

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPB-WYN8-0EKXK, version 1)

Details

Submitted 12/20/2021 (1 days ago) by Barbara L Patry

Alternate Identifier Androscoggin Va ey Home Care Services

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Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

7/1/2020

Organization Name

Androscoggin Va ey Home Care Services

Street Address

795 Main St

Berlin, NH 03570

Federal ID #

02-0460864

State Registration #

5187

Website address (must have a prefix such as "http://www.")

http://www.avhomecare.org

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

Yes

Chief Executive

First Name Last Name

Tara MacKillop

Phone Type Number Extension

Business 6037527505 206

Email

[REDACTED]

Board Chair

First Name	Last Name	
C audette	Moynihan	
Phone Type	Number	Extension
Mobi e		
Email		

Community Benefits Plan Contact

First Name	Last Name	
Barbara	Patry	
Title		
Finance Director		
Phone Type	Number	Extension
Business	6037527505	210
Email		

Does this report include community benefit information for affiliated or subsidiary organizations?

No

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)?

No

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Coos

Please select service area municipalities (NH), if applicable

NONE PROVIDED

Service Population Description

AV Home Care Services addresses the in-home needs of seniors 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, 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.

Section 3.1: 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? (Please attach a copy of the needs assessment below if completed in the past year)

2015

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

NONE PROVIDED

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 5)

Area of Community Need / Concern

20. Mental Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 5)

Area of Community Need / Concern

24. Substance Use

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 5)

Area of Community Need / Concern

11. Obesity

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 5)

Area of Community Need / Concern

32. Economic Development / Poverty

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

B1: Provision of Clinical Setting for Undergraduate Education

B3: Scholarships/Funding for Health Professions Education

F1: Physical Infrastructure Improvement

F6: Coalition Building

F7: Community Health Advocacy

A5: Dedicated Staff costs

Brief description of major strategies or activities to address this need (optional)

We work with the local high school's Health Occupations program allowing students to shadow LNA client visits. We continually offer our staff training classes and seminars. All of our clients receive a home safety assessment prior from a staff member prior to the start of their services. We participate in area advocacy meetings to address the needs of the community. Our agency connects clients to resources when needed.

We partnered with NCHC/public health to coordinate homebound vaccinations.

Section 3.2: Community Needs Assessment (5 of 5)

Area of Community Need / Concern

15. Information & Referral Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A3: Health Care Support Services

E3: In-Kind Assistance

A6: Community Needs/Asset Assessment

A7: Other Community Benefit Operations

Brief description of major strategies or activities to address this need (optional)

We are working with a local affordable housing complex to provide health related educational workshops by our nursing staff.

Our building has a large conference room that we allow other local agencies to use free of charge.

Our agency consistently sends client satisfaction surveys to our clients to better serve them.

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

1044244

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	25773	0	25773	2.5%	30000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	46278	0	46278	4.4%	48600

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	7011	0	7011	0.7%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	79062	0	79062	7.6%	78600

Community Benefit Services**(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	18360	480	17880	1.7%	20000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	3540	0	3540	0.3%	5000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	40607	0	40607	3.9%	45000

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	1500	0	1500	0.1%	1500

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	64007	480	63527	6.1%	71500

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	143069	480	142589	13.7%	\$150100

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
1044244

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	7884	0	7884	0.8%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	1244	0	1244	0.1%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	1572	0	1572	0.2%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	5208	0	5208	0.5%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	950	480	470	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	3540	0	3540	0.3%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	1500	0	1500	0.1%

Total**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	21898	480	21418	2.2%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)

NONE PROVIDED

Enter Medicare allowable costs of care relating to payments specified above (\$)

NONE PROVIDED

Medicare surplus (shortfall)

\$NaN

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

NONE PROVIDED

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

1109433.07

Net operating costs (\$)

1044244

Ratio of gross receipts from operations to net operating costs

1.062

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)

79062

Other Community Benefit Costs (\$)

63527

Community Building Activities (\$)

21418

Total Unreimbursed Community Benefit Expenses (\$)

164007

Net community benefit costs as a percent of net operating costs (%)

15.71%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

25773

Medicare Shortfall (\$)

\$NaN

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
North Country Healthcare	No	No	No	No

Please provide a description of the methods used to solicit community input on community needs:

We attend a community meetings regarding the aging population. We are on the board for the North Country Consortium.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name Last Name

Barbara *Patry*

Title

Finance Director

Email

████████████████████