

Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-3C0Z-JX4KR, version 1)

Details

Submitted 12/21/2022 (16 days ago) by Margo Sullivan

Submission ID HPQ-3C0Z-JX4KR

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Androscoggin Valley Home Care Services

State Registration #

5187

Federal ID #

02-0460864

Fiscal Year Beginning

07/01/2021

Entity Address

795 Main St

Berlin, New Hampshire 03570

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

<http://www.avhomecare.org>

Chief Executive Officer (first, last name)

First Name	Last Name
Margo	Sullivan

Phone Type	Number	Extension
Business	[REDACTED]	

Email

[REDACTED]

Board Chair (first, last name)

First Name	Last Name
Louise	Valliere

Phone Type	Number	Extension
Home	[REDACTED]	

Email

[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Margo Sullivan

Title

Executive Director

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

Business [REDACTED]

Email

[REDACTED]

1. Is the entity's community benefits plan on the organization's website?

Yes

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

N/A

Section 2: Mission & Community Served

1. 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."

2. 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.

1. 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

- BERLIN
- COLEBROOK
- COLUMBIA
- DALTON
- GORHAM
- LANCASTER
- MILAN
- NORTHUMBERLAND
- RANDOLPH
- STEWARTSTOWN
- STARK
- STRATFORD
- WHITEFIELD
- JEFFERSON

Service Population Description

<A.V. Home Care Services addresses the in-home needs of frail elderly and disabled adults seeking to live safely and independently at home with targeted supports. Our programs provide light homemaking, bath care, errands, cooking, laundry, medication reminders and prescription pick up at pharmacies, respite and non-ski ed nursing support. Many of our service population is poor, meeting very low income eligibility guidelines for TXX, others are otherwise are eligible for TIII B services for Older Americans. We also serve VA and Choices for Independence (Medicaid Waiver) clients as authorized.

Section 3.1: Community Needs Assessment

1. 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)

2022

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

[Community Needs Assessment North Country 11 2022.pdf - 12/21/2022 09:54 AM](#)

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 4)

3. Area of Community Need / Concern

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

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

1: Financial Assistance

A2: Community-Based Clinical Services

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

Program reimbursement does not totally cover costs to provide services for our populations. AVHCS solicits support from towns and cities to help defray the costs of service that have grown exponentially over the past few years due to Covid and inflation. The agency conducts a number of fundraisers annually as well, most notably for "Dorothy's Gift" as a discretionary fund to assist those clients who do not fit into any particular program and/or who have needs outside the usual parameters of program guidelines that we can help with, for their quality of life and to assure their integration in to the community that they value in their own lives.

Section 3.2: Community Needs Assessment (2 of 4)

3. Area of Community Need / Concern

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

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

1: Financial Assistance

A2: Community-Based Clinical Services

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

Program reimbursement does not totally cover costs to provide services for our populations. AVHCS solicits support from towns and cities to help defray the costs of service that have grown exponentially over the past few years due to Covid and inflation. The agency conducts a number of fundraisers annually as well, most notably for "Dorothy's Gift" as a discretionary fund to assist those clients who do not fit into any particular program and/or who have needs outside the usual parameters of program guidelines that we can help with, for their quality of life and to assure their integration in to the community that they value in their own lives.

Section 3.2: Community Needs Assessment (3 of 4)

3. Area of Community Need / Concern

20. Mental Health

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

F8: Workforce Development

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

AVHCS is committed to supporting our clients who suffer from mental illness by educating our entire staff on effective strategies for dealing with the client behaviors that may manifest during their in-home time. Staff have had two in-service sessions with an experienced mental health counselor who is teaching them about common mental health disorders, with role play and scripting on how to deal with identified situations they have provided.

Section 3.2: Community Needs Assessment (4 of 4)

3. Area of Community Need / Concern

5. Cancer Prevention / Treatment

4. Is the need identified in the Community Needs Assessment?

Yes

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

No

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

A3: Health Care Support Services

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

Many of our clients in the TXX and TIIIIB programs have cancer and our services help them as they recuperate at home after surgeries. These programs do not cover our costs.

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 (\$)

968121.06

(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	141755	119372	22383	2.3%	175000

(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	119214.67	101871	17343.67	1.8%	131000

(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	714250	693779	20471	2.1%	735000

(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	975219.67	915022	60197.67	6.2%	1041000

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	12290	0	12290	1.3%	30000

(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	928.65	0	928.65	0.1%	2200

(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	13218.65	0	13218.65	1.4%	32200

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	988438.32	915022	73416.32	7.6%	\$1073200

Section 5: Community Building Activities

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

968121.06

(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	950	0	950	0.1%

(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	950	0	950	0.1%

(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	930	930	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	2830	930	1900	0.2%

Section 6: Medicare**1. Total revenue received from Medicare (\$ -- including DSH and IME)**

0

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

0

3. Medicare surplus (shortfall)

\$0

4. 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

5. 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

1. Gross Receipts from Operations (\$)

963234

2. Net operating costs (\$)

968121.06

3. Ratio of gross receipts from operations to net operating costs

0.995

Unreimbursed Community Benefit Costs

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

60197.67

5. Other Community Benefit Costs (\$)

13218.65

6. Community Building Activities (\$)

1900

7. Total Unreimbursed Community Benefit Expenses (\$)

75316.32

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

7.78%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)

0

2. Medicare Shortfall (\$)

\$0

Section 8: Community Engagement in the Community Benefits Process

1. 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
Educators	Yes	Yes	Yes	Yes
City Council Members	Yes	Yes	Yes	Yes
Health Care professionals	Yes	Yes	Yes	Yes

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

After key stakeholders were identified in the areas covered by the HSA's, surveys were sent out and data was collected and coded to identify health disparities, social determinants in play, service delivery gaps, and then create an action plan with community organizations able to facilitate improvement plan together.

Section 9: Charity Care Compliance

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

Yes

2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

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

Yes

5. Notice of the charity care policy is posted in lobbies.

Yes

6. Notice of the policy is posted in waiting rooms.

Yes

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

Yes

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

Yes

Section 10: Certification

Electronic Signature

First Name **Last Name**

Margo Sullivan

Title

Executive Director

Email

[REDACTED]

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
12/21/2022 9:54 AM	Community Needs Assessment North Country 11 2022.pdf	Attachment	No	Margo Sullivan