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# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPH-HXPG-HE9ES, version 1)

## Details

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**Submitted** 5/12/2022 (14 days ago) by Catherine Raymond

**Alternate Identifier** Lake Sunapee Home Care and Hospice

**Submission ID** HPH-HXPG-HE9ES

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

10/1/2020

**Organization Name**

Lake Sunapee Home Care and Hospice

**Street Address**

107 Newport Road

New London, New Hampshire 03257

**Federal ID #**

23-7066056

**State Registration #**

2522

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

<http://www.lakesunapeevna.org>

**Is the organization's community benefit plan on the organization's website?**

Yes

**Chief Executive**

First Name	Last Name
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Jim	Culhane
-----	---------

Phone Type	Number	Extension
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Business	6035264077	264
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**Email**

[jculhane@lakesunapeevna.org](mailto:jculhane@lakesunapeevna.org)

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Kieran	Kays	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6035262911	
<b>Email</b>		
kieran.kays@newlondonhospital.org		

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Catherine	Raymond	
<b>Title</b>		
Development Officer		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6035264077	231
<b>Email</b>		
craymond@lakesunapeevna.org		

**Does this report include community benefit information for affiliated or subsidiary organizations?**

Yes

**Affiliated or Subsidiary Organizations**

Organization Name	Federal ID #	State Registration #
Lake Sunapee Community Health Services	02-0438863	4463
Lake Sunapee Region Visiting Nurse Association	02-0438862	4466

**Section 2: Mission & Community Served****Mission Statement**

To provide health care and hospice services for individuals and families in homes and community settings, fostering continuity of care across settings and enabling people to stay in their homes as long as possible.

**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.

**Did the primary service area cover ALL of New Hampshire?**

No

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

Grafton  
 Merrimack  
 Sullivan

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

NONE PROVIDED

### Service Population Description

Lake Sunapee Region VNA & Hospice (trade name for Lake Sunapee Home Care and Hospice; abbreviated LSRVNA) provides services for all ages, newborns to the elderly, with the largest portion of our clients served age 65+. LSRVNA provides care in: Acworth, Andover, Bradford, Canaan, Charlestown, Claremont, Cornish, Croydon, Danbury, Dorchester, Enfield, Goshen, Grafton, Grantham, Hanover, Langdon, Lebanon, Lempster, Lyme, Newbury, New London, Newport, Orange, Plainfield, Salisbury, Springfield, Sunapee, Sutton, Unity, Warner, Washington, Wilmot. On any given day there are 625+ clients on service. Our team consists of about 180 staff and 80 volunteers. Field staff drive 625,000+ miles annually to deliver care. In the home setting we offer skilled medical care, private personal care (non-medical services) and hospice care. We also have a variety of community-based health clinics, education and support groups. LSRVNA accepts Medicare, Medicaid and a private insurances.

## Section 3.1: Community Needs Assessment

**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**

[CHNA 2022.pdf - 05/09/2022 03:45 PM](#)

**Comment**

NONE PROVIDED

**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)

**Area of Community Need / Concern**

16. Aging Population / Senior Services

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

Yes

**Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

No

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

1: Financial Assistance

2.1: Medicaid

2.2: Other means-tested government programs

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

C9: Palliative Care

E1: Cash Donations

E3: In-Kind Assistance

F3: Support Systems Enhancement

F5: Leadership Development; Training for Community Members

F7: Community Health Advocacy

F6: Coalition Building

**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 (\$)**

11914684

**(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	154	642872	417867	225005	1.9%	420000

**(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	154	642872	417867	225005	1.9%	420000

**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 (\$)
2	NONE PROVIDED	44870	10804	34066	0.3%	47114

**(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 (\$)
1	39	3180	0	3180	0%	3498

**(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 (\$)
1	183	144039	35973	108066	0.9%	151241

**(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 (\$)
2	NONE PROVIDED	10840	0	10840	0.1%	11924

**(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 (\$)
6	222	202929	46777	156152	1.3%	213777

**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 (\$)
6	376	845801	464644	381157	3.2%	\$633777

**Section 5: Community Building Activities****Total expense (\$; entered at top of Section 4)**

11914684

**(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 (%)
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(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 (%)
2	200	16179	0	16179	0.1%

**(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 (%)
4	30	3720	0	3720	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 (%)
5	NONE PROVIDED	6745	0	6745	0.1%

**(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 (%)
5	NONE PROVIDED	24131	0	24131	0.2%

**(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 (%)
16	230	50775	0	50775	0.4%

## **Section 6: Medicare**

**Enter total revenue received from Medicare (\$ -- including DSH and IME)**

8107358

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

7134475

**Medicare surplus (shortfall)**

\$972883

**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

**Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:**

Cost accounting system

## **Section 7: Summary Financial Measures**

**Gross Receipts from Operations (\$)**

11759844

**Net operating costs (\$)**

11914684

**Ratio of gross receipts from operations to net operating costs**

0.987

**Unreimbursed Community Benefit Costs**

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

225005

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

156152

**Community Building Activities (\$)**

50775

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

431932

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

3.63%

**Other Community Benefits (optional)**

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

192700

**Medicare Shortfall (\$)**

\$972883



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

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
Residents of service area towns	Yes	Yes	No	No
Selectmen and Town Leaders	Yes	Yes	No	No
Business Leaders	Yes	Yes	No	No
Nonprofit Leaders	Yes	Yes	No	No

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

Methods employed in the assessment: surveys of community residents through direct mail, social media, community health clinics, email distribution and website links. A direct email survey of community leaders representing multiple sectors, a set of 10 community discussion groups/forums engaging specific targeted audiences and convened throughout the region, a set of available population demographics and health status indicators. We worked in collaboration with a team of representatives from: DHMC, New London Hospital, Alice Peck Day Hospital, Valley Regional Healthcare, Mt. Ascutney Hospital and Visiting Nurse and Hospice of VT and NH. Consulting guidance was provided by NH Community Health Institute/JSI. Primary goals of the assessment process: better understand health-related issues impacting the well-being of area residents 2. inform community health improvement plans, partnerships and initiatives for enhanced access and wellness.

## Section 9: Charity Care Compliance

**The valuation of charity does not include any bad debt, receivables or revenue.**

No

**A written charity care policy is available to the public.**

Yes

**Any individual can apply for charity care.**

Yes

**Any applicant will receive a prompt decision on eligibility and amount of charity care offered.**

Yes

**Notice of the charity care policy is posted in lobbies.**

Yes

**Notice of the policy is posted in waiting rooms.**

N/A

**Notice of the policy is posted in other public areas of our facilities.**

Yes

**Notice of the charity care policy is given to recipients who are served in their home.**

Yes

## Section 10: Certification Contact

**Name of Person Submitting the Community Benefits Report**

**First Name**      **Last Name**

Catherine      Raymond

**Title**

Development Officer

**Email**

craymond@lakesunapeevna.org

**NHCT-31 (December 2020)**

## Attachments

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Date	Attachment Name	Context	Confidential?	User
5/9/2022 3:45 PM	CHNA 2022.pdf	Attachment	No	Catherine Raymond

## Status History

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	User	Processing Status
5/9/2022 2:56:30 PM	Catherine Raymond	Draft
5/12/2022 8:34:11 AM	Catherine Raymond	Submitting
5/12/2022 8:34:17 AM	Catherine Raymond	Submitted

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Catherine Raymond	5/12/2022 8:34:17 AM