

Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPH-HXPG-HE9ES, version 1)

Details

Submitted 5/12/2022 (267 days ago) by Catherine Raymond

Alternate Identifier Lake Sunapee Home Care and Hospice

Submission ID HPH-HXPG-HE9ES

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/1/2020

Organization Name

Lake Sunapee Home Care and Hospice

Street Address

107 Newport Road

New London, New Hampshire 03257

Federal ID #

23-7066056

State Registration #

2522

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

<http://www.akesunapeevna.org>

Is the organization's community benefit plan on the organization's website?

Yes

Chief Executive

First Name

Jim

Last Name

Culhane

Phone Type

Business

Number

██████████

Extension

██

Email

██

Board Chair

| | | |
|-------------------|------------------|------------------|
| First Name | Last Name | |
| Kieran | Kays | |
| Phone Type | Number | Extension |
| Business | [REDACTED] | |
| Email | [REDACTED] | |

Community Benefits Plan Contact

| | | |
|-------------------|----------------------------|------------------|
| First Name | Last Name | |
| Catherine | Raymond | |
| Title | <i>Development Officer</i> | |
| Phone Type | Number | Extension |
| Business | [REDACTED] | [REDACTED] |
| Email | [REDACTED] | |

Does this report include community benefit information for affiliated or subsidiary organizations?

Yes

Affiliated or Subsidiary Organizations

| Organization Name | Federal ID # | State Registration # |
|--|--------------|----------------------|
| Lake Sunapee Community Health Services | 02-0438863 | 4463 |
| Lake Sunapee Region Visiting Nurse Association | 02-0438862 | 4466 |

Section 2: Mission & Community Served

Mission Statement

To provide health care and hospice services for individuals and families in homes and community settings, fostering continuity of care across settings and enabling people to stay in their homes as long as possible.

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 dropdown lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Grafton
Merrimack
Sullivan

Please select service area municipalities (NH), if applicable

NONE PROVIDED

Service Population Description

Lake Sunapee Region VNA & Hospice (trade name for Lake Sunapee Home Care and Hospice; abbreviated LSRVNA) provides services for all ages, newborns to the elderly, with the largest portion of our clients served age 65+. LSRVNA provides care in: Acworth, Andover, Bradford, Canaan, Charlestown, Claremont, Cornish, Croydon, Danbury, Dorchester, Enfield, Goshen, Grafton, Grantham, Hanover, Langdon, Lebanon, Lempster, Lyme, Newbury, New London, Newport, Orange, Plainfield, Salisbury, Springfield, Sunapee, Sutton, Unity, Warner, Washington, Whitmot. On any given day there are 625+ clients on service. Our team consists of about 180 staff and 80 volunteers. Field staff drive 625,000+ miles annually to deliver care. In the home setting we offer skilled medical care, private personal care (non-medical services) and hospice care. We also have a variety of community-based health clinics, education and support groups. LSRVNA accepts Medicare, Medicaid and a private insurances.

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)

2021

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

[CHNA 2022.pdf - 05/09/2022 03:45 PM](#)

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 1)

Area of Community Need / Concern

16. Aging Population / Senior Services

Is the need identified in the Community Needs Assessment?

Yes

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

No

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

1: Financial Assistance

2.1: Medicaid

2.2: Other means-tested government programs

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

C9: Palliative Care

E1: Cash Donations

E3: In-Kind Assistance

F3: Support Systems Enhancement

F5: Leadership Development; Training for Community Members

F7: Community Health Advocacy

F6: Coalition Building

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 (\$)

11914684

(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 | 154 | 642872 | 417867 | 225005 | 1.9% | 420000 |

(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 | 154 | 642872 | 417867 | 225005 | 1.9% | 420000 |

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 (\$) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|---|
| 2 | NONE PROVIDED | 44870 | 10804 | 34066 | 0.3% | 47114 |

(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 (\$) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|---|
| 1 | 39 | 3180 | 0 | 3180 | 0% | 3498 |

(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 (\$) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|---|
| 1 | 183 | 144039 | 35973 | 108066 | 0.9% | 151241 |

(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 (\$) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|---|
| 2 | NONE PROVIDED | 10840 | 0 | 10840 | 0.1% | 11924 |

(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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| 6 | 222 | 202929 | 46777 | 156152 | 1.3% | 213777 |

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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| 6 | 376 | 845801 | 464644 | 381157 | 3.2% | \$633777 |

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

11914684

(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 (%) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|
|---|-------------------------------|--|------------------------------------|--|----------------------------------|

| (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 (%) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|
| 2 | 200 | 16179 | 0 | 16179 | 0.1% |

(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 (%) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|
| 4 | 30 | 3720 | 0 | 3720 | 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 (%) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|
| 5 | NONE PROVIDED | 6745 | 0 | 6745 | 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 (%) |
|---|-------------------------------|--|------------------------------------|--|----------------------------------|
| 5 | NONE PROVIDED | 24131 | 0 | 24131 | 0.2% |

(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 (%) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|
| 16 | 230 | 50775 | 0 | 50775 | 0.4% |

Section 6: Medicare

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

8107358

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

7134475

Medicare surplus (shortfall)

\$972883

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:

Cost accounting system

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

11759844

Net operating costs (\$)

11914684

Ratio of gross receipts from operations to net operating costs

0.987

Unreimbursed Community Benefit Costs

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

225005

Other Community Benefit Costs (\$)

156152

Community Building Activities (\$)

50775

Total Unreimbursed Community Benefit Expenses (\$)

431932

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

3.63%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

192700

Medicare Shortfall (\$)

\$972883

Section 8: Community Engagement in the Community Benefits Process

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 |
|--|------------------------|------------------------|-------------------------|----------------------------|
| Residents of service area towns | Yes | Yes | No | No |
| Se ectmen and Town Leaders | Yes | Yes | No | No |
| Business Leaders | Yes | Yes | No | No |
| Nonprofit Leaders | Yes | Yes | No | No |

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

Methods employed in the assessment: surveys of community residents through direct mail, social media, community health clinics, email distribution and website links. A direct email survey of community leaders representing multiple sectors, a set of 10 community discussion groups/forums engaging specific targeted audiences and convened throughout the region, a set of available population demographics and health status indicators. We worked in collaboration with a team of representatives from: DHMC, New London Hospital, Alice Peck Day Hospital, Valley Regional Healthcare, Mt. Ascutney Hospital and Visiting Nurse and Hospice of VT and NH. Consulting guidance was provided by NH Community Health Institute/JSI. Primary goals of the assessment process: better understand health-related issues impacting the well-being of area residents 2. inform community health improvement plans, partnerships and initiatives for enhanced access and wellness.

Section 9: Charity Care Compliance

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

No

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

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

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

N/A

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

Yes

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

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name **Last Name**

Catherine Raymond

Title

Development Officer

Email

[REDACTED]

NHCT-31 (December 2020)

Attachments

| Date | Attachment Name | Context | Confidential? | User |
|------------------|-----------------|------------|---------------|-------------------|
| 5/9/2022 3:45 PM | CHNA 2022.pdf | Attachment | No | Catherine Raymond |