

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPE-ZD5M-53SH9, version 1)

## Details

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**Submitted** 1/27/2022 (4 days ago) by Sandra Ruka  
**Alternate Identifier** Visiting Nurse Home Care/Hospice Carroll County  
**Submission ID** HPE-ZD5M-53SH9  
**Status** Submitted

## Form Input

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### Section 1: Organizational Information

**For Fiscal Year Beginning**  
07/01/2020

**Organization Name**  
Visiting Nurse Home Care/Hospice Carroll County

**Street Address**  
1529 White Mountain Highway  
PO Box 432  
North Conway, NH 03860

**Federal ID #**  
020311473

**State Registration #**  
1790

**Website address (must have a prefix such as "http://www.")**  
<http://www.vnhch.org>

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

**Chief Executive**

<b>First Name</b>	<b>Last Name</b>	
Sandra	<i>Ruka</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-356-7006	114
<b>Email</b>		
[REDACTED]		

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Myles	<i>Crowe</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-356-7006	
<b>Email</b>		
[REDACTED]		

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Sandra	<i>Ruka</i>	
<b>Title</b>		
<i>Executive Director</i>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-356-7006	114
<b>Email</b>		
[REDACTED]		

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

No

**Section 2: Mission & Community Served**

**Mission Statement**

We use our passion for compassion to provide exceptional home health care enabling independent living and quality of life for our clients and their families.

**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?**

No

**Please select service area Counties (NH), if applicable**

Carroll

**Please select service area municipalities (NH), if applicable**

NONE PROVIDED

**Service Population Description**

Home care services, both skilled, hospice and long term care services are provided to the residents of Carroll County. Skilled home care and hospice services are provided in Northern Carroll County and long term care, including Choices for Independence and state block grant programs, are provided to residents in all of Carroll County. Services include nursing, physical therapy, occupational therapy, speech therapy, social services, home health aide, homemaker and hospice care. The aging population in our county are in great need of all service types and this need is anticipated to grow.

We also focus our services, beyond direct care, on the needs of our population. VNHCH is committed to the needs of the community and has focused efforts aimed at improving the health and quality of life of the residents of Carroll County. Ongoing support programs include palliative care and Crossings (childhood bereavement support) and support groups for grief and loss.

**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.**

A1: Community Health Education

A3: Health Care Support Services

B3: Scholarships/Funding for Health Professions Education

C9: Palliative Care

F7: Community Health Advocacy

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

A1. VNHCH has continued outreach efforts through a variety of media, this includes print article and education as well as a variety of social media.

A3. During the past year VNHCH has developed a vaccine program that enabled us to provide COVID vaccines in our community.

B3. VNHCH provided a \$1000.00 scholarship

C9. VNHCH has a rigorous palliative care program

F7 Agency representatives participate in the Age Friendly Community initiative.

**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**

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**Total Functional Expenses for the Reporting Year (\$)**

3449915

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

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(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%	4500

**(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	612728	287738	324990	9.4%	325000

**(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	612728	287738	324990	9.4%	329500

## 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	3400	0	3400	0.1%	4000

### (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	1000	0	1000	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	396768	182314	214454	6.2%	215000

### (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	401168	182314	218854	6.3%	219000

**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	1013896	470052	543844	15.8%	\$548500

## Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)  
3449915

### (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 (%)
0	0	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 (%)
0	0	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	4000	0	4000	0.1%

### (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 (%)
0	0	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	500	0	500	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	500	0	500	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	750	0	750	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	5750	0	5750	0.2%

**Section 6: Medicare**

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

2032729

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

1354178

**Medicare surplus (shortfall)**

\$678551

**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.**

Costing Methodology - Medicare Cost Report

**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 (\$)**

4210275

**Net operating costs (\$)**

3449915

**Ratio of gross receipts from operations to net operating costs**

1.22

### **Unreimbursed Community Benefit Costs**

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

324990

**Other Community Benefit Costs (\$)**

218854

**Community Building Activities (\$)**

5750

**Total Unreimbursed Community Benefit Expenses (\$)**

549594

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

15.93%

**Other Community Benefits (optional)**

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**Leveraged Revenue for Community Benefit Activities (\$)**

59849

**Medicare Shortfall (\$)**

\$678551

**Section 8: Community Engagement in the Community Benefits Process**

**Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Memorial Hospital/Maine Health	Yes	Yes	Yes	Yes
White Mountain Community Health Center	Yes	Yes	Yes	Yes
Gibson Center for Senior Services	Yes	Yes	Yes	Yes
Northern Human Services	Yes	Yes	Yes	Yes
Carroll County Coalition for Public Health	Yes	Yes	Yes	Yes
MWV Adult Day Center	Yes	Yes	Yes	Yes
MWV Community Health Collaborative	No	No	No	Yes
VNHCH	Yes	Yes	Yes	Yes

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

A comprehensive assessment and analysis of public health data was conducted via community benefits team at Memorial Hospital/Maine Health. Once data was collected it was analyzed and categorized. Findings were presented in a community forum to prioritize community needs. The full assessment is available via agency website.

**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    Last Name**

Sandra        *Ruka*

**Title**

*Executive Director*

**Email**

[REDACTED]

**NHCT-31 (December 2020)**