representative Weyler then discussed the length of the treatment program and the need for offenders to show progress before moving on to the next phase of treatment.

Concerning the one observation that has yet to be resolved, Jane Graham stated she would follow up with Jay Henry, Performance Audit Supervisor, on any progress DOC makes towards resolving it.

#### *Office of Professional Licensure and Certification, Real Estate Commission – 13 Observations*

Deanna Jurius, Executive Director at the Office of Professional Licensure and Certification (OPLC), and Heather Kelly, OPLC Director of Operations, were in attendance to discuss the September 2017 OPLC Real Estate Commission audit. Deanna Jurius stated 12 of the 13 observations in the report were fully or substantially resolved. The remaining unresolved observation concerned improving the process for reviewing applicants' disclosure of adverse financial history. This observation was only partially resolved due to the length of the rulemaking process. Deanna Jurius stated OPLC's goal was to have every observation fully resolved by March 2027. However, she believed OPLC would have each observation substantially resolved within six months.

#### *Pharmacy Board, Controlled Drug Prescription Health and Safety Program – 26 Observations*

Deanna Jurius and Heather Kelly also discussed the December 2017 Pharmacy Board, Controlled Drug Prescription Health and Safety Program audit. Deanna Jurius noted most observations were partially resolved. She stated the Pharmacy Board is in the process of rulemaking to address observations. OPLC was also in the middle of implementing new licensing software.

Representative Weber asked whether inspections are based entirely on complaints or a schedule. Deanna Jurius stated inspections are done routinely. Representative Weyler noted the closing of Rite Aid in the State and asked the representatives from OPLC about Rite Aid's standing in the State. Deanna Jurius responded that she did not know of any information OPLC had which would have indicated Rite Aid would close. Representative Weyler followed up asking whether OPLC had information corroborating claims that pharmacy benefit managers were setting unaffordable prices. Deanna Jurius could not speak to those claims stating regulations of the Pharmacy Board are not connected to pharmacy benefit managers. Representative Griffin recognized OPLC's progress but noted there would likely be a meeting in the future to check the status of the unresolved observations.

## STATUS OF ONGOING PERFORMANCE AUDITS

Christine Young, Director of Audits for the LBA, and Jay Henry, Performance Audit Supervisor, provided updates on current LBA performance audits.

### *NHED Oversight of Special Education*

Christine Young explained the report is being written and the audit team has completed 25 observations. The LBA has identified 70 observations and hopes to have a full draft report in the first quarter of calendar year 2026 and a final report in Summer 2026.

### *NHED Oversight of Education Freedom Accounts*

Christine Young noted the audit team is currently performing analysis and fieldwork while writing observations. Forty observations have been identified so far. Fifteen observations have been finalized with most pertaining to eligibility, and five additional observations are in progress. Christine Young stated the LBA hopes to have a draft report by mid Spring 2026 and a final report in Summer 2026.

### *Doorway Program*

Christine Young noted the LBA has finalized the audit plan and staff were successful in isolating the financial activity of the program in NH FIRST. The LBA should be able to report on the cost of operating the program during the four-year audit period (SFY 2022 – SFY 2025). Young noted there was a change in vendors at some point, so the LBA is still waiting on financial data for SFY 2025. Christine Young predicted fieldwork would be completed by Thanksgiving. A draft report is planned for January or February 2026 and a final report by March or April 2026.

Representative Griffin asked when the Committee and the LBA can discuss new audit topics. Jay Henry responded that the Committee could provide the LBA with a list of topics the Committee is interested in at any time, but the LBA would not have staff to commit to new projects until the Doorway Program audit is complete likely in Spring 2026. Representative Griffin clarified the reason he asked was to potentially skip a Committee meeting in December and meet sometime in early 2026 to discuss new audit topics. Representative Griffin suggested February 6, 2026, but Representatives Weyler and Erf noted there may be scheduling conflicts with the Fiscal Committee. Representative Weber suggested Representative Griffin could reach out to a member of the Senate to clarify availability for the next Committee meeting.

## OTHER BUSINESS

Representative Weyler noted it is a positive development that the Committee is following up with agencies to check in on the status of outstanding observations. Representative Griffin concurred, stating follow-ups with agencies are a long-term solution.

DATE OF NEXT MEETING AND ADJOURNMENT

Next meeting is scheduled for Friday, February 6, 2026, at 10:00 AM. On a motion by Representative Weyler, Representative Griffin adjourned the meeting at 10:35 AM.

