# Form NHCT-31: Community Benefits Plan Report

version 1.4

(Submission #: HPV-DPPV-EZY9P, version 1)

### **Details**

Originally Started By Anthony Knox

**Submission ID** 

HPV-DPPV-EZY9P

Status



# **Form Input**

# **Section 1: Entity Information**

#### **Entity Name**

Visiting Nurse and Hospice for VT & NH

#### State Registration #

4508

#### Federal ID#

03-6006494

#### **Fiscal Year Beginning**

07/01/2021

#### **Entity Address**

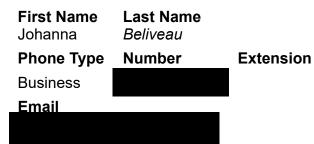
88 Prospect Street

White River Junction, VT 05001

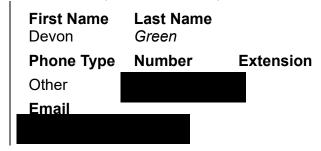
#### Entity Website (must have a prefix such as "http://www.")

http://www.vnhcare.org

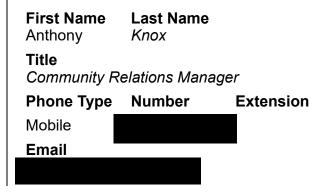
# Chief Executive Officer (first, last name)



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



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



- 1. Is the entity's community benefits plan on the organization's website?
- 2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

No

# Section 2: Mission & Community Served

#### 1. Mission Statement

We are dedicated to delivering outstanding home health and hospice services that enrich the lives of the people we serve. In more than 140 towns in Vermont and New Hampshire, we deliver excellence in nursing, rehabilitation, hospice and personal care services. As a non-profit, our only goal is helping people.

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?

Please select service area Counties (NH), if applicable NONE PROVIDED

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

**KEENE** 

**CHARLESTOWN** 

**CHESTERFIELD** 

CLAREMONT

**NEWPORT** 

**NEW LONDON** 

**PLAINFIELD** 

**GRANTHAM** 

**HANOVER** 

**HAVERHILL** 

**PIERMONT** 

WARREN

**WENTWORTH** 

**ORFORD** 

**RUMNEY** 

LYME

**DORCHESTER** 

**GROTON** 

**CANAAN** 

**ORANGE** 

**LEBANON** 

**ENFIELD** 

**GRAFTON** 

**SPRINGFIELD** 

**WILMOT** 

**SUNAPEE** 

**CORNISH** 

**CROYDON** 

**GOSHEN** 

UNITY

**ACWORTH** 

**LEMPSTER** 

LANGDON

**WALPOLE** 

**ALSTEAD** 

**MARLOW** 

**SURRY** 

**WESTMORELAND** 

**SWANZEY** 

HINSDALE

**WINCHESTER** 

#### **Service Population Description**

As a multi-service agency, VNH offers programs that serve individuals from the beginning of life, Skilled Pediatric Care, to the end of life, Hospice. The agency does not discriminate in services or access to care on the basis of race, color, national origin, religion, disability, age, sex, marital status, sexual orientation, or ability to pay. The individuals and families we care for are at varying levels of socioeconomic status and have a wide array of healthcare and social service needs. The seniors and/or disabled citizens we care for in our long-term care programs are also often living at or near poverty levels. Short-term home care includes care for acute illness or injury, rehabilitation post-surgery or injury and intravenous therapy. Hospice care and support is offered to people with life-limiting illnesses who have chosen to discontinue curative treatment and also to their families.

# **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) 2021

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?
Yes

### **Section 3.2: Community Needs Assessment (1 of 1)**

- 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.
- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A6: Community Needs/Asset Assessment
- E1: Cash Donations
- A2: Community-Based Clinical Services

# 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 (\$)** 23588443

(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 (%)	expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	17595484	16561102	1034382	4.4%	25137679

(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	5186742	4393005	793737	3.4%	5906347

(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	22782226	20954107	1828119	7.8%	31044026

#### **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	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	0	0	0	0%	0

#### **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	22782226	20954107	1828119	7.8%	\$31044026

# **Section 5: Community Building Activities**

**Total expense (\$; entered at top of Section 4)** 23588443

(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) 11989544
- 2. Medicare allowable costs of care relating to payments specified above (\$) 12078921
- 3. Medicare surplus (shortfall) \$-89377
- 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.

This is unreimbursed care that was covered by VNH

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

Cost to charge ratio

# **Section 7: Summary Financial Measures**

- 1. Gross Receipts from Operations (\$) 16561102
- **2. Net operating costs (\$)** 23588443
- 3. Ratio of gross receipts from operations to net operating costs 0.702

#### **Unreimbursed Community Benefit Costs**

- **4. Financial Assistance and Means-Tested Government Programs (\$)** 1828119
- 5. Other Community Benefit Costs (\$)
- 6. Community Building Activities (\$)
- 7. Total Unreimbursed Community Benefit Expenses (\$) 1828119
- 8. Net community benefit costs as a percent of net operating costs (%) 7.75%

#### **Other Community Benefits (optional)**

# 1. Leveraged Revenue for Community Benefit Activities (\$) 1690398

#### 2. Medicare Shortfall (\$)

\$-89377

# 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
Dartmouth-Hitchcock Medical Center	Yes	No	No	No
Lake Sunapee VNA	Yes	No	No	No
Mt. Ascutney Hospital and Health Center	Yes	No	No	No
New London Hospital	Yes	No	No	No
Alice Peck Day Memorial Hospital	Yes	No	No	No
Valley Regional Hospital	Yes	No	No	No

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

information on health, education and economic needs of the Upper Valley region were gathered through secondary data gathering, two forums with informed stakeholders, a stakeholder's survey, a resident survey, and six focus group discussions. The CNA process was guided by a steering committee composed of individuals with expertise in the areas of health, education and economic wellbeing.

## **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.

N/A

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

Anthony Knox

Title

Community Relations Manager

**Email** 

NHCT-31 (September 2022)