

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 07/01/2019

*to be filed with:*  
Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397  
603-271-3591

RECEIVED  
SEP 23 2020  
CHARITABLE TRUSTS UNIT

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Androscoggin Valley (AV) Home Care Services

**Street Address** 795 Main St

**City** Berlin

**County** 04 - Coos

**State** NH **Zip Code** 03570

**Federal ID #** 20460864

**State Registration #** 5187

**Website Address:** [www.avhomecare.org](http://www.avhomecare.org)

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

**IF NO**, please complete and attach the Initial Filing Information Form.

**IF YES**, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

**Chief Executive:** Tara MacKillop, M.S. 6037527505

[tmackillop@avhomecare.org](mailto:tmackillop@avhomecare.org)

**Board Chair:** Bernadette Hallgren 6037522929

[bhallgren349@gmail.com](mailto:bhallgren349@gmail.com)

**Community Benefits**

**Plan Contact:** Tara MacKillop, MS 6037527505

[tmackillop@avhomecare.org](mailto:tmackillop@avhomecare.org)

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES**, please complete a copy of this page for each individual organization included in this filing.

## **Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: "The mission of Androscoggin Valley Home Care Services is to responsibly provide the best personal care, homemaking, and respite possible according to each client's needs."

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

The community can be described as frail and/or vulnerable adults, disabled, elderly people and their families who are at risk for decline without targeted support in their homes, and in their lives together. The service area encompasses All of Coos County, in Northern New Hampshire.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

AV Home Care Services addresses the in-home needs of frail elderly and disabled adults generally, some of whom receive services determined by eligibility criteria of the programs that fund the services. Clients are recuperating from illness, surgery, or injury and require assistance with activities of daily living and/or homemaking in order to remain safe and independent in their homes. In addition, respite support for caregivers can be provided.

Some of the services offered are: Homemaking, Companion Care, Respite, and Personal Care (Bathcare) services. Funding occurs through a State Contract with the Title XX Social Services Block Grant, VA, CFI (Medicaid Waiver) and private pay or insured individuals wishing to remain living independently at home. With the appropriate resources, many individuals are able to receive services and continue their lives with comfort and ease.

**Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2015 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	400
2	370
3	503
4	402
5	504
6	420
7	600
8	
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	372
B	101
C	121
D	120
E	
F	
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*  
 60.5% of respondents answered "no" to the question about whether the community was able to meet physical and mental health needs of the aging community due to decreased funding, workforce issues, and not enough mental health supports. All respondents noted a dire need for transportation of all kinds, Domestic violence was one of the top five health concerns according to key leaders. There is a need for enhanced education on everything.

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	-- -- --		
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	6 -- 3	\$0.00	\$950.00
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	5 -- 7	\$385.00	\$385.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	5 -- 7	\$4,654.00	\$3,850.00
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Title IIIB- HHA</i>	1 -- 1	\$39,430.00	\$43,373.00
<i>Type of Service: North Country Home Health &amp; Hospice</i>	1 2 4	\$16,763.00	\$15,087.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>Type of Service:</i>	-- -- --		
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<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	-- -- --		
<i>Grants</i>	1 2 4	\$6,445.00	\$8,000.00
<i>In-Kind Assistance</i>	6 -- 2	\$4,200.00	\$4,650.00
<i>Resource Development Assistance</i>	1 -- 1	\$1,500.00	\$2,000.00

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	5 -- 9	\$7,749.00	\$8,100.00
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	5 -- --	\$5,152.00	\$5,775.00
<i>Community Health Advocacy</i>	5 -- 1	\$0.00	\$0.00

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	5 2 2	\$1,264.00	\$600.00
<i>Community Needs/Asset Assessment</i>	6 -- 3	\$1,440.00	\$1,536.00
<i>Other Operations</i>	6 -- --	\$1,500.00	\$2,000.00

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 -- 1	\$21,590.00	\$25,000.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	1 2 4	\$41,980.00	\$44,208.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	1 2 7	\$10,848.00	\$8,887.00

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$966,928.00
<i>Net Revenue from Patient Services</i>	\$945,517.00
<i>Total Operating Expenses</i>	\$925,628.00
<i>Net Medicare Revenue</i>	
<i>Medicare Costs</i>	
<i>Net Medicaid Revenue</i>	\$135,455.00
<i>Medicaid Costs</i>	\$161,848.00
<i>Unreimbursed Charity Care Expenses</i>	\$21,590.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$143,310.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$164,900.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$37,257.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$202,157.00

**Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) City of Berlin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) BEAS District Office Supervisors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Mayor and Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Town of Gorham	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) North Country Health Consortium	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Coos County Service Link	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Coos County Family Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) St. Vincent De Paul Rehab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) Coos County Nursing Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) North Country Home Health and Hospice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11) Androscoggin Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>