---

Gerald Griffin, Chair

## **Summary of Two Tabled Performance Audit Topics**

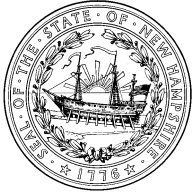
The following is a summary of two performance audit topics that were tabled at the April 29, 2024 LPAOC Meeting:

### **DHHS Contract Management**

An LBA performance audit has never been conducted in this area. A potential audit topic was discussed in August 2023 regarding the Department of Health and Human Services (DHHS), Bureau of Contracts and Procurement. This topic focused on all DHHS contracts and the dollars spent by each Bureau within DHHS. Additionally, there was interest in who decided on deliverables, any Department follow-up, and the total dollar amount paid to each contractor. Department personnel provided a memorandum to LPAOC members and presented an overview of the bureau and its current procurement processes. DHHS provided information demonstrating an agency-wide approach to providing oversight of its contracts.

### **DHHS Bureau of Developmental Services**

The LBA conducted a performance audit of the DHHS Bureau of Developmental Services (BDS) in 2016. In August 2023, four subtopics of a BDS audit were proposed for review: 1) the system redesign and its effects on billing and services, 2) housing practices, 3) contract process, and 4) policy implementation. Some discussion focused on housing practices, specifically on availability within New Hampshire and outplacing residents in other states at high costs. There was also a suggestion this topic (or the subtopics) might be more appropriate for a study committee, rather than an audit.



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF FINANCE AND PROCUREMENT***

**Lori A. Weaver**  
Interim Commissioner

**Nathan White**  
Chief Financial Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9546 1-800-852-3345 Ext. 9546  
TDD Access: 1-800-735-2964 www.dhhs.nh.gov

**Memorandum**

To: Jay Henry, Supervisor of Performance Audits, NH Office of Legislative Budget Assistant  
From: Robert Moore, Bureau of Contracts & Procurement Director, DHHS  
Nathan White, Chief Financial Officer, DHHS

**Purpose:** To provide an overview of the Department of Health and Human Services' (DHHS) Bureau of Contracts and Procurement (Contracts Bureau) and procurement processes.

**State Contracting:** The Department of Administrative Services (DAS) is responsible to purchase all goods and services for all state agencies and manages statewide contracts that are used by agencies to purchase goods or services. Non-statewide service contracts are the responsibility of individual state agencies. At DHHS, the DHHS Contracts Bureau centrally manages the creation and approval of most agreements.

**Central DHHS Contracts Bureau**

The DHHS Contracts Bureau is responsible to facilitate all solicitations and contracts, not covered by DAS statewide contracts. The centralized Contracts Bureau allows for the development of department-wide procedures and standardization of roles/responsibilities for various aspects of the procurement process, including:

- Initiating the procurement process;
- Developing scopes of work (e.g., deliverables);
- Establishing business/technical requirements;
- Conducting quality control and legal reviews;
- Writing and issuing Requests for Bids, Proposals, Applications, Grants, Quotes, and Information;
- Scoring responses to solicitations;
- Negotiating and executing resulting agreements/amendments; and
- Finalizing and processing agreements/amendments for G&C approval.

**Team Model:** The DHHS Contracts Bureau includes three teams, each led by a team lead and assigned to specific Division areas. This allows for: (1) consistent communications between staff in contracts, finance, programs, and other key stakeholder areas, (2) appropriate span of control levels (3) consistent workloads, and (4) ability to respond to priority needs.

