

Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HP5-RRBF-1RD5F, version 1)

Details

Submitted 3/31/2021 (0 days ago) by Cherrie Murray

Alternate Identifier Visiting Nurse Association of Frank in

Submission ID HP5-RRBF-1RD5F

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

1/1/2020

Organization Name

Visiting Nurse Association of Frank in

Street Address

75 Chestnut St

Frank in, NH 03235

Federal ID

02-0228247

State Registration

2923

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

http://www.http://frank invna.org/

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

Yes

Chief Executive

First Name **Last Name**

Krystin *Albert*

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

Business 603-934-3454

Email

KA bert@frank invna.org

Board Chair

First Name	Last Name	
Kath een	<i>Kidder</i>	
Phone Type	Number	Extension
Mobi e	603-393-6006	
Email		
kittykidder@gmai .com		

Community Benefits Plan Contact

First Name	Last Name	
Cherrie	<i>Murray</i>	
Title		
<i>Executive Assistant</i>		
Phone Type	Number	Extension
Business	603-934-3454	
Email		
cmurray@frank invna.org		

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

No

Section 2: Mission & Community Served**Mission Statement**

The mission of the Visiting Nurse Association of Frank in is to provide qua ity home hea th care, hospice care, and education to individua s and fami ies in our communities so that they may reach their highest eve of independence.

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 ocations from which most service recipients come (primary service area) or a subset of the genera popuation that share certain characteristics such as age range, hea th condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the popuation within that area. P ease incude information from the drop down lists and narrative fie d as app icab e to sufficient y describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Merrimack
Be knap

Please select service area municipalities (NH), if applicable

BELMONT
ANDOVER
BOSCAWEN
LACONIA
CANTERBURY
FRANKLIN
HILL
NORTHFIELD
SALISBURY
SANBORNTON
TILTON
WEBSTER

Service Population Description

Serve the genera popuation

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)

2020

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

[2020 Lakes Region Community Health Needs Assessment v12.28.30.pdf - 01/14/2021 02:42 PM](#)

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 6)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

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

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

Franklin VNA & Hospice offers a variety of community health clinics and education to the public that are free of charge.

Section 3.2: Community Needs Assessment (2 of 6)

Area of Community Need / Concern

17. Access to Home Health Care

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.

B4: Other Health Professions Education Support

E2: Grants

A1: Community Health Education

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

Franklin VNA & Hospice provides education to both community members and providers on how to obtain Home Health Care services and works with numerous grant programs to provide such services at low cost or free of charge to the patient.

Section 3.2: Community Needs Assessment (3 of 6)

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?

Yes

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

A1: Community Health Education

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 6)

Area of Community Need / Concern

25. Access to Substance Use Disorder 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.

A1: Community Health Education

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 6)

Area of Community Need / Concern

3. Access to Primary Care

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

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

Frank in VNA & Hospice works closely with local medical practices and helps coordinate services for our patients.

Section 3.2: Community Needs Assessment (6 of 6)

Area of Community Need / Concern

33. Affordable Housing

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

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

Frank in VNA & Hospice has MSW services that assist patients in finding and applying for affordable housing, food stamps, and other social services as needed to meet the patients needs.

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 (\$)

2976485

(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%	10000

(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	40470.58	40470.58	0	0%	56039

(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	40470.58	40470.58	0	0%	66039

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	37140.72	6231.68	30909.04	1%	35000

(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	0	0	0	0%	0

(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	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	0	0	0	0%	0

(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	37140.72	6231.68	30909.04	1%	35000

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	77611.3	46702.26	30909.04	1%	\$101039

Section 5: Community Building Activities

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

2976485

(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 (%)
48	NONE PROVIDED	22982.72	6231.68	16751.04	0.6%

(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 (%)
14	NONE PROVIDED	10603	0	10603	0.4%

(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	3528	0	3528	0.1%

(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	0	0	0	0%

(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	0	0	0	0%

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 (%)
62	0	37113.72	6231.68	30882.04	1%

Section 6: Medicare

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

2308673

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

2257389

Medicare surplus (shortfall)

\$51284

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:

Cost accounting system

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

2616716

Net operating costs (\$)

2976485

Ratio of gross receipts from operations to net operating costs

0.879

Unreimbursed Community Benefit Costs

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

0

Other Community Benefit Costs (\$)

30909.04

Community Building Activities (\$)

30882.04

Total Unreimbursed Community Benefit Expenses (\$)

61791.08

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

2.08%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$51284

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
Partnership for Public Health	Yes	Yes	Yes	Yes

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

VNA of Franklin works closely with the Partnership for Public Health on a monthly, and sometimes weekly basis to determine the needs of the general public in our service area. The Partnership for Public Health seeks feedback from local healthcare organizations to complete the Needs Assessment and also distributes surveys to the public and makes the results known to local healthcare organizations.

Section 9: Charity Care Compliance

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

No

A written charity care policy is available to the public.

No

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.

No

Notice of the policy is posted in waiting rooms.

No

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

No

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

No

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name **Last Name**

Cherrie *Murray*

Title

Executive Assistant

Email

cmurray@frankinvna.org

Attachments

Date	Attachment Name	Context	Confidential?	User
1/14/2021 2:42 PM	2020 Lakes Region Community Health Needs Assessment v12.28.30.pdf	Attachment	No	Cherrie Murray