

Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HPY-9084-R0B3W, version 1)

Details

Submitted 11/8/2023 (5 days ago) by Richard Cornell

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

The Mental Health Center of Greater Manchester

State Registration

1519

Federal ID

020258944

Fiscal Year Beginning

07/01/2022

Entity Address

401 Cypress Street
Manchester, NH 03103

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

<http://www.mhcgm.org>

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Patricia	Carty	Business		
Email				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Elaine	Michaud	Home		
Email				

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Richard Cornell

Title

Vice President of Community Relations

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

To empower individuals to achieve recovery and to promote personal and community wellness through an accessible, comprehensive, integrated and evidence-based system of Mental Health Care.

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?

Yes

Service Population Description

Note that we cover CMHR #7, we also serve individuals from all over the state when needed.

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)

2022

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

2022 Manchester Community Health Needs Assessment (002).pdf - 11/02/2023 09:04 AM

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

1. Financial Barriers to Care; Cost of Care / Insurance

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.

- 2.1: Medicaid
- 1: Financial Assistance
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- C5: Women's and Children's Services
- C3: Hospital Outpatient Services
- C1: Emergency and Trauma Services
- C8: Behavioral Health Services
- D1: Clinical Research
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- D2: Community / Population Health Research
- F7: Community Health Advocacy
- F6: Coalition Building
- F8: Workforce Development
- F5: Leadership Development; Training for Community Members
- C7: Subsidized Continuing Care
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- B3: Scholarships/Funding for Health Professions Education
- B4: Other Health Professions Education Support
- A6: Community Needs/Asset Assessment

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

In order of ranked importance; Housing, Health Care, Nutrition *(Food Security), Substance Abuse and Trauma.

Section 3.2: Community Needs Assessment (2 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?

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.

- 2.1: Medicaid
- 1: Financial Assistance
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- C5: Women's and Children's Services
- C3: Hospital Outpatient Services
- C1: Emergency and Trauma Services
- C8: Behavioral Health Services
- D1: Clinical Research
- E1: Cash Donations
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- F7: Community Health Advocacy
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- B1: Provision of Clinical Setting for Undergraduate Education
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- A6: Community Needs/Asset Assessment

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

In order of ranked importance; Housing, Health Care, Nutrition *(Food Security), Substance Abuse and Trauma.

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?

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.

- 2.1: Medicaid
- 1: Financial Assistance
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- A1: Community Health Education
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- A6: Community Needs/Asset Assessment

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

In order of ranked importance; Housing, Health Care, Nutrition *(Food Security), Substance Abuse and Trauma.

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 (\$)

45511291

(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	1126182	0	1126182	2.5%	1300000

(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	33201350	24798397	8402953	18.5%	10500000

(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 (\$)
0	NONE PROVIDED	0	NaN	NaN	NaN%	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 (\$)
NaN	NONE PROVIDED	34327532	NaN	NaN	NaN%	11800000

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	33201350	24798397	8402953	18.5%	10500000

(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	295000	0	295000	0.6%	320000

(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 (\$)
0	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	139802	109370	30432	0.1%	145000

(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	47500	0	47500	0.1%	48000

(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 (\$)
NaN	NONE PROVIDED	33683652	24907767	8775885	19.3%	11013000

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 (\$)
NaN	NONE PROVIDED	68011184	NaN	NaN	NaN%	\$22813000

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

45511291

(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 (%)
0	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 (%)
0	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	24908	24908	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 (%)
0	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	11052	0	11052	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	43200	0	43200	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	10500	0	10500	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 (%)
0	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 (%)
0	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 (%)
NaN	NONE PROVIDED	89660	24908	64752	0.1%

Section 6: Medicare

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

1115274

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

1493185

3. Medicare surplus (shortfall)

\$-377911

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.

100% shortfall equates to Community Methodology Benefit costing methodology based on the Relationship of Medicare revenues as a percentage of total patient Medicare revenues as a percentage of total patient revenues multiplied by adjusted operations expenses.

5. Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

Other: See above

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

44952951

2. Net operating costs (\$)

45511291

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

0.988

Unreimbursed Community Benefit Costs

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

NaN

5. Other Community Benefit Costs (\$)

8775885

6. Community Building Activities (\$)

64752

7. Total Unreimbursed Community Benefit Expenses (\$)

NaN

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

NaN%

Other Community Benefits (optional)

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

3123100

2. Medicare Shortfall (\$)

\$-377911

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
Challenges Learning Community	Yes	Yes	Yes	Yes

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
AmeriHealth advisory Committee	Yes	Yes	Yes	Yes
Behavioral Health Planning and Advisory Committee	Yes	Yes	Yes	Yes
Carelon Provider Advisory Committee	No	Yes	Yes	Yes
CBHA/Public Relations Committee	Yes	Yes	Yes	Yes
CCBHC National Group	Yes	Yes	Yes	Yes
Childrens System Of Care	Yes	Yes	Yes	Yes
CIO Group	Yes	Yes	Yes	Yes
City of Manchester Dept. of Housing Stability Advisory Board	Yes	Yes	Yes	Yes
CMC APP Committee	Yes	Yes	Yes	Yes
CMHC Children's Directors	Yes	Yes	Yes	Yes
CSP Directors	Yes	Yes	Yes	Yes
DCYF Liaison	Yes	Yes	Yes	Yes
Friends Of Aine Board Governance Committee	Yes	Yes	Yes	Yes
Friends Of Aine Bof Directors	Yes	Yes	Yes	Yes
Granite Pathways	Yes	Yes	Yes	Yes
Granite State Healthcare Coalition	Yes	Yes	Yes	Yes
Hampstead Hospital association	Yes	Yes	Yes	Yes
Health Care For The Homeless	Yes	Yes	Yes	Yes
Hillsborough County Justice and Mental Health Task Force	Yes	Yes	Yes	No
Leadership Committee for Substance Misuse Collaborative	Yes	Yes	Yes	Yes
Lived Experience Advisory Panel for Healthy Foundations	Yes	Yes	Yes	No
Manchester Continuum of Care General Assembly	Yes	Yes	Yes	Yes
Manchester Continuum of Care Leadership	Yes	Yes	Yes	Yes
Manchester Homeless Outreach (MCOC)	Yes	Yes	Yes	Yes
Manchester Police Advisory Committee	Yes	Yes	Yes	Yes
Manchester Proud	Yes	Yes	Yes	No
Maternal Mortality Committee	Yes	Yes	Yes	Yes
MOM"S Grant / Elliot Hospital	Yes	Yes	Yes	No
NAMI	Yes	Yes	Yes	Yes
New Futures Advisory Committee	Yes	Yes	Yes	Yes
NH Human Trafficing Committee	Yes	Yes	Yes	Yes
NH Fiscal Policy Committee	Yes	Yes	Yes	No
MH MNIS Advisory Committee	Yes	Yes	No	No
NH InShape Sustainability Committee	Yes	Yes	No	No
NH Mental Health Advisory Committee	Yes	No	Yes	Yes
NH MHAC Planning/Membership Committee	Yes	Yes	Yes	Yes
NH Public Health Association Board	Yes	Yes	Yes	Yes
NH State Suicide Prevention Council	Yes	Yes	Yes	Yes
NHH Provider Advisory Committee	Yes	Yes	Yes	No
On The Road To Wellness	Yes	Yes	No	No

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
Overdose Assessment and Response	Yes	Yes	Yes	Yes
Peer Advisory Council	Yes	Yes	No	No
Peer Workforce ECHO Committee	Yes	Yes	Yes	No
QI Directors	Yes	Yes	Yes	Yes
Rapid Response Committee	Yes	Yes	Yes	Yes
Rapid Response Quality Subcommittee	Yes	Yes	Yes	Yes
RCR BHS	Yes	Yes	No	No
Substance Use Committee	Yes	Yes	Yes	Yes
SUD / SDY Committee	Yes	Yes	Yes	No
Symphony NH	Yes	No	No	No
Symptomds Of Care Implementation	Yes	Yes	Yes	Yes
Well Sense Provider Committee	Yes	Yes	Yes	No

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

The groups and committees listed above are served with our staff on Board of Directors, committee members and prn group planning groups that meet in zoom or in person. They take place monthly , quarterly or prn as determined by the organizations.

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.

Yes

6. Notice of the policy is posted in waiting rooms.

Yes

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

Richard

Last Name

Cornell

Title

Vice President of Community Relations



Attachments

Date	Attachment Name	Context	Confidential?	User
11/2/2023 9:04 AM	2022 Manchester Community Health Needs Assessment (002).pdf	Attachment	No	Richard Cornell