

Form NHCT-31: Community Benefits Plan Report

version 1.4

(Submission #: HPT-PW32-WQYQZ, version 1)

Details

Originally Started By Catherine Raymond
Submission ID HPT-PW32-WQYQZ
Status Draft

Form Input

Section 1: Entity Information

Entity Name
Lake Sunapee Home Care and Hospice

State Registration #
2522

Federal ID #
23-7066056

Fiscal Year Beginning
10/01/2021

Entity Address
107 Newport Road
c/o LSRVNA
New London, New Hampshire 03257

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

Chief Executive Officer (first, last name)

First Name **Last Name**
 Jim *Culhane*

Phone Type **Number** **Extension**
 Business 6035264077

Email
 jculhane@lakesunapeevna.org

Board Chair (first, last name)

First Name **Last Name**
 Daniel *Junius*

Phone Type **Number** **Extension**
 Mobile 603-801-8001

Email
 djunius@msn.com

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**
 Catherine *Raymond*

Title
Development Officer

Phone Type **Number** **Extension**
 Business 6035264077

Email
 craymond@lakesunapeevna.org

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)?

Yes

Affiliated or Subsidiary Organizations (complete table below)

Entity Name	Federal Employer Identification Number	State Registration Number
Lake Sunapee Community Health Services	02-0438863	4463
Lake Sunapee Region Visiting Nurse Association	02-0438862	4466

Section 2: Mission & Community Served

1. 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.

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

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, with the largest portion of our clients being age 65+. We accept Medicare, Medicaid and private insurances. Some services are paid for privately. LSRVNA provides in-home and community based services and programs in approximately 25 towns. On any given day there are approximately 350 people on service in one or more of our service lines. Our team consists of about 150 staff and 60 volunteers. In the home setting we offer skilled medical care, private personal care (non - medical), palliative care and hospice care. We also offer a variety of community-based programs including health clinics, education sessions, support groups (primarily for bereavement), and a respite program for individuals with mild to moderate dementia/memory loss.

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

CHNA 2022.pdf - 05/17/2023 10:30 AM

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

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?

No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.2: 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

F6: Coalition Building

F7: Community Health Advocacy

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 (\$)**

11485082

(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	363436	363436	0	0%	381608

(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	413766	268948	144818	1.3%	152059

(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	98168	0	98168	0.9%	103077

(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	875370	632384	242986	2.1%	636744

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	111156	76553	34603	0.3%	31143

(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	108	27840	0	27840	0.2%	25056

(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	158	178689	36533	142156	1.2%	149263

(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	13215	0	13215	0.1%	13876

(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	266	330900	113086	217814	1.9%	219338

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	266	1206270	745470	460800	4%	\$856082

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
11485082

(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	210	26806	0	26806	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	45	1500	0	1500	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	5410	0	5410	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	28318	0	28318	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	3500	0	3500	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	255	65534	0	65534	0.6%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)
6880164

2. Medicare allowable costs of care relating to payments specified above (\$)
6343511

3. Medicare surplus (shortfall)
\$536653

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:
Cost accounting system

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)
10527421

2. Net operating costs (\$)
11485082

3. Ratio of gross receipts from operations to net operating costs
0.917

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs (\$)
242986

5. Other Community Benefit Costs (\$)
217814

6. Community Building Activities (\$)
65534

7. Total Unreimbursed Community Benefit Expenses (\$)
526334

8. Net community benefit costs as a percent of net operating costs (%)
4.58%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)
118675

2. Medicare Shortfall (\$)
\$536653

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
residents of service area towns	Yes	Yes	No	No
Selectmen and Town Officials	Yes	Yes	No	No
Business Leaders	Yes	Yes	No	No
Nonprofit Leaders	Yes	Yes	No	No
Selected Donors	Yes	Yes	No	No

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

Survey to general community via direct mail, social media, online format, community health clinics/educational sessions, email lists; a slightly different email survey was targeted to specific community leaders/stakeholders representing multiple sectors; six (6) community focus groups targeting specific demographics such as "aging population", "very rural", and "low income" that were convened in all the counties we serve and facilitated by DHMC graduate students; relevant population demographics and health status indicator data was made available; LSRVNA partnered and met regularly with representatives from: DHMC, New London Hospital, Alice Peck Day Hospital, Valley Regional Healthcare, Mt. Ascutney Hospital, VHN (Visiting Nurses of VY & NH); consulting expertise and guidance provided by Jonathan Stewart of JSI/NH Community Health Institute.

Section 9: Charity Care Compliance

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

No

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.

N/A

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
Catherine	Raymond
Title	
Development Officer	
Email	
craymond@lakesunapeevna.org	

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
5/17/2023 10:30 AM	CHNA 2022.pdf	Attachment	No	Catherine Raymond