

# Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPY-2HHT-P46EX, version 1)

## Details

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**Submitted** 10/1/2023 (8 days ago) by Stephen Hoffman

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Dental Health Works of Cheshire County Inc.

**State Registration #**

15938

**Federal ID #**

300275867

**Fiscal Year Beginning**

07/01/2023

**Entity Address**

69V Island St. Keene, NH  
keene, NH 03431

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

<http://www.dentalhealthorks.org>

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

First Name	Last Name
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stephen	hoffman
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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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Birgitte	Hastings
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Phone Type	Number	Extension
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Mobile		
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**Email**

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

<b>First Name</b>	<b>Last Name</b>	
Stephen	Hoffman	
<b>Title</b>		
Executive Director		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>		
[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**

To Provide access to dental and oral health services to the residents of Cheshire County who have limited access to oral health.

**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**

Cheshire

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

NONE PROVIDED

**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)**

2019

**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**

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

**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 (\$)**

1206266.00

**(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	511899.32	235505.00	276394.32	22.9%	300000.00

**(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	511899.32	235505.00	276394.32	22.9%	525000.00

**(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	0.00	0.00	0	0%	0.00

**(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	1023798.64	471010	552788.64	45.8%	825000

**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	0.00	0.00	0	0%	0.00

(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	25000.00	25000.00	0	0%	25000.00

(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	0.00	0.00	0	0%	0.00

(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	0.00	0.00	0	0%	0.00

(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	0.00	0.00	0	0%	0.00

(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	NaN	25000	25000	0	0%	25000

**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	NaN	1048798.64	496010	552788.64	45.8%	\$850000

**Section 5: Community Building Activities**

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

1206266

**(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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	NaN	0	0	0	0%

**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)**  
\$undefined

**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 (\$)**  
1497419.00

**2. Net operating costs (\$)**  
1206266

**3. Ratio of gross receipts from operations to net operating costs**  
1.241

**Unreimbursed Community Benefit Costs**

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

552788.64

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

0

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

0

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

552788.64

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

45.83%

**Other Community Benefits (optional)**

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

NONE PROVIDED

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

\$undefined

**Section 8: Community Engagement in the Community Benefits Process**

**1. Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Dartmouth Hitchcock	Yes	Yes	Yes	Yes
Monadnock Community Hospital	Yes	Yes	Yes	Yes
Greater Monadnock Public Health Network	Yes	Yes	Yes	Yes

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

Community survey and a review of available indicators relevant to oral health.

**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.

N/A

## **Section 10: Certification**

### **Electronic Signature**

<b>First Name</b>	<b>Last Name</b>
Stephen	<i>Hoffman</i>

**Title**  
*Executive Director*

**Email**

**NHCT-31 (September 2022)**