

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 10/01/2010

*to be filed with:*

Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397  
603-271-3591

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Lake Sunapee Home Care and Hospice

**Street Address** 107 Newport Road

**City** New London

**County**

**State** NH **Zip Code** 3257

**Federal ID #** 237066056

**State Registration #** 2522

**Website Address:** [www.lakesunapeevna.org](http://www.lakesunapeevna.org)

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

Has the organization filed its Community Benefits Plan Initial Filing Information form?

**IF NO**, please complete and attach the Initial Filing Information Form.

**IF YES**, has any of the initial filing information changed since the date of submission?

**IF YES**, please attach the updated information.

**Chief Executive:** Scott Fabry 6035264077

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

**Board Chair:** Michael Wood 6035266955 [mlw@msbwnl.com](mailto:mlw@msbwnl.com)

**Community Benefits**

**Plan Contact:** Catherine Raymond 6035264077

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

Is this report being filed on behalf of more than one health care charitable trust?

**IF YES,** please complete a copy of this page for each individual organization included in this filing.

## **Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: To provide comprehensive, high quality health care services that support the dignity and independence of individuals and families in partnership with physicians and other health care providers.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)?

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Primary Service Area consists of the following towns in Merrimack, Sullivan and Grafton Counties, NH: Andover, Bradford, Canaan, Claremont, Croydon, Danbury, Enfield, Goshen, Grafton, Grantham, Hanover, Lebanon, Lempster, Newbury, New London, Newport, Salisbury, Springfield, Sunapee, Sutton, Unity, Warner, Washington, Wilmot. Pending staff availability, additional towns may be served if residents request our agency.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

There is no single demographic we serve. Individuals of all ages and income levels receive skilled care, personal care and hospice in the home as well as participate in many of our community-based clinics and programs. As a home care agency, those patients receiving skilled care must meet requirement of being "homebound", which essentially means that leaving home for care presents a significant hardship. It is important to note that the majority of our patient/client census comes from the senior citizen sector (age 65+). A subset of this population are individuals with chronic disease such as Diabetes, COPD, CHF and COPD. Although Pediatrics represents a relatively small percentage of our overall business, more than 60% of our Pediatric patients are on Medicaid and approximately 10% of our overall census is Medicaid. Medicare and commercial insurances are accepted, but our commitment to serve those with limited resources remains a core value.

**Section 3: 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?

2008 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community?

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	120
2	121
3	122
4	400
5	526
6	601
7	603
8	607
9	610

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	124
B	101
C	300
D	501
E	430
F	611
G	206

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<b><i>A. Community Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Community Health Education</i>		\$26,369.00	\$29,006.00
<i>Community-based Clinical Services</i>		\$17,010.00	\$19,170.00
<i>Health Care Support Services</i>			
<i>Other:</i>			

<b><i>B. Health Professions Education</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Provision of Clinical Settings for Undergraduate Training</i>			
<i>Intern/Residency Education</i>			
<i>Scholarships/Funding for Health Professions Ed.</i>		\$11,076.00	\$11,630.00
<i>Other: LPN Mentoring</i>		\$2,160.00	\$2,160.00

<b><i>C. Subsidized Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Type of Service: HomMed Telemonitoring</i>		\$40,880.00	\$42,924.00
<i>Type of Service: Bereavement Program</i>		\$27,942.00	\$29,339.00
<i>Type of Service: Commercial Insurance Loss</i>		\$75,453.00	\$80,000.00
<i>Type of Service: Respite Scholarships</i>		\$925.00	\$1,850.00
<i>Type of Service:</i>			

<b>D. Research</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Clinical Research</i>			
<i>Community Health Research</i>			
<i>Other:</i>			

<b>E. Financial Contributions</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Cash Donations</i>		\$2,300.00	\$2,500.00
<i>Grants</i>			
<i>In-Kind Assistance</i>		\$12,670.00	\$13,304.00
<i>Resource Development Assistance</i>			

<b>F. Community Building Activities</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Physical Infrastructure Improvement</i>			
<i>Economic Development</i>			
<i>Support Systems Enhancement</i>		\$2,340.00	\$2,574.00
<i>Environmental Improvements</i>			
<i>Leadership Development; Training for Community Members</i>		\$2,200.00	\$2,310.00
<i>Coalition Building</i>			
<i>Community Health Advocacy</i>		\$4,400.00	\$4,620.00

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>		\$1,200.00	\$1,200.00
<i>Community Needs/Asset Assessment</i>			
<i>Other Operations</i>			

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>		\$29,900.00	\$32,890.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>			
<i>Medicaid Costs exceeding reimbursement</i>		\$203,196.00	\$203,196.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>		\$28,050.00	\$28,050.00

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$4,505,457.00
<i>Net Revenue from Patient Services</i>	\$4,407,526.00
<i>Total Operating Expenses</i>	\$4,683,023.00
<i>Net Medicare Revenue</i>	\$3,007,265.00
<i>Medicare Costs</i>	\$2,699,924.00
<i>Net Medicaid Revenue</i>	\$304,804.00
<i>Medicaid Costs</i>	\$508,000.00
<i>Unreimbursed Charity Care Expenses</i>	\$29,900.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$458,171.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$488,071.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$175,600.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$663,671.00

**Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Plan Commented on Proposed</i>
1) List may be requested by calling Cathy Raymond @ 603-526-4077	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): "Methods" may be requested by calling Cathy Raymond @ 603-526-4077.

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **List of Potential Community Needs for Use on Section 3**

#### *100 - Access to Care; General*

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

#### *200 - Maternal & Child Health; General*

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

#### *300 - Chronic Disease – Prevention and Care; General*

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

#### *360 - Infectious Disease – Prevention and Care; General*

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

*370 - Mental Health/Psychiatric Disorders – Prevention and Care; General*

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

*400 - Substance Use; Lifestyle Issues*

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

*500 – Socioeconomic Issues; General*

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

*520 - Community Safety & Injury; General*

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality  
534 - Water Quality

*600 - Community Supports; General*

601 - Transportation Services  
602 - Information & Referral Services  
603 - Senior Services  
604 - Prescription Assistance  
605 - Medical Interpretation  
606 - Services for Physical & Developmental Disabilities  
607 - Housing Assistance  
608 - Fuel Assistance  
609 - Food Assistance  
610 - Child Care Assistance  
611 - Respite Care

999 – Other Community Need