

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPJ-SWG9-QAS3M, version 1)

## Details

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**Submitted** 9/30/2022 (136 days ago) by Patricia Farmer

**Alternate Identifier** Cedarcrest, Inc.

**Submission ID** HPJ-SWG9-QAS3M

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

07/01/2021

**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**

Jay

**Last Name**

Hayston

**Phone Type**

Business

**Number**

██████████

**Extension**

**Email**

████████████████████

### Board Chair

First Name	Last Name	Phone Type	Number	Extension
Kathryn	Willbarger	Business	[REDACTED]	
<b>Email</b> [REDACTED]				

### Community Benefits Plan Contact

First Name	Last Name	Phone Type	Number	Extension
Patricia	Farmer	Business	[REDACTED]	
<b>Title</b> <i>Director of Development and Communications</i>				
<b>Email</b> [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 NH 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 22 year olds, including those who require ventilator support, oxygen, respiratory therapy or other high-tech medical care. During the fiscal year 2022, inpatient care was provided for 47 different children. The Cedarcrest School is approved for a total of 20 students. An average of 17 students were educated in FY22 including 3 non-residential students.

## 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)**

2022

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

[2022 Cedarcrest Center.pdf - 09/30/2022 12:12 PM](#)

**Comment**

NONE PROVIDED

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

No

### **Section 3.2: Community Needs Assessment (1 of 3)**

**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.**

A6: Community Needs/Asset Assessment

A3: Health Care Support Services

A5: Dedicated Staff costs

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 3)**

**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.**

A6: Community Needs/Asset Assessment

A3: Health Care Support Services

A5: Dedicated Staff costs

E3: In-Kind Assistance

**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 3)**

**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.**

- A6: Community Needs/Asset Assessment
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- E3: In-Kind Assistance
- 2.1: Medicaid
- 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
- F5: Leadership Development; Training for Community Members
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development
- F2: Economic development
- D2: Community / Population Health Research

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

Cedarcrest is a clinical rotation site for three nursing programs in the region. Additionally we partner with many organizations in the region in the areas of economic development, civic support, and workforce development. Cedarcrest has continued to offer internships to undergraduate and graduate students in the areas of social services and therapy as well as providing high school students with career exploration opportunities.

**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 (\$)**

7639333

**(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	5437991	5162002	275989	3.6%	5500000

**(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	5437991	5162002	275989	3.6%	5500000

**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	4840	0	4840	0.1%	6000

**(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	136080	0	136080	1.8%	125000

**(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	300	0	300	0%	300

**(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	500	0	500	0%	750

**(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	141720	0	141720	1.9%	132050

**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	5579711	5162002	417709	5.5%	\$5632050

**Section 5: Community Building Activities****Total expense (\$; entered at top of Section 4)**

7639333

**(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	7000	0	7000	0.1%

**(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	12540	0	12540	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	5350	0	5350	0.1%

**(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	5850	0	5850	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	1400	0	1400	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	750	0	750	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	32890	0	32890	0.4%

**Section 6: Medicare**

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

0

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

0

Medicare surplus (shortfall)

\$0

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 (\$)

7524814

**Net operating costs (\$)**

7639333

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

0.985

**Unreimbursed Community Benefit Costs**

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

275989

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

141720

**Community Building Activities (\$)**

32890

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

450599

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

5.9%

**Other Community Benefits (optional)**

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

0

**Medicare Shortfall (\$)**

\$0

**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>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Dartmouth Heath Pediatrics, Current families/guardians, Area Agencies	Yes	Yes	No	No

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

Interviews with: referral agencies, community partners, continuum of care partners, current parents, former parents, Trustees, School District representatives, medical specialists

**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**

Jay                      Hayston

**Title**

President/CEO

**Email**

[REDACTED]

NHCT-31 (December 2020)

## **Attachments**

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<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
9/30/2022 12:12 PM	2022 Cedarcrest Center.pdf	Attachment	No	Patricia Farmer