

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HPZ-4F7H-T1WRD, version 1)

## Details

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**Submitted** 11/15/2023 (0 days ago) by Wendy Williams

**Submission ID** HPZ-4F7H-T1WRD

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Mid-State Health Center

**State Registration #**

6073

**Federal ID #**

02-0487172

**Fiscal Year Beginning**

07/01/2022

**Entity Address**

101 Boulder Point Dr, STE 1

Plymouth, NH 03264

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

<http://www.midstatehealth.org>

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

First Name	Last Name
Robert	MacLeod

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

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

First Name	Last Name
Peter	Laufenberg

Phone Type	Number	Extension
Mobile	[REDACTED]	

**Email**

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

**First Name**      **Last Name**

Wendy              Williams

**Title**

Grants & Programming Director

**Phone Type**    **Number**            **Extension**

Business      [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
Mid-State Community Development Corporation	20-4351056	542869

**Section 2: Mission & Community Served**

**1. Mission Statement**

The mission of Mid-State Health Center is to provide sound primary health care to the community accessible to all regardless of the ability to pay.

**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**

Grafton

Merrimack

Belknap

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

ALEXANDRIA  
ASHLAND  
BRIDGEWATER  
BRISTOL  
CAMPTON  
DANBURY  
DORCHESTER  
ELLSWORTH  
HEBRON  
HOLDERNESS  
LINCOLN  
NEW HAMPTON  
PLYMOUTH  
THORNTON  
WATERVILLE VALLEY  
WOODSTOCK  
RUMNEY  
ORANGE

**Service Population Description**

Mid-State defines its service area as Southern Grafton County and portions of Merrimack and Belknap Counties, including but not limited to the towns of: Alexandria, Ashland, Bridgewater, Bristol, Campton, Danbury, Dorchester, Ellsworth, Grafton, Groton, Hebron, Holderness, Lincoln, New Hampton, Orange, Plymouth, Rumney, Thornton, Waterville Valley, Wentworth, and Woodstock

**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)**

2023 (Central NH) and 2022 (North Country NH)

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

[2023 CNHHP CHNA Final Report.pdf - 11/13/2023 02:03 PM](#)

[2022 North Country CHNA\\_Mid-State.pdf - 11/13/2023 02:04 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 10)**

**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.**

1: Financial Assistance  
A3: Health Care Support Services  
A5: Dedicated Staff costs  
2.1: Medicaid

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

Sliding Fee Discount Schedule available for the health center's services for those who are income-eligible based on FPL that is annually updated and approved by a community-based Board of Directors.

## **Section 3.2: Community Needs Assessment (2 of 10)**

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

2. Access to Prescription Medications / Prescription Assistance

### **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  
A3: Health Care Support Services  
A5: Dedicated Staff costs  
2.1: Medicaid

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (3 of 10)**

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

22. Access to Mental Health 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.**

1: Financial Assistance  
A3: Health Care Support Services

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (4 of 10)**

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

14. Domestic Abuse / Child Abuse

### **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)**

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (5 of 10)**

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

33. Affordable Housing

**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?**

No

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

Not Applicable

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (6 of 10)**

**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

A3: Health Care Support Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (7 of 10)**

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

5. Cancer Prevention / Treatment

**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.**

A5: Dedicated Staff costs

A3: Health Care Support Services

1: Financial Assistance

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (8 of 10)**

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

23. Dementia, including Alzheimer's Disease

**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  
A3: Health Care Support Services

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (9 of 10)**

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

25. Access to Substance Use Disorder 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.**

A2: Community-Based Clinical Services  
A5: Dedicated Staff costs  
1: Financial Assistance

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (10 of 10)**

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

36. Other Community Health Need

**If "Other" please describe here:**

Access to Childcare

**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.**

F6: Coalition Building  
A5: Dedicated Staff costs

**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 (\$)**

17686815.86

**(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	846025.05	3201108.92	-2355083.87	-13.3%	350000

**(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	2688154.17	1844845.95	843308.22	4.8%	850000

**(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	5773821.39	3154182.87	2619638.52	14.8%	2700000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	9308000.61	8200137.74	1107862.87	6.3%	3900000

**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	475754.80	220142.67	255612.13	1.4%	480000

**(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	88485.67	0	88485.67	0.5%	90000

**(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	13199.10	0	13199.1	0.1%	20000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	577439.57	220142.67	357296.9	2%	590000

**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 (\$)
NONE PROVIDED	NONE PROVIDED	9885440.18	8420280.41	1465159.77	8.3%	\$4490000

**Section 5: Community Building Activities**

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

17686815.86

**(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	68284.41	0	68284.41	0.4%

**(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	143067.12	0	143067.12	0.8%

**(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	1800	0	1800	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	13791.25	0	13791.25	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	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 (%)
NONE PROVIDED	NONE PROVIDED	226942.78	0	226942.78	1.3%

**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 (\$)**

18684051.34

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

17686815.86

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

1.056

**Unreimbursed Community Benefit Costs****4. Financial Assistance and Means-Tested Government Programs (\$)**

1107862.87

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

357296.9

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

226942.78

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

1692102.55

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

9.57%

**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:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Central NH Health Partnership (CNH CHNA)	Yes	Yes	Yes	Yes
Speare Memorial Hospital (CNH CHNA)	Yes	Yes	Yes	Yes
Lakes Region Mental Health Center (CNH CHNA)	Yes	Yes	Yes	Yes
Pemi-Baker Home Health & Hospice (CNH CHNA)	Yes	Yes	Yes	Yes
Communities for Alcohol & Drug-free Youth (CNH CHNA)	Yes	Yes	Yes	Yes
Community Action Program Belknap-Merrimack Counties (CNH CHNA)	Yes	Yes	Yes	Yes
Mid-State Health Center (CNH & NC CHNA)	Yes	Yes	Yes	Yes
Ovation Healthcare (CNH & NC CHNA)	Yes	Yes	Yes	No
Littleton Regional Healthcare (NC CHNA)	Yes	Yes	Yes	Yes
Cottage Hospital (NC - CHNA)	Yes	Yes	Yes	Yes
Ammonoosuc Community Health Services (NH-CHNA)	Yes	Yes	Yes	Yes

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

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2023.

## 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.

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**

Wendy

**Last Name**

*Williams*

**Title**

*Grants & Programming Director*

**Email**



NHCT-31 (September 2022)

## Attachments

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Date	Attachment Name	Context	Confidential?	User
11/13/2023 2:04 PM	2022 North Country CHNA_Mid-State.pdf	Attachment	No	Wendy Williams
11/13/2023 2:03 PM	2023 CNHHP CHNA Final Report.pdf	Attachment	No	Wendy Williams