

# Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-3FX8-QZERG, version 1)

## Details

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**Submitted** 12/22/2022 (40 days ago) by Gera dine Ho mes

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

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**Entity Name**

Granite VNA

**State Registration #**

1927

**Federal ID #**

020222122

**Fiscal Year Beginning**

10/01/2021

**Entity Address**

30 Pi sbury Street  
Concord, NH 03301

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

<http://www.granitevna.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name
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Beth	<i>Slepian</i>
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Phone Type	Number	Extension
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Business	[REDACTED]	[REDACTED]
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**Email**

[REDACTED]

**Board Chair (first, last name)**

First Name	Last Name
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Miche ine	<i>Dufort</i>
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Phone Type	Number	Extension
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Mobi e	[REDACTED]	
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**Email**

[REDACTED]

**Community Benefits Plan - Contact (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Gera dine	Holmes	
<b>Title</b>	CFO	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>	[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)?**

No

**Section 2: Mission & Community Served**

**1. Mission Statement**

We enhance dignity and independence for people by delivering quality health care and promoting wellness in homes and communities through all stages of life.

**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 field 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**

- Merrimack
- Hillsborough
- Carroll
- Belknap

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

NONE PROVIDED

**Service Population Description**

Our services include Skilled Nursing; Physical Therapy, Occupational Therapy, & Speech Therapy; Homemaking; Maternal/Child Health; Social Work; Hospice Care; Palliative Care, Personal Home Services; Pediatric Care; Nutritional Counseling; Senior Health Clinics; Flu Immunization Clinics; Immunization Clinics; Blood Pressure Clinics; and Community Education.

**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)**

2021

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

[2021 Capita Region Community Health Needs Assessment.pdf - 12/21/2022 03:11 PM](#)

**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 3)**

**3. Area of Community Need / Concern**

27. Healthy Eating / Nutrition / Food Insecurity

**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.**

A1: Community Health Education

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (2 of 3)**

**3. Area of Community Need / Concern**

16. Aging Population / Senior Services

**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.**

A1: Community Health Education

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

NONE PROVIDED

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

**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?**

No

**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.**

1: Financial Assistance

2.1: Medicaid

**7. 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 (\$)**

44242368

**(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	89300	0	89300	0.2%	89300

**(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	991000	0	991000	2.2%	991000

**(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	1080300	0	1080300	2.4%	1080300

**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	139948	0	139948	0.3%	139948

**(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	261438	0	261438	0.6%	261438

**(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	2289605	0	2289605	5.2%	2289605

**(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	4614	0	4614	0%	4614

**(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	2695605	0	2695605	6.1%	2695605

**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	3775905	0	3775905	8.5%	\$3775905

**Section 5: Community Building Activities**

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

44242368

**(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	2692	0	2692	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	165583	0	165583	0.4%

**(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	8352	0	8352	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	45984	0	45984	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	891553	0	891553	2%

**Total**

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**(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	1114164	0	1114164	0.5%

**Section 6: Medicare**

**1. Total revenue received from Medicare (\$ -- including DSH and IME)**  
32259909

**2. Medicare allowable costs of care relating to payments specified above (\$)**  
NONE PROVIDED

**3. Medicare surplus (shortfall)**  
\$NaN

**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:**  
Cost accounting system

**Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**  
39049792

**2. Net operating costs (\$)**  
44242368

**3. Ratio of gross receipts from operations to net operating costs**  
0.883

**Unreimbursed Community Benefit Costs**

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**4. Financial Assistance and Means-Tested Government Programs (\$)**  
1080300

**5. Other Community Benefit Costs (\$)**  
2695605

**6. Community Building Activities (\$)**  
1114164

**7. Total Unreimbursed Community Benefit Expenses (\$)**  
4890069

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

11.05%

**Other Community Benefits (optional)**

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

162417

**2. Medicare Shortfall (\$)**

\$NaN

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

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**1. 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>
Concord Hospita	Yes	Yes	Yes	Yes
City of Concord	Yes	No	No	Yes
Capita Area Pub ic Hea th Network	Yes	No	No	Yes
Foundation for Hea thy Communities	Yes	No	No	Yes
Penacook Community Center	Yes	No	No	Yes
Granite United Way	Yes	No	No	Yes

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

Primary data were gathered through key stakeho der interviews, a survey of community members, and a survey of Concord Hospita staff members.

**Section 9: Charity Care Compliance**

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**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.**

N/A

**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**

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**Electronic Signature**

**First Name**      **Last Name**

Gera dine      *Holmes*

**Title**

*CFO*

**Email**

[REDACTED]

NHCT-31 (September 2022)

**Attachments**

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Date	Attachment Name	Context	Confidential?	User
12/21/2022 3:11 PM	2021 Capita RegionCommunityHea thNeedsAssessment.pdf	Attachment	No	Gera dine Ho mes