

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPB-1GGM-1344J, version 1)

Details

Submitted 9/30/2021 (0 days ago) by Patricia Farmer

Alternate Identifier Cedarcrest, Inc.

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Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

07/01/2020

Organization Name

Cedarcrest, Inc.

Street Address

91 Maple Ave

KEENE, NH 03431

Federal ID #

02-0441832

State Registration #

4149

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

<http://www.cedarcrest4kids.org>

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

Yes

Chief Executive

First Name **Last Name**

Jay Hayston

Phone Type **Number** **Extension**

Business 603-358-3384

Email

[REDACTED]

Board Chair

First Name	Last Name	
Kathryn	Willbarger	
Phone Type	Number	Extension
Business	603-354-5488	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Patricia	Farmer	
Title	<i>Director of Development & Communications</i>	
Phone Type	Number	Extension
Business	6033583384	
Email	[REDACTED]	

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

No

Section 2: Mission & Community Served

Mission Statement

Cedarcrest Center enriches the lives of children with complex medical and developmental needs, supports their families, and collaborates with other community providers to build a continuum of care.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

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?

Yes

Service Population Description

Cedarcrest Center provides specialized medical care, special education and therapy services for children with medical complexity and intellectual and developmental disabilities. Cedarcrest is licensed by Health Facilities Administration as an ICF/IID and is certified by the Division of Children, Youth, and Families. Cedarcrest Center is New Hampshire's only licensed provider of post-acute medical care for children. Cedarcrest School is approved by the New Hampshire Department of Education as a special education provider for both day and residential students. Cedarcrest Center has the capacity to serve 26 residents ranging from infants to 21 year olds, including those who require ventilator support, oxygen, respiratory therapy or other high-tech medical care. During the fiscal year 2020, inpatient care was provided for 33 different children. The Cedarcrest School is approved for a total of 20 students. Three non-residential students took advantage of this resource this past year.

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)

2016

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

NONE PROVIDED

Comment

Cedarcrest engaged in a strategic planning process in 2020 with preliminary needs assessment information. This will be the basis for a more formal needs assessment process.

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

No

Section 3.2: Community Needs Assessment (1 of 4)

Area of Community Need / Concern

12. Family/Parent Support 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

A5: Dedicated Staff costs

A6: Community Needs/Asset Assessment

E3: In-Kind Assistance

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

Family support and access to resources is offered to members of the community seeking assistance.

Section 3.2: Community Needs Assessment (2 of 4)

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

A5: Dedicated Staff costs

A6: Community Needs/Asset Assessment

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

information and referral services to families and agencies as requested.

Section 3.2: Community Needs Assessment (3 of 4)

Area of Community Need / Concern

18. Access to Long Term Care or Assisted Living

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.

- 2.1: Medicaid
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- F3: Support Systems Enhancement
- F5: Leadership Development; Training for Community Members
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development

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

Staff are engaged in multiple regional, state and national groups to promote the care, education and resources needed to serve children with medical complexity. Additional focus is on workforce development and youth engagement on a regional and statewide basis.

Section 3.2: Community Needs Assessment (4 of 4)

Area of Community Need / Concern

29. Workforce Development

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.

- A1: Community Health Education
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- A4: Other Community Health Improvement Services
- B3: Scholarships/Funding for Health Professions Education
- B4: Other Health Professions Education Support
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- E3: In-Kind Assistance
- F5: Leadership Development; Training for Community Members
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development

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

Cedarcrest staff have had a leadership role in the region and the state around workforce development. A regional coalition has been built and is actively engaged in advocacy to reduce barriers and promotion of healthcare careers.

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 (\$)

7430606

(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	0	0	0	0%	04958462

(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	4958462	4958462	0	0%	5000000

(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	0	0	0	0%	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	4958462	4958462	0	0%	9958462

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	15640	0	15640	0.2%	18000

(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	26795	0	26795	0.4%	30000

(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	0	0	0	0%	0

(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	300	0	300	0%	500

(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	560	0	560	0%	10000

(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	43295	0	43295	0.6%	58500

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	5001757	4958462	43295	0.6%	\$10016962

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
7430606

(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	0	0	0	0%

(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	0	0	0	0%

(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	13300	0	13300	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	3600	0	3600	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	16560	0	16560	0.2%

(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	1650	0	1650	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	8820	0	8820	0.1%

(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	5820	0	5820	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	49750	0	49750	0.7%

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 (\$)

8579061

Net operating costs (\$)

7430606

Ratio of gross receipts from operations to net operating costs

1.155

Unreimbursed Community Benefit Costs

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

0

Other Community Benefit Costs (\$)

43295

Community Building Activities (\$)

49750

Total Unreimbursed Community Benefit Expenses (\$)

93045

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

1.25%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

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
Dartmouth Hitchcock key staff	Yes	No	No	No
Families	Yes	No	No	No
Franciscan Children's Hospital	Yes	No	No	No
Pathways of Upper Valley	Yes	No	No	No
Jane Hybsch, NH DHHS	Yes	No	No	No
Deb Scheetz, NH DHHS	Yes	No	No	No

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

Cedarcrest engaged in a strategic planning process in 2020 with preliminary needs assessment information. This will form the basis for a more formal needs assessment process.

Section 9: Charity Care Compliance

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

N/A

A written charity care policy is available to the public.

N/A

Any individual can apply for charity care.

N/A

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

N/A

Notice of the charity care policy is posted in lobbies.

N/A

Notice of the policy is posted in waiting rooms.

N/A

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

N/A

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

N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name Last Name

Catherine Gray

Title

President/CEO

Email

[REDACTED]