

Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPR-V6BW-DHDV3, version 1)

Details

Submitted 3/30/2023 (1 days ago) by Julie Ann Reynolds

Submission ID HPR-V6BW-DHDV3

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Cornerstone VNA

State Registration #

2775

Federal ID #

22031026

Fiscal Year Beginning

01/01/2022

Entity Address

178 Farmington Road

Rochester, NH 03867

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

<http://www.cornerstonevna.org>

Chief Executive Officer (first, last name)

First Name	Last Name
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Julie	Reynolds
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Phone Type	Number	Extension
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Business		
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Email

Board Chair (first, last name)

First Name	Last Name
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Susan	Gaudiello
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Phone Type	Number	Extension
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Business		
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Email

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Julie	Reynolds	
Title		
President/CEO		
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)?

N/A

Section 2: Mission & Community Served

1. Mission Statement

To promote the optimum level of well-being, independence and dignity to those living in our community by providing trusted, compassionate and expert health care.

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

- Belknap
- Carroll
- Rockingham
- Strafford

Please select service area municipalities (NH), if applicable

NONE PROVIDED

Service Population Description

<Serve the general population

Provide home health, hospice and palliative care services in the home to residents from birth through end of life.

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

2022 Wentworth-Douglass Community Health Needs Assessment.pdf - 03/02/2023 01:16 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 5)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Chronic 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.

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

B4: Other Health Professions Education Support

C9: Palliative Care

C10: Other Subsidized Health Services

E2: Grants

E3: In-Kind Assistance

E1: Cash Donations

F7: Community Health Advocacy

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 5)

3. Area of Community Need / Concern

35. Other Social Determinants of 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.

2.3: Medicare

2.1: Medicaid

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

C8: Behavioral Health Services

C9: Palliative Care

C10: Other Subsidized Health Services

E2: Grants

E3: In-Kind Assistance

E1: Cash Donations

F7: Community Health Advocacy

1: Financial Assistance

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 5)

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.

2.1: Medicaid

2.3: Medicare

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

B3: Scholarships/Funding for Health Professions Education

B4: Other Health Professions Education Support

C8: Behavioral Health Services

E2: Grants

E3: In-Kind Assistance

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 5)

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

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A5: Dedicated Staff costs

C7: Subsidized Continuing Care

C10: Other Subsidized Health Services

E2: Grants

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 5)

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.

2.1: Medicaid

2.3: Medicare

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

C7: Subsidized Continuing Care

E2: Grants

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 (\$)

16844153

(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	53441	0	53441	0.3%	60000

(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	865736	574358	291378	1.7%	300000

(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	93665	0	93665	0.6%	115000

(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	1012842	574358	438484	2.6%	475000

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	100967	39480	61487	0.4%	62000

(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	58536	39480	19056	0.1%	62000

(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	6304500	5637657	666843	4%	700000

(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	44095	0	44095	0.3%	58000

(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	6508098	5716617	791481	4.7%	882000

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	7520940	6290975	1229965	7.3%	\$1357000

Section 5: Community Building Activities

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

16844153

(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	26503	0	26503	0.2%

(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	4868	0	4868	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	20128	0	20128	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	580	580	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	52079	580	51499	0.3%

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)

\$NaN

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 (\$)

17715017

2. Net operating costs (\$)

16844153

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

1.052

Unreimbursed Community Benefit Costs

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

438484

5. Other Community Benefit Costs (\$)

791481

6. Community Building Activities (\$)

51499

7. Total Unreimbursed Community Benefit Expenses (\$)

1281464

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

7.61%

Other Community Benefits (optional)**1. Leveraged Revenue for Community Benefit Activities (\$)**

212816

2. Medicare Shortfall (\$)

\$NaN

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
Alliance for Community Transportation	Yes	Yes	No	No
Community Action Partnership of Strafford County	Yes	Yes	No	No
City of Dover	Yes	Yes	No	No
Community Partners	Yes	Yes	Yes	NONE PROVIDED
Cornerstone VNA	Yes	Yes	No	No
Dover Mental Health Alliance	Yes	Yes	Yes	Yes
Dover Police Department	No	No	No	No
Dover Public Library	No	No	No	No
Dover School District	Yes	Yes	No	No
Dover Teen Center	Yes	Yes	No	No
Dover Youth 2 Youth	Yes	Yes	No	No
Gather NH	Yes	Yes	No	No
Greater Seacoast Community Health	Yes	Yes	No	No
HAVEN	Yes	No	No	No
Maine Public Health	Yes	Yes	No	No
McGregor Memorial EMS	Yes	Yes	No	No
MY Friends Place'	Yes	No	No	No
NH Harm reduction Coalition	Yes	No	No	No
SOS Recovery Community	Yes	Yes	No	No
Strafford County Public Health Network	Yes	Yes	No	No
School nurse	Yes	No	No	No

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
Southern Maine Agency on aging	Yes	No	No	No
The Doorway	Yes	Yes	Yes	Yes
University of NH Health and Wellness Center	Yes	No	No	No
Wentworth Health Partners	Yes	Yes	Yes	Yes
Wentworth-Douglas Hospital	Yes	Yes	Yes	Yes

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

Interviews were conducted in virtual sessions

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**

Julie Reynolds

Title

President/CEO

Email



NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
3/2/2023 1:16 PM	2022 Wentworth-Douglass Community Health Needs Assessment.pdf	Attachment	No	Julie Reynolds