Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPW-JSKP-NE7GN, version 1)

Details

Submitted	8/16/2023 (1 days ago) by Kelli Rafferty
Submission ID	HPW-JSKP-NE7GN
Status	Submitted

Form Input

Section 1: Entity Information

Entity Name
Home Health & Hospice Care

State Registration #
2925

Federal ID #
23-7331452

Fiscal Year Beginning
07/01/2022

Entity Address

7 Executive Park Drive

Merrimack, NH 03054

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

Chief Executive Officer (first, last name)

First Name	**Last Name**	
Barbara	*Lafrance*	
Phone Type	**Number**	**Extension**
Business	███████████	
Email		
████████████████		

Board Chair (first, last name)

First Name	**Last Name**	
Scott	*Flegal*	
Phone Type	**Number**	**Extension**
Business	██████████	
Email		
████████████████		

Community Benefits Plan - Contact (first, last name)

First Name	Last Name
Kelli	*Rafferty*

Title

Executive Director of Philanthropy & Community Benefit

Phone Type	Number	Extension
Business	██████████	

Email

████████████████

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
Home Health & Hospice Care provides trusted patient centered services that enhance each individual�s independence and quality throughout life.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)?
No

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
Hillsborough
Merrimack
Rockingham

Please select service area municipalities (NH), if applicable
AMHERST
AUBURN
BEDFORD
BROOKLINE
CANDIA
CHESTER
DERRY
GOFFSTOWN
HOLLIS
HOOKSETT
HUDSON
LITCHFIELD
LONDONDERRY
MANCHESTER
MASON
MERRIMACK
MILFORD
MONT VERNON
NASHUA
NEW BOSTON
PELHAM
RAYMOND
SALEM
WILTON
WINDHAM

Service Population Description
Serve the general population

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)
2020

Please attach a copy of the needs assessment if completed in the past year
Manchester-Community-Health-Needs-Assessment-2022.pdf - 08/01/2023 04:40 PM
Comment
The greater Nashua CHNA is online only - https://dashboards.mysidewalk.com/gnphr-cha/2022-community-health-improvement-plan
for the Manchester CHNA was completed in Nov 2022 - https://www.elliothospital.org/website/downloads/Manchester-Community-Health-Needs-Assessment-2022.pdf

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 6)

3. Area of Community Need / Concern
17. Access to Home Health Care

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
2.1: Medicaid
2.3: Medicare
A1: Community Health Education
A3: Health Care Support Services
A4: Other Community Health Improvement Services
F6: Coalition Building
F7: Community Health Advocacy
C7: Subsidized Continuing Care
B1: Provision of Clinical Setting for Undergraduate Education
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 6)

3. Area of Community Need / Concern
6. Heart Disease and Stroke

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
2.1: Medicaid
2.3: Medicare
A1: Community Health Education
A3: Health Care Support Services
A4: Other Community Health Improvement Services
F6: Coalition Building
F7: Community Health Advocacy
C7: Subsidized Continuing Care
B1: Provision of Clinical Setting for Undergraduate Education
E4: Resource Development Assistance

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 6)

3. Area of Community Need / Concern
7. Diabetes

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
2.1: Medicaid
2.3: Medicare
A1: Community Health Education
A3: Health Care Support Services
A4: Other Community Health Improvement Services
C7: Subsidized Continuing Care
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 6)

3. Area of Community Need / Concern
8. COPD

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
2.1: Medicaid
2.3: Medicare
A1: Community Health Education
A3: Health Care Support Services
A4: Other Community Health Improvement Services
C7: Subsidized Continuing Care
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 6)

3. Area of Community Need / Concern
9. Congestive Heart Failure

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
2.1: Medicaid
2.3: Medicare
A1: Community Health Education
A3: Health Care Support Services
A4: Other Community Health Improvement Services
C7: Subsidized Continuing Care
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 6)

3. Area of Community Need / Concern
19. Palliative Care / Hospice

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
2.1: Medicaid
2.3: Medicare
A1: Community Health Education
A3: Health Care Support Services
A4: Other Community Health Improvement Services
C7: Subsidized Continuing Care
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations

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 ($)
22383923

(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	32	43627	0	43627	0.2%	54000

(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	749979	709459	40520	0.2%	700000

(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	32	793606	709459	84147	0.4%	754000

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	0	0	0	0%	0

(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	43627	0	43627	0.2%	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	2000	0	2000	0%	2000

(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	NaN	45627	0	45627	0.2%	2000

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	NaN	839233	709459	129774	0.6%	$756000

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
22383923

(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	146002	0	146002	0.7%

(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	0	0	0	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	2000	0	2000	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	NaN	148002	0	148002	0.7%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
NONE PROVIDED

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

3. Medicare surplus (shortfall)
$undefined

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 ($)
22762798

2. Net operating costs ($)
22383923

3. Ratio of gross receipts from operations to net operating costs
1.017

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
84147

5. Other Community Benefit Costs ($)
45627

6. Community Building Activities ($)
148002

7. Total Unreimbursed Community Benefit Expenses ($)
277776

8. Net community benefit costs as a percent of net operating costs (%)
1.24%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

2. Medicare Shortfall ($)
$undefined

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
United Way of Greater Nashua	Yes	Yes	Yes	No
Southern NH Health System	Yes	Yes	No	Yes

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
St Joseph Hospital	Yes	Yes	No	No
Dartmouth Hitchcock - Nashua	Yes	Yes	No	No
Public Health & Community Services - City of Nashua	Yes	Yes	Yes	Yes
Nashua School District	Yes	Yes	No	No

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

The City of Nashua Division of Public Health and Community Services (DPHCS) conducted a community-based survey in 2020 and invited Greater Nashua residents to tell us what they thought the biggest health priorities were in their communities and about their COVID-19 experiences.

The Community Portrait research project was originally designed as a series of in-person, focus group sessions to be held across the Greater Nashua region throughout the summer of 2020. Research design began in January 2020, and when the COVID-19 pandemic called for social distancing, we had to adjust our research design to accommodate online data collection. With the switch to an online survey-based design, we modified our questions from a semi-structured interview design to a survey design. Our demographic questions were guided by the Harvard School of Public Health�s Inclusive Demographic Data Collection guide.

(information is provided within the CHNA Nashua 2020)

https://dashboards.mysidewalk.com/gnphr-cha

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.
N/A

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

Electronic Signature

First Name   **Last Name**
Kelli   *Rafferty*

Title
Executive Director of Philanthropy & Community Benefit Elliot Health System

Email

Attachments

Date	Attachment Name	Context	Confidential?	User
8/1/2023 4:40 PM	Manchester-Community-Health-Needs-Assessment-2022.pdf	Attachment	No	Kelli Rafferty