

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-T8PC-V8S29, version 1)

Details

Submitted 10/29/2021 (2 days ago) by Sharon Giguere
Alternate Identifier VISITING NURSE ASSO. AND HOSPICE OF VT & NH INC
Submission ID HPC-T8PC-V8S29
Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

07/01/2020

Organization Name

VISITING NURSE ASSO. AND HOSPICE OF VT & NH INC

Street Address

88 Prospect St.

White River Junction, VT 05001-7036

Federal ID #

03-6006494

State Registration #

4508

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

<http://www.vnhcare.org>

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

No

Chief Executive

First Name **Last Name**

Johanna *Beliveau*

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

Business 888-300-8853

Email

[REDACTED]

Board Chair

First Name	Last Name	
Cynthia	Twombly	
Phone Type	Number	Extension
Mobile	[REDACTED]	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Johanna	Beliveau	
Title	<i>Chief Executive Officer & President</i>	
Phone Type	Number	Extension
Business	888-300-8853	
Email	[REDACTED]	

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

No

Section 2: Mission & Community Served

Mission Statement

We are dedicated to delivering outstanding home health and hospice services that enrich the lives of the people we serve. In more than 140 towns in Vermont and New Hampshire, we deliver excellence in nursing, rehabilitation, hospice, and personal care services. As a non-profit, our only goal is helping people.

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 filed 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

NONE PROVIDED

Please select service area municipalities (NH), if applicable

KEENE
CLAREMONT
NEWPORT
NEW LONDON
PLAINFIELD
GRANTHAM
SPRINGFIELD
WILMOT
CROYDON
CORNISH
SUNAPEE
UNITY
CHARLESTOWN
GOSHEN
LEMPSTER
ACWORTH
LANGDON
ALSTEAD
WASHINGTON
MARLOW
WALPOLE
SURRY
WESTMORELAND
SWANZEY
HINSDALE
WINCHESTER
GRAFTON
ENFIELD
ORANGE
LEBANON
CANAAAN
HANOVER
LYME
DORCHESTER
WENTWORTH
WENTWORTHS LOCATION
WARREN
PIERMONT
ORFORD
HAVERHILL

Service Population Description

As a multi-service agency, VNH offers programs that serve individuals from the beginning of life, Skilled Pediatric Care, to the end of life, Hospice. The agency does not discriminate in services or access to care on the basis of race, color, national origin, religion, disability, age, sex, marital status, sexual orientation, or ability to pay. The individuals and families we care for are at varying levels of socioeconomic status and have a wide array of healthcare and social service needs. The seniors and/or disabled citizens we care for in our long-term care programs are also often living at or near poverty levels. Short-term home care includes care for acute illness or injury, rehabilitation post-surgery or injury and intravenous therapy. Hospice care and support is offered to people with life-limiting illnesses who have chosen to discontinue curative treatment and also to their families.

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)

2019

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 1)

Area of Community Need / Concern

16. Aging Population / Senior 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.

2.1: Medicaid

2.3: Medicare

A1: Community Health Education

A6: Community Needs/Asset Assessment

E1: Cash Donations

A2: Community-Based Clinical Services

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

NONE PROVIDED

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 (\$)

25147216

(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%	0

(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	14021297	13941960	79337	0.3%	14500000

(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	3607755	2777238	830517	3.3%	3650000

(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	17629052	16719198	909854	3.6%	18150000

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	6695	258818	-252123	-1%	10000

(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	7500	0	7500	0%	7500

(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	14195	258818	-244623	-1%	17500

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	17643247	16978016	665231	2.6%	\$18167500

Section 5: Community Building Activities

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

25147216

(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	0	0	0	0%

(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	600	0	600	0%

(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	0	0	0	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	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 (%)
0	0	600	0	600	0%

Section 6: Medicare

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

13941960

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

14021297

Medicare surplus (shortfall)

\$-79337

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.

This is unreimbursed care that was covered by VNH

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

Cost to charge ratio

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

23107568

Net operating costs (\$)

25147216

Ratio of gross receipts from operations to net operating costs

0.919

Unreimbursed Community Benefit Costs

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

909854

Other Community Benefit Costs (\$)

-244623

Community Building Activities (\$)

600

Total Unreimbursed Community Benefit Expenses (\$)

665831

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

2.65%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

136671

Medicare Shortfall (\$)

\$-79337

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 Medical Center	Yes	No	No	No
Lake Sunapee VNA	Yes	No	No	No
Mt. Ascutney Hospital	Yes	No	No	No
New London Hospital	Yes	No	No	No
Alice Peck Day Memorial Hospital	Yes	No	No	No
Vermont Regional Hospital	Yes	No	No	No

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

Between November 2011 and October 2012, information on health, education and economic needs of the Upper Vermont region were gathered through secondary data gathering, two forums with informed stakeholders, a stakeholder's survey, a resident survey, and six focus group discussions. The CHNA process was guided by a steering committee composed of individuals with expertise in the areas of health, education and economic well-being. - From 2012 Upper Vermont Community Needs Assessment Report.

Between March 2015 and August 2015, a community needs assessment was conducted by Dartmouth-Hitchcock and Alice Peck Day Memorial Hospital in partnership with New London Hospital, Vermont Regional Hospital, and Mt. Ascutney Hospital and Health Center.

We are currently wrapping up our CHNA for 2021 and will have results next year. Surveys were given during COVID vaccination, online, and in person.

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.

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.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Sharon

Last Name

Giguere

Title

Manager, Community Relations and Marketing

Email

[REDACTED]