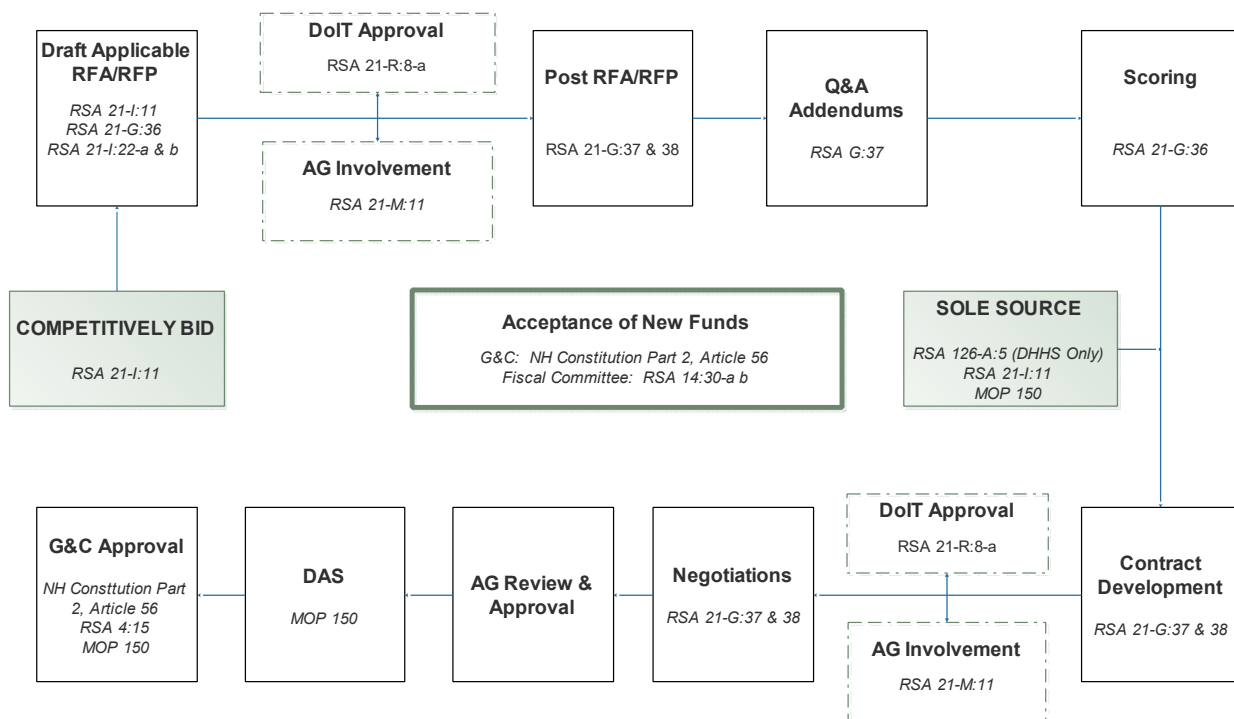
**Inventory & Tracking Log:** The DHHS Contracts Bureau maintains a reliable dual purpose tracking tool/project management system of all active legal agreements or amendments under development or previously approved. This is posted biweekly and made available on the DHHS

intranet to ensure all DHHS staff know the status of procurements and reliable reporting is accessible.

**Continuous Forecasting:** Utilizing the active procurement inventory, the DHHS Contracts Bureau conducts forecasting by having each Division area complete a forecasting tool to facilitate decision-making and identify actions that need to be taken (e.g., amend, re-procure, allow to expire) to ensure agreements are renewed in a timely manner and do not expire. The Contracts Bureau currently conducts this forecasting biannually.

**Contract Development:** Below is high-level overview of the standard procurement process, including applicable statutory, constitutional, or administrative requirements adhered to during each phase in the process. A DHHS Program Lead is responsible for identifying the business/technical requirements and deliverables required in an agreement, in collaboration with information security, information technology, legal, finance, privacy, and contracts staff. Contracts Bureau staff are primarily responsible for 1) incorporating business/technical/oversight requirements and deliverables into the appropriate standard solicitation or contract template and enforceable language; 2) facilitating required reviews/approvals; and 3) facilitating contract execution.

