

# Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-1Y3K-28EJR, version 1)

## Details

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**Submitted** 12/27/2022 (36 days ago) by Sandra Ruka

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Visiting Nurse Home Care and hospice of Carro County

**State Registration #**

1790

**Federal ID #**

020311473

**Fiscal Year Beginning**

07/01/2021

**Entity Address**

1529 White Mtn. Highway

PO Box 432

North Conway, NH 03860

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

<http://www.vnhch.org>

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

First Name	Last Name
Sandra	Ruka

Phone Type	Number	Extension
Business	[REDACTED]	[REDACTED]

**Email**  
[REDACTED]

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

First Name	Last Name
Myes	Crowe

Phone Type	Number	Extension
Other	[REDACTED]	

**Email**  
[REDACTED]

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

**First Name**      **Last Name**

Sandra              Ruka

**Title**

Executive Director

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

Business          [REDACTED]          [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)?**

N/A

## Section 2: Mission & Community Served

### 1. Mission Statement

We use our passion for compassion to provide exceptional home health care enabling independent living and quality of life for our clients and their families.

**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**

Carroll

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

NONE PROVIDED

### Service Population Description

Home care services, both skilled and hospice and long term care are provided to the residents of Carroll County. Skilled home care and hospice services are provided to residents of northern Carroll County although services extend as far south as Center Ossipee and Effingham. Long term care services are provided throughout the county at this time. Long term care services include Choices for Independence program and state block grant programs under Title XX and IIIb. Services include nursing, MSW, physical, occupational and speech therapy as well as home health aide and homemaker. Carroll County is one of the oldest counties in New Hampshire and this population is predicted to continue to grow.

VNHCH works in conjunction with area health and supportive service agencies and the focus remains on the needs of our population and how collectively we meet those needs in creative and innovative ways.

## 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

Carro County CHNA Report 2022.pdf - 12/19/2022 03:44 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 4)**

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

20. Mental Health

**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

C9: Palliative Care

F7: Community Health Advocacy

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

Mental health issues are often not recognized fully in the aging population. VNHCH works with area agencies to identify needs of our population and dedicate resources to assist and support those with unmet mental health needs. Our staff are able to meet with individuals and assist with applications and referrals to appropriate services.

**Section 3.2: Community Needs Assessment (2 of 4)**

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

20. Mental Health

**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

C9: Palliative Care

F7: Community Health Advocacy

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

Mental health issues are often not recognized fully in the aging population. VNHCH works with area agencies to identify needs of our population and dedicate resources to assist and support those with unmet mental health needs. Our staff are able to meet with individuals and assist with applications and referrals to appropriate services.

**Section 3.2: Community Needs Assessment (3 of 4)**

**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.**

C9: Palliative Care  
 F7: Community Health Advocacy  
 A4: Other Community Health Improvement Services

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

VNHCH population are largely elderly and we not only provide direct services through both skilled, hospice and long term care but through our palliative care program. VNHCH works in collaboration with area agencies to address other community needs. These activities include working on initiatives on age friendly community as well as age specific activities and programs. VNHCC is a partner agency for funding under an ACL grant focused on providing services to people with cognitive impairment. Specific programs include funding for APRN, REACH, a program that provides support to caregivers and the Virtual dementia tour.

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

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

29. Workforce Development

**4. Is the need identified in the Community Needs Assessment?**

No

**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.**

B4: Other Health Professions Education Support

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

VNHCH provides a yearly \$1,000 scholarship to an individual enrolled in a health care program.

**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 (\$)**

3657607

**(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 (\$)
0	0	0	0	0	0%	4500

**(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	538605	217793	320812	8.8%	325000

**(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	0	538605	217793	320812	8.8%	329500

**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	1200	0	1200	0%	2000

**(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	3000	0	3000	0.1%	6000

**(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	361372	153054	208318	5.7%	210000

**(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	500	0	500	0%	200

**(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	366072	153054	213018	5.8%	218200

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	904677	370847	533830	14.6%	\$547700

**Section 5: Community Building Activities**

Total expense (\$; entered at top of Section 4)  
3657607

**(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	750	0	750	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	300	0	300	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	1200	0	1200	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	2250	0	2250	0.1%

**Section 6: Medicare**

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

2471180

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

1645493

**3. Medicare surplus (shortfall)**

\$825687

**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.**

Costing Methodology - Medicare Cost Report

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 (\$)

3941258

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

3657607

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

1.078

## Unreimbursed Community Benefit Costs

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

320812

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

213018

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

2250

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

536080

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

14.66%

## Other Community Benefits (optional)

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

99860

### 2. Medicare Shortfall (\$)

\$825687

## 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
White Mountain Community Health Center	Yes	Yes	Yes	Yes
Memoria Hospital/Maine Health	Yes	Yes	Yes	Yes
Gibson Center for Senior Services	Yes	Yes	Yes	Yes
Carroll County Coalition for Public Health	Yes	Yes	Yes	Yes
MWV Adult Day Center	Yes	Yes	Yes	Yes
Northern Human Services	Yes	Yes	Yes	Yes
VNHCH	Yes	Yes	Yes	Yes
MWV Community Health Collaborative	Yes	Yes	Yes	Yes



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

A thorough collection, assessment and analysis of public health data was conducted by a team from Memorial Hospital/Maine Health. Once data was collected and analyzed a community forum was held (via Zoom). The forum comprised a wide variety of community members as well as representatives of area health and social services agencies. This group developed the community needs as presented in the full report (attached and available on VNHCH website).

**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**

Sandra        Ruka

**Title**

Executive Director

**Email**

[Redacted]

NHCT-31 (September 2022)

**Attachments**

Date	Attachment Name	Context	Confidential?	User
12/19/2022 3:44 PM	Carro County CHNA Report 2022.pdf	Attachment	No	Sandra Ruka