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# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPS-0QWC-JYR28, version 1)

## Details

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**Submitted** 3/31/2023 (0 days ago) by Cherrie Murray

**Submission ID** HPS-0QWC-JYR28

**Status** Submitted

## Form Input

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### Section 1: Entity Information

#### Entity Name

Visiting Nurse Association of Franklin

#### State Registration #

2923

#### Federal ID #

02-0228247

#### Fiscal Year Beginning

01/01/2022

#### Entity Address

75 Chestnut St

Franklin, NH 03235

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

<http://www.franklinvna.org>

#### Chief Executive Officer (first, last name)

First Name	Last Name
------------	-----------

Krystin	Albert
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Phone Type	Number	Extension
------------	--------	-----------

Business	603-934-3454	230
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#### Email

kalbert@franklinvna.org

#### Board Chair (first, last name)

First Name	Last Name
------------	-----------

Kathleen	Kidder
----------	--------

Phone Type	Number	Extension
------------	--------	-----------

Mobile	603-393-6006	
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#### Email

kitty@kidder.family

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

**First Name**      **Last Name**

Cherrie              Murray

**Title**

Executive Assistant/ HR Coordinator

**Phone Type**    **Number**            **Extension**

Business            603-934-3454    230

**Email**

cmurray@franklinvna.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)?**

No

**Section 2: Mission & Community Served**

**1. Mission Statement**

The mission of the Visiting Nurse Association of Franklin is to provide quality home health care, hospice care, and education to individuals and families in our communities so that they may reach their highest level of independence.

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

No

**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**

Merrimack

Belknap

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

ANDOVER

BELMONT

FRANKLIN

GILFORD

GILMANTON

LACONIA

NORTHFIELD

SALISBURY

TILTON

CANTERBURY

WEBSTER

HILL

BOSCAWEN

**Service Population Description**

Serve the general population..

**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)**

2020

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

[2020 Lakes Region Community Health Needs Assessment v12.28.30.pdf - 03/09/2023 12:15 PM](#)

**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 5)**

**3. Area of Community Need / Concern**

17. Access to Home Health Care

**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.**

B4: Other Health Professions Education Support

E2: Grants

A1: Community Health Education

**7. Brief description of major strategies or activities to address this need (optional)**

Franklin VNA & Hospice provides education to both community members and providers on how to obtain Home Health Care services and works with numerous grant programs to provide such services at low cost or free of charge to the patient.

### **Section 3.2: Community Needs Assessment (2 of 5)**

**3. Area of Community Need / Concern**

20. Mental Health

**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.**

A1: Community Health Education

A3: Health Care Support Services

**7. Brief description of major strategies or activities to address this need (optional)**

Franklin VNA & Hospice provides education to both community members and providers on how to obtain mental health services and works closely with local mental health providers to assist in meeting the needs of the community.

### **Section 3.2: Community Needs Assessment (3 of 5)**

**3. Area of Community Need / Concern**

25. Access to Substance Use Disorder 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.**

A1: Community Health Education

**7. Brief description of major strategies or activities to address this need (optional)**

Franklin VNA & Hospice provides education to both community members and providers on how to obtain substance use disorder services and works closely with local health care providers to assist in meeting the needs of the community.

**Section 3.2: Community Needs Assessment (4 of 5)**

**3. Area of Community Need / Concern**

3. Access to Primary Care

**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.**

A1: Community Health Education

**7. Brief description of major strategies or activities to address this need (optional)**

Franklin VNA & Hospice works closely with local medical practices and helps coordinate services for our patients.

**Section 3.2: Community Needs Assessment (5 of 5)**

**3. Area of Community Need / Concern**

23. Dementia, including Alzheimer's Disease

**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.**

A1: Community Health Education

**7. Brief description of major strategies or activities to address this need (optional)**

Franklin VNA & Hospice has MSW services that assist patients in finding and applying for affordable housing, food stamps, and other social services as needed to meet the patient's needs.

**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 (\$)**

2901559

**(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	104712.30	0	104712.3	3.6%	100000

**(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	64075	64075	0	0%	75000

**(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	41962.8	41962.8	0	0%	45000

**(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	210750.1	106037.8	104712.3	3.6%	220000

**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	94632.70	5460	89172.7	3.1%	95000

**(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	NONE PROVIDED	15081.88	0	15081.88	0.5%	15000

**(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	NONE PROVIDED	0	0	0	0%	0

**(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	0	0	0	0%	0

**(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	0	109714.58	5460	104254.58	3.6%	110000

**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	0	320464.68	111497.8	208966.88	7.2%	\$330000

**Section 5: Community Building Activities**

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

2901559

**(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 (%)
101	NONE PROVIDED	17045.68	5460	11585.68	0.4%

**(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 (%)
9	NONE PROVIDED	1461.96	0	1461.96	0.1%

**(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 (%)
32	NONE PROVIDED	5024.68	0	5024.68	0.2%

**(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 (%)
12	NONE PROVIDED	469.68	0	469.68	0%

**(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 (%)
58	48	15081.88	0	15081.88	0.5%

**(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 (%)
212	48	39083.88	5460	33623.88	1.7%

**Section 6: Medicare**



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

NONE PROVIDED

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

NONE PROVIDED

**3. Medicare surplus (shortfall)**

\$NaN

**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**

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

2893136

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

2901559

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

0.997

### **Unreimbursed Community Benefit Costs**

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

104712.3

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

104254.58

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

33623.88

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

242590.76

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

8.36%

### **Other Community Benefits (optional)**

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

NONE PROVIDED

**2. Medicare Shortfall (\$)**

\$NaN

## **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:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Partnership for Public Health	Yes	Yes	Yes	Yes

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

The Visiting Nurse Association of Franklin works closely with the Partnership for Public Health on a month basis to determine the needs of the general public in our service area. The Partnership for Public Health seeks feedback from local healthcare organizations to complete the Needs Assessment and distributes surveys to the public and makes the results known to the local healthcare organizations.

**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.**

No

**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.**

No

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

No

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

No

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

No

**Section 10: Certification**

**Electronic Signature**

**First Name**

Cherrie

**Last Name**

Murray

**Title**

Executive Assistant/ HR Coordinator

**Email**

cmurray@franklinvna.org

**NHCT-31 (September 2022)**

**Attachments**

Date	Attachment Name	Context	Confidential?	User
3/9/2023 12:15 PM	2020 Lakes Region Community Health Needs Assessment v12.28.30.pdf	Attachment	No	Cherrie Murray

**Status History**

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	User	Processing Status
3/9/2023 11:55:33 AM	Cherrie Murray	Draft
3/31/2023 1:48:40 PM	Cherrie Murray	Submitting
3/31/2023 1:48:48 PM	Cherrie Murray	Submitted

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Cherrie Murray	3/31/2023 1:48:48 PM