### Single Agency Contracting Process

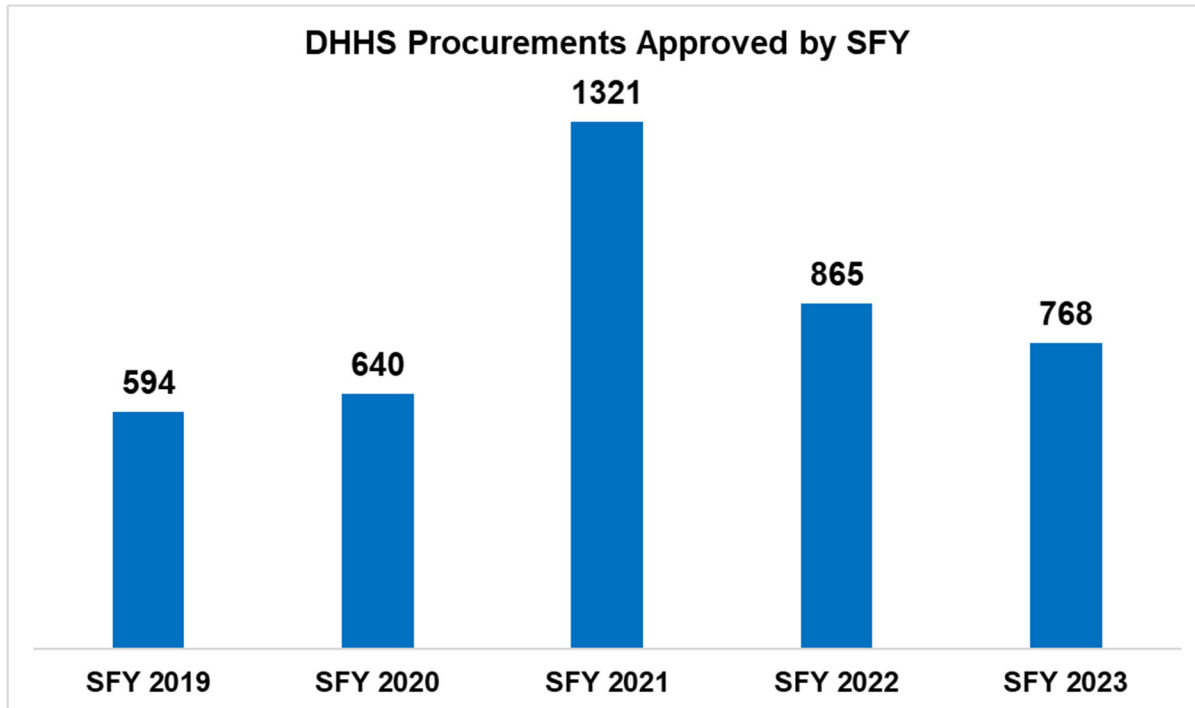


**Governor and Executive Councilors (G&C) Review & Approval:** The Contracts Bureau submits all required contracts, amendments, and other expenditures to G&C for review and approval. G&C is responsible for the prudent and economical expenditure of money appropriated by the Legislature. As such, all DHHS contracts over \$10,000, certain other expenditures, and

all amendments to contracts previously approved by G&C, must be authorized by G&C, in accordance with the NH Constitution, Part 2.

**DHHS Agreement Types & Volume**

For State Fiscal Years 2019 through 2023, DHHS received approval for an annual average of 830+ contracts, amendments, and other agreements totaling approximately \$1.2 billion. DHHS currently has 830+ active legal agreements of various types with approximately 640 unique vendors:



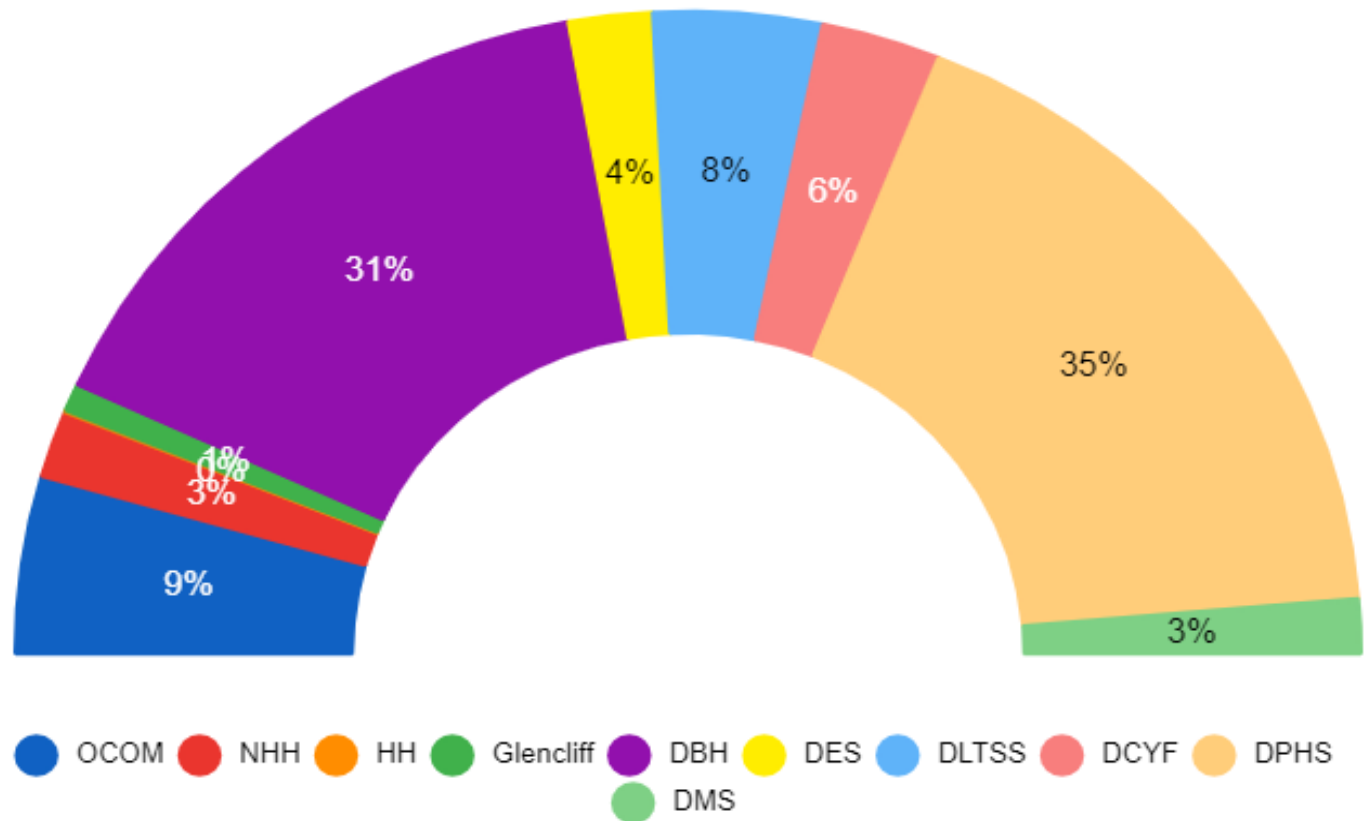
**Agreement Type:** The Contracts Bureau facilitates the development and/or approval of many different types of agreements. The following provides an overview of the types of agreements in effect as of July 31, 2023.

