

Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQM-9107-V7ZNM, version 1)

Details

Originally Started By Catherine Raymond

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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

10/01/2024

Entity Address

107 Newport Road

PO Box 2209

New London, New Hampshire 03257

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

www.lakesunapeevna.org

Chief Executive Officer (first, last name)

First Name	Last Name	
Jim	Culhane	
Phone Type	Number	Extension
Business	6035264077	264
Email		
jculhane@lakesunapeevna.org		

Board Chair (first, last name)

First Name	Last Name	
Daniel	Junius	
Phone Type	Number	Extension
Mobile	6038018001	
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	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)

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-1)?

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

Sullivan

Grafton

Merrimack

Please select service area municipalities (NH), if applicable

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

Service Population Description

We serve patients/clients of all ages and financial means. The majority of our patients/clients are age 65+. Core services provided are skilled home care, hospice, palliative care and community-based wellness and supportive programs (health and wellness clinics, health education, bereavement support, memory respite care). Skilled home care, hospice and palliative care patients are referred and approved for care by physicians based on medical need and are not turned away due to financial limitations. Staff (a total of approximately 110) drive 400,000 miles +/- each year to deliver care in more than 25 towns spanning Grafton, Merrimack and Sullivan counties, NH. We are licensed to deliver care in NH only. On any given day there are 400+/- people on service in one or more of our programs

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

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

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?

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

2.2: Other means-tested government programs

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

C7: Subsidized Continuing Care

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 collaboration with our Board of Trustees, our Leadership Team and other agency managers have updated our Strategic Plan to identify key areas of focus and measurable goals with specific action steps. Each focus area has KPIs (Key Performance Indicators) that are tracked and reviewed monthly. The Board of Trustees receives regular reports and presentations on progress toward goals.

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 (\$)

9776406

(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 (\$)
1	NONE PROVIDED	140593	0	140593	1.4%	147623

(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 (\$)
1	NONE PROVIDED	151836	0	151836	1.6%	159428

(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 (\$)
3	NONE PROVIDED	51171	0	51171	0.5%	57506

(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 (\$)
5	NONE PROVIDED	343600	0	343600	3.5%	364557

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 (\$)
3	NONE PROVIDED	100708	60179	40529	0.4%	110779

(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 (\$)
5	49	26695	0	26695	0.3%	28029

(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	149	189817	15637	174180	1.8%	199308

(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 (\$)
NONE PROVIDED	NONE PROVIDED	16125	0	16125	0.2%	5322

(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 (\$)
NaN	NaN	333345	75816	257529	2.6%	343438

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	676945	75816	601129	6.1%	\$707995

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
9776406

(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	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 (%)
0	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	27725	0	27725	0.3%

(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	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 (%)
5	35	3390	0	3390	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 (%)
6	NONE PROVIDED	6120	0	6120	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 (%)
7	NONE PROVIDED	26911	0	26911	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	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 (%)
21	NaN	67646	0	67646	0.7%

Section 6: Medicare

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

6859432

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

7220455

3. Medicare surplus (shortfall)

\$-361023

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 (\$)

9330488

2. Net operating costs (\$)

9776406

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

0.954

Unreimbursed Community Benefit Costs

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

343600

5. Other Community Benefit Costs (\$)

257529

6. Community Building Activities (\$)

67646

7. Total Unreimbursed Community Benefit Expenses (\$)

668775

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

6.84%

Other Community Benefits (optional)

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

113974

2. Medicare Shortfall (\$)

-\$361023

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification 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:

1:1 meetings with key stakeholders and community leaders
 Focus Groups engaging selected constituents and demographics
 Online health needs/concerns surveys
 Paper health needs/concerns surveys

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
Catherine	Raymond

Title
Development Officer

Email
craymond@lakesunapeevna.org

NHCT-31 (September 2022)