

Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPS-CMA3-BWJSD, version 1)

Details

Submitted 3/27/2023 (0 days ago) by Susan Ashworth

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Form Input

Section 1: Entity Information

Entity Name

Home Healthcare, Hospice and Community Services

State Registration #

5263

Federal ID #

20464932

Fiscal Year Beginning

07/01/2021

Entity Address

312 Marlboro Street

PO Box 564

Keene,, NH 03431

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

<http://www.hcsservices.org>

Chief Executive Officer (first, last name)

First Name	Last Name
Maura	McQueeney

Phone Type	Number	Extension
Business	[REDACTED]	

Email
[REDACTED]

Board Chair (first, last name)

First Name	Last Name
David	Therrien

Phone Type	Number	Extension
Business	[REDACTED]	

Email
[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Susan	Ashworth	
Title		
Director of Community Relations		
Phone Type	Number	Extension
Business	[REDACTED]	[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)?

Yes

Affiliated or Subsidiary Organizations (complete table below)

Entity Name	Federal Employer Identification Number	State Registration Number
VNA at HCS	20360640	1950

Section 2: Mission & Community Served

1. Mission Statement

The mission of Home Healthcare, Hospice and Community Services and the VNA at HCS is to provide services which enable people to function throughout life at their optimal level of health, well-being and independence according to their personal beliefs and choices.

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

Cheshire

Please select service area municipalities (NH), if applicable

- ACWORTH
- ANTRIM
- CHARLESTOWN
- CLAREMONT
- FRANCESTOWN
- GREENFIELD
- GREENVILLE
- HANCOCK
- HILLSBOROUGH
- LANGDON
- LYNDEBOROUGH
- MASON
- MILFORD
- NEW BOSTON
- NEW IPSWICH
- PETERBOROUGH
- SHARON
- TEMPLE
- WILTON

Service Population Description

The VNA at HCS provides care required for the health and safety of clients without regard to their financial status, within the financial resources of the agency. Community services are provided when not constrained by specialized funding. Priority populations are children, pregnant women and older adults. VNA at HCS services and the communities served are prescribed by the VNA at HCS and the HCS by-laws.

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)

2019

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

NONE PROVIDED
Comment
NONE PROVIDED

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

No

Section 3.2: Community Needs Assessment (1 of 5)

3. Area of Community Need / Concern

12. Family/Parent Support 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.

C5: Women and Childrens Services

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

Healthy Starts provides supports and resources for pregnant women and families; in addition, the program offers supports for mother in recovery.

Section 3.2: Community Needs Assessment (2 of 5)

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.

A3: Health Care Support Services

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

Adult day services provide respite for family caregivers to allow them to continue to work or to have the support needed to care for a family member at home.

Section 3.2: Community Needs Assessment (3 of 5)

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.

A4: Other Community Health Improvement Services

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

Nutrition support services - meals on wheels- are provided to maintain and improve the health of older adults and address social isolation with a daily safety check.

Section 3.2: Community Needs Assessment (4 of 5)

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.

A3: Health Care Support Services

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

Home support provides light housekeeping, laundry, errands and grocery shopping for older or disabled adults who have health issues that require assistance with essential household tasks.

Section 3.2: Community Needs Assessment (5 of 5)

3. Area of Community Need / Concern

31. Transportation 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.

A3: Health Care Support Services

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

Transportation services provide access to local healthcare facilities as well as weekly trips to Veterans Administration facilities in White River Junction, VT. and to Dartmouth Health in Lebanon, NH.

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 (\$)

15887665

(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	110765.87	0	110765.87	0.7%	114087

(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	445516.63	421691.33	23825.3	0.1%	24539

(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	2993218.03	2833147.02	160071.01	1%	164873

(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	3549500.53	3254838.35	294662.18	1.9%	303499

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	1468328.00	1181505.00	286823	1.8%	295427

(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	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	1468328	1181505	286823	1.8%	295427

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	5017828.53	4436343.35	581485.18	3.7%	\$598926

Section 5: Community Building Activities

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

15887665

(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	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	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	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	0	0	0	0%

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)

\$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:

NONE PROVIDED

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

18098109

2. Net operating costs (\$)

15887665

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

1.139

Unreimbursed Community Benefit Costs

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

294662.18

5. Other Community Benefit Costs (\$)

286823

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

581485.18

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

3.66%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$NaN

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
Older adult consumers	Yes	Yes	No	No
Community members	Yes	Yes	No	No
Cheshire Medical Center Prescribe for Health	Yes	No	No	No
Southwest Region Planning Commission Age Focus Group	Yes	No	No	No
HCS staff and Board members	No	No	Yes	Yes
Monadnock Community Hospital Needs Assessment Committee	Yes	Yes	No	No

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

Focus groups and surveys of consumers were used to solicit input on community needs.

Section 9: Charity Care Compliance

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

No

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

Electronic Signature

First Name

Susan

Last Name

Ashworth

Title

Director of Community Relations

Email

[REDACTED]

NHCT-31 (September 2022)