Agreement Type	Count
(SC) Service Contract	654
(SLRP) State Loan Repayment Program	61
(GA) Grant Agreements	37
(MOU) Memorandum of Understanding	30
(MD) Membership Dues	13
(CPA) Cooperative Project Agreement	12

(ESC) Equipment Service Contract	10
(LA) Lease Agreement	4
(UPA) Use of Premises Agreement	3
Other	7

**Volume by Program Area:** From 2018 to date, DHHS Divisions with the most procurements have been Public Health Services (DPHS - 35%) and Behavioral Health (DBH - 31%), followed by the Office of the Commissioner (OCOM – 9%); Long Term Supports and Services (DLTSS – 8%); Children, Youth and Families (DCYF – 6%); Economic Stability (DES – 4%); Medicaid Services (DMS – 3%); New Hampshire Hospital (NHH – 3%); Glenclyff Home (GH – 1%); and Hampstead Hospital and Residential Treatment Facility (HH <1%).

**% of DHHS Projects Approved**



### **Contract Monitoring and Management**

**Risk Assessments:** During the contracts development process DHHS conducts an organizational and financial risk assessment for each contracted vendor identified as a subrecipient (as defined in 2 CFR 200.331) to ensure vendors are properly monitored proportional to their risk of noncompliance with contractual and regulatory requirements. Based on the results of the risk assessment, Program, Contracts, and Legal identify appropriate monitoring provisions to be included in the agreement, such as recurring programmatic and/or fiscal reporting, meetings, file reviews, and/or site visits. The appropriate oversight provisions are incorporated into the final agreement and managed throughout the life of the contract. For example, some providers are required to provide monthly financial statements that are reviewed by DHHS staff.

**Contract Management:** Once a contract is in effect, DHHS staff are responsible to actively manage the contract, which includes:

- Ensuring vendor requirements and deliverables are met;
- Conducting monitoring activities as required in the agreement;
- Reviewing and approving invoices, which can include validating supporting documentation;
- Reviewing vendor reports; and
- Communicating with the vendor or working with DHHS legal taking corrective action to address deficient vendor performance.

The extent of oversight is very dependent upon the nature of the funding source, programmatic or financial risk, delivery of the service, and other factors. As noted above, each contract is customized to meet the specific needs of the Department and must ensure that services are delivered and Contractors are accountable. For example, DHHS' largest Managed Care Organization contracts include extensive oversight, reporting, and liquidated damages provisions. A vast majority of DHHS' contracts are cost-reimbursement contracts, which means payment is only made after the delivery of services can be validated.