

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ3-54P0-EBF8R, version 1)

## Details

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Originally Started By Catherine Raymond

Submission ID HQ3-54P0-EBF8R

## Form Input

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### Section 1: Entity Information

**Entity Name**

Lake Sunapee Home Care and Hospice

**State Registration #**

2522

**Federal ID #**

23-7066056

**Fiscal Year Beginning**

10/01/2022

**Entity Address**

107 Newport Road

PO Box 2209

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**  
 Dan                *Junius*

**Phone Type**    **Number**        **Extension**  
 Mobile            6038018001

**Email**  
 djunius@msn.com

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

**First Name**    **Last Name**  
 Cathy              *Raymond*

**Title**  
*Development Officer*

**Phone Type**    **Number**        **Extension**  
 Business        6035264077    231

**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)**

<b>Entity Name</b>	<b>Federal Employer Identification Number</b>	<b>State Registration Number</b>
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**

ANDOVER  
BRADFORD  
CANAAAN  
CHARLESTOWN  
CLAREMONT  
CORNISH  
CROYDON  
DANBURY  
GOSHEN  
GRAFTON  
GRANTHAM  
HANOVER  
LEBANON  
LEMPSTER  
NEW LONDON  
NEWBURY  
NEWPORT  
PLAINFIELD  
SPRINGFIELD  
SUNAPEE  
SUTTON  
UNITY  
WARNER  
WASHINGTON  
WILMOT

**Service Population Description**

We provide home care, hospice, personal care and community based services to all ages, with the majority of patients/clients being age 65+. A staff of approximately 125 drive 400,000+/- miles annually to care for the communities we serve. On any given day, there are about 400 patients/clients on service in one of our core programs. Additionally, many area residents benefit from our community-based programs such as health education and clinics, support groups and respite care. We serve 25+ towns in Grafton, Merrimack and Sullivan counties, NH. We are not licensed to provide care outside of NH. Patients needing skilled medical care or hospice are referred to our agency by physicians/medical providers. We accept Medicaid, Medicare and private/commercial insurances. Our non-medical care (Personal Care Services) and largely paid for privately although we do have limited State funding for our Homemaker Grant Program for selected individuals based on age and income levels.

**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 Lake Sunapee VNA Community Health Needs Assessment v4.15.22.pdf - 04/25/2024

09:33 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

B3: Scholarships/Funding for Health Professions Education

B4: Other Health Professions Education Support

C9: Palliative Care

C10: Other Subsidized Health Services

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)**

In 2023-2024 we updated our comprehensive, agency-wide Strategic Plan with these needs in mind and incorporated in a number of ways in our ongoing our programs, goals and objectives.

**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 (\$)

10033495.00

#### (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	292646	0	292646	2.9%	307279

#### (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	350060	227539	122521	1.2%	128647

#### (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	97045	0	97045	1%	82514

**(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	739751	227539	512212	5.1%	518440

**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	72449	63378	9071	0.1%	10000

**(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 (\$)
3	48	11280	0	11280	0.1%	12000

**(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	144	121762	6849	114913	1.1%	120659

**(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 (\$)
0	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	10530	0	10530	0.1%	11057



**(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 (\$)
8	NaN	216021	70227	145794	1.5%	153716

**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 (\$)
NaN	NaN	955772	297766	658006	6.6%	\$672156

**Section 5: Community Building Activities**

Total expense (\$; entered at top of Section 4)  
10033495

**(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 (%)
0	0	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 (%)
0	0	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	21358	0	21358	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 (%)
0	0	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 (%)
6	87	3370	0	3370	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 (%)
8	NONE PROVIDED	6020	0	6020	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 (%)
8	NONE PROVIDED	32089	0	32089	0.3%

**(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 (%)
1	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 (%)
0	0	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 (%)
25	NaN	66337	0	66337	0.7%

**Section 6: Medicare**

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

7042970

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

6549962

**3. Medicare surplus (shortfall)**

\$493008

**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 (\$)**

10311638

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

10033495

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

1.028

## Unreimbursed Community Benefit Costs

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

512212

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

145794

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

66337

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

724343

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

7.22%

## Other Community Benefits (optional)

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

161314

### 2. Medicare Shortfall (\$)

\$493008

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

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### 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
Community Leaders	Yes	No	No	No
Patients	Yes	No	No	No
General Community	Yes	No	No	No
Seniors	Yes	No	No	No
Isolated/Rural residents	Yes	No	No	No
Low income residents	Yes	No	No	No
Selected donors	Yes	No	No	No

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

One-on-one meeting with key stakeholders/community leaders and partners  
 Focus Groups engaging selected demographics  
 Online health needs/concerns survey  
 Paper health needs/concerns survey

Dartmouth College graduate students helped to conduct the Focus Group process

Lake Sunapee Region VNA & Hospice partnered and attended regular meetings with the following local hospitals to conduct its 2022 Community Needs Assessment: DHMC, New London Hospital, Alice Peck Day Hospital, Valley Regional Healthcare, Mt. Ascutney Hospital, VNH (Visiting Nurses of VT & NH, an affiliate of DHMC). This collaboration afforded us significant collective data and expertise, and helped to reduce duplication of activities and information collected.

## 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.**  
 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**  
 Cathy              *Raymond*

**Title**  
*Development Officer*

**Email**  
 craymond@lakesunapeevna.org

**NHCT-31 (September 2022)**

**Attachments**

<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
4/25/2024 9:33 AM	2022 Lake Sunapee VNA Community Health Needs Assessment v4.15.22.pdf	Attachment	No	Catherine Raymond