

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)

| | | |
|-------------------|------------------|------------------|
| First Name | Last Name | |
| Johanna | <i>Beliveau</i> | |
| Phone Type | Number | Extension |
| Business | [REDACTED] | |
| Email | [REDACTED] | |

Board Chair (first, last name)

| | | |
|-------------------|------------------|------------------|
| First Name | Last Name | |
| Devon | <i>Green</i> | |
| Phone Type | Number | Extension |
| Other | [REDACTED] | |
| Email | [REDACTED] | |

Community Benefits Plan - Contact (first, last name)

| | | |
|-------------------|------------------------------------|------------------|
| First Name | Last Name | |
| Anthony | <i>Knox</i> | |
| Title | <i>Community Relations Manager</i> | |
| Phone Type | Number | Extension |
| Mobile | [REDACTED] | |
| Email | [REDACTED] | |

1. Is the entity's community benefits plan on the organization's website?

No

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?

No

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
CANAAAN
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 (%) | Estimated 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 (\$)

0

6. Community Building Activities (\$)

0

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: | Identification 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

[REDACTED]

NHCT-31 (September 2022)