

Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ1-C7TE-23X3R, version 1)

Details

Submitted 2/26/2024 (1 days ago) by Elizabeth O'Donnell

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Alice Peck Day Memorial Hospital

State Registration #

6329

Federal ID #

20222791

Fiscal Year Beginning

07/01/2022

Entity Address

10 Alice Peck Day Drive
Medical Office Building, 10 Alice Peck Day Drive, Lebanon NH 03766
Lebanon, NH 03766

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

<http://www.alicepeckday.org>

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Susan	Mooney	Business	[REDACTED]	
Email [REDACTED]				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Marisa	Devlin	Other	[REDACTED]	
Email [REDACTED]				

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Elizabeth O'Donnell

Title

Director Community Health

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

It is the mission of Alice Peck Day Memorial Hospital (APD) to improve the health and wellbeing of our community.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)?

No

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

LEBANON

CANAAN

HANOVER

CORNISH

CROYDON

DORCHESTER

ENFIELD

GRAFTON

GRANTHAM

LYME

NEWPORT

ORANGE

ORFORD

PIERMONT

PLAINFIELD

WARREN

Service Population Description

<Serve the general population>

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

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 8)

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.

E3: In-Kind Assistance

A4: Other Community Health Improvement Services

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

Mental health services through two Behavioral Health Specialist for patients who screen positively for depression or anxiety; Emergency Department Rapid Referral Program through partnership with West Central Behavioral Health.

Section 3.2: Community Needs Assessment (2 of 8)

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

2.1: Medicaid

2.3: Medicare

E3: In-Kind Assistance

A3: Health Care Support Services

A1: Community Health Education

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

Charity Care, financial assistance, and payment plans;

Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations);

Marketplace health insurance counseling during Open Enrollment (and for individuals with SEP);

Patient and family support services including gas and transportation coordination for appointments for patients in need;

Pharmacy voucher program for low-income uninsured patients with acute medication;

Prescription Assistance Program to uninsured patients needing help paying for medications.

Section 3.2: Community Needs Assessment (3 of 8)

3. Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

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

E1: Cash Donations

E3: In-Kind Assistance

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

Donation of prepared foods from APD Kitchen to Upper Valley Senior Center; Emergency Food Bags of non-perishable food and Mel Cards for a free hot meal at APD Cafe to patients who express interest in food support; Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon; Improved in-patient and coffee shop menu with healthier food choices.

Section 3.2: Community Needs Assessment (4 of 8)

3. Area of Community Need / Concern

24. Substance Use

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.

E1: Cash Donations

E3: In-Kind Assistance

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

Narcan distribution through the Emergency Department and Primary Care; Vivitrol distribution in Primary Care; Primary Care Medication Assisted Treatment (MAT) Program with Behavioral Health Services; Collaborative care in partnership with Headrest for Primary Care patients in MAT and prioritization of establishing care with residential patients at Headrest without Primary Care; Continue to support efforts to establish a residential treatment center for women in recovery from substance use disorder and their children.

Section 3.2: Community Needs Assessment (5 of 8)

3. Area of Community Need / Concern

4. Oral 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.

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

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

Upper Valley Smiles, a school-based oral health program for children at Upper Valley elementary schools;
Partnership to build dental workforce in the Upper Valley;
Incorporate fluoride varnish application into well child visits.

Section 3.2: Community Needs Assessment (6 of 8)

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?

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

A5: Dedicated Staff costs

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

Screen all primary care patients once per year for housing needs and assist patients with applications for local community resources and make referrals;
Participation in local networks discussing community housing needs and solutions.

Section 3.2: Community Needs Assessment (7 of 8)

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.

A5: Dedicated Staff costs

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

Senior Care Team provides home-based primary care program for frail elderly in the local community;
Elder Friend Program that aims to match frail elders referred by Senior Care team staff to volunteers who make home visits;
Elder Forum, a networking/educational forum for health and human services organizations focused on the elderly/aging, hosted monthly by APD who also supports coordination;
Lifecare, senior living at APD, which includes four levels of care; independent, assisted, supported, and memory care;
Call-back program for elderly discharged from the Emergency Department to support transition and connection to local community organizations and services.

Section 3.2: Community Needs Assessment (8 of 8)

3. Area of Community Need / Concern

28. Physical Activity / Active Living

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
- A4: Other Community Health Improvement Services
- E1: Cash Donations

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

FitScripts, a program for adult Primary Care patients who can receive a "prescription" from their primary care provider for monthly memberships at local fitness centers; Mascoma River Greenway Access Trail paving and maintenance; APD Public Nature Trail maintenance;
 Cash donation to Upper Valley Trails Alliance;
 Continue to offer bike helmets to children, patients, and staff and to support additional efforts to increase biking in the community including Cowbell Mobile Bike Shop bikes services and bike racks located outside clinical locations;
 Support advocacy for community infrastructure that increases community health including sidewalks and bus routes.

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 (\$)

95636253

(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	906528	0	906528	0.9%	935000

(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	14805603	9779964	5025639	5.3%	5050000

(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 (\$)
NONE PROVIDED	NONE PROVIDED	15712131	9779964	5932167	6.2%	5985000

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	94707	0	94707	0.1%	105000

(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	56600	0	56600	0.1%	60000

(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	151307	0	151307	0.2%	165000

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	15863438	9779964	6083474	6.4%	\$6150000

Section 5: Community Building Activities

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

95636253

(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	6829	0	6829	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	34042	0	34042	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 (%)
NONE PROVIDED	NONE PROVIDED	40871	0	40871	0%

Section 6: Medicare

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

26218331

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

27624162

3. Medicare surplus (shortfall)

\$-1405831

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 (\$)

98774169

2. Net operating costs (\$)

95636253

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

1.033

Unreimbursed Community Benefit Costs

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

5932167

5. Other Community Benefit Costs (\$)

151307

6. Community Building Activities (\$)

40871

7. Total Unreimbursed Community Benefit Expenses (\$)

6124345

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

6.4%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$-1405831

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
Upper Valley Public Health Council	Yes	Yes	No	No
Listen Community Services	Yes	Yes	No	No
Headrest	Yes	Yes	No	No
The Haven	Yes	Yes	No	No
Municipalities of Hanover, Lebanon and Hartford	Yes	Yes	No	No
TLC Recovery Center	Yes	Yes	No	No

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

Between February and September 2021, the Community Health Needs Assessment committee fielded two surveys: one broadly disseminated to residents across the region and one targeted distribution to community leaders. The community leader survey was distributed via a unique email link to 352 individuals in positions of leadership in agencies, municipalities, education, civic and volunteer organizations. The community members survey was distributed electronically through email and social media communication channels, promoted through flyers and posters with links to QR codes which were posted around the region, and by paper copies made available at a variety of distribution points throughout the region. Spanish versions of the survey were also created both electronically and in paper form. In March 2022, a summit was held to present the results of the surveys and community health indicators and allow discussion of the top community health needs.

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	Last Name
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Beth	<i>O'Donnell</i>
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Title

Director Community Health

Email

[REDACTED]

NHCT-31 (September 2022)