

**Alice Peck Day Memorial Hospital  
FY25 (Jul 24-Jun 25) NH Community Benefits Report**

Alice Peck Day Memorial Hospital FY25 (Jul 24 - Jun 25) NH Community Benefits Report		
Category	Description	FY24 Unreimbursed Cost
<b>Community Benefit Services</b>		
<b>Community Health Improvement Services and Community Benefit Operations</b>		
Community Based Clinical Services	Upper Valley Smiles School-based Dental Program (supplies and staff) Trivian Life Services (staff)	22,878.35 4,813.00
Health Care Support Services	Patient support services (transportation, medications, LISTEN Community Services store vouchers)	4,301.95
Other Community Health Improvement Services	Bike helmet distribution in Primary Care and Emergency Department Upper Valley Elder Forum staff coordination support Non-perishable food bag distribution in Primary Care, Emergency Department and Medical Surgery Reach Out and Read Program (staff) Emergency Department Senior Call Back Program (staff) AED training with LISTEN Community Services (Staff)	118.04 118.04 2,463.85 47,316.22 230.07
Community Benefit Operations	Grant writing for Community Health Dedicated staff (salary and travel)	4,106.81 148,990.28
Community Support Operations	Support staff	101,196.83
	Total	<b>336,533.44</b>
<b>Financial Contributions</b>		
Cash Donations	Upper Valley Business Alliance BIPOC Social and MedTech Collaborative Northern Stage Hartford Community Coalition, Summer Lunch Program LISTEN Community Services Community Dining Hall Upper Valley Music Center Carter Community Building Association	625.00 7,500.00 7,000.00 5,000.00 282.00 5,925.00
In Kind Donations	Food donations to Upper Valley Senior Center, LISTEN Community Services, Lebanon Seasonal Shelter, and Lebanon Pop-up Health Clinics Point-in-Time Unhoused Count support (staff)	7,435.63 171.66
	Total	<b>33,939.29</b>
<b>Community Building Activities</b>		
Community Health Advocacy	Leadership and staff participation in local and statewide rural health advocacy forums	36,353.62
	Total	<b>36,353.62</b>
	<b>Community Benefit Services Total</b>	<b>370,472.73</b>
	<b>Community Building Activities Total</b>	<b>36,353.62</b>

**FY25 APD CB Report 1 (Jul 24-Jun 25)**

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# Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQK-F396-PXSFK, version 1)

## Details

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**Submitted** 2/25/2026 (6 days ago) by Elizabeth O'Donnell**Submission ID** HQK-F396-PXSFK**Status** Issued

## Form Input

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### Section 1: Entity Information

**Entity Name**

Alice Peck Day Memorial Hospital

**State Registration #**

6329

**Federal ID #**

020222791

**Fiscal Year Beginning**

07/01/2024

**Entity Address**

10 Alice Peck Day Drive  
Medical Office Building, 10 Alice Peck Day Drive, Lebanon NH 03766  
Lebanon, NH 03766

**Entity Website (must have a prefix such as "http://www.")**<https://www.alicepeckday.org>**Chief Executive Officer (first, last name)****First Name**      **Last Name**

Micheal      Lynch

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

Business      603-308-0080

**Email**

lynchm@apdmh.org

**Board Chair (first, last name)****First Name**      **Last Name**

Marisa      Devlin

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

Business      603-306-3571

**Email**

marisa@sassafras.com

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

<b>First Name</b>	<b>Last Name</b>	
Beth	O'Donnell	
<b>Title</b>		
Director- Community Health		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6033080821	
<b>Email</b>		
o'donnelle@apdmh.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**

To build a healthier community, one connection at a time.

**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  
Sullivan

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

LEBANON  
CANAAN  
HANOVER  
CORNISH  
DORCHESTER  
ENFIELD  
GRAFTON  
GRANTHAM  
LYME  
ORANGE  
PIERMONT  
PLAINFIELD  
WARREN  
CROYDON  
NEWPORT

**Service Population Description**

APD serves the general population with a wide range of primary care, hospital and specialty health care services.

**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\\_dhapdvncommunity\\_health\\_needs\\_assessmentweb.pdf - 02/21/2026 12:39 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 8)**

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

24. Substance Use

**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.**

E1: Cash Donations

E3: In-Kind Assistance

A7: Other Community Benefit Operations

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

Narcan distribution through the Emergency Department and Primary Care; Vivitrol distribution in Primary Care; Primary Care Medication Assisted Treatment (MAT) Program with Mental Health services; Collaborative care in partnership with Headrest and TLC Recovery Center for Primary Care patients in MAT; Continue to support efforts to advocate, research and establish a residential treatment center for recovery from substance use.

### **Section 3.2: Community Needs Assessment (2 of 8)**

**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.**

A2: Community-Based Clinical Services

A4: Other Community Health Improvement Services

E1: Cash Donations

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

Screen Primary Care patients for depression and anxiety during annual wellness visit.

Offer acute mental health services through APD Behavioral Health Specialists for Primary Care patients who screen positive for depression and/or anxiety and support referrals for ongoing counseling with community partners. Continue to grow mental health services skillset (i.e., Eye Movement Desensitization and Preprocessing (EMDR)) and evaluate applications of technology.

Evaluation partnerships and coalition

engagement and sustain those that are providing measurable improvements to community health.

### **Section 3.2: Community Needs Assessment (3 of 8)**

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

1. Financial Barriers to Care; Cost of Care / Insurance

#### **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

2.3: Medicare

A3: Health Care Support Services

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

Charity Care, financial assistance, and payment plans; Medicaid enrollment assistance through Primary Care Social Worker/Recovery Coach (certified to make NH Medicaid Presumptive Eligibility determinations); Marketplace health insurance counseling during Open Enrollment (and for individuals with SEP); Patient and family support services including transportation services and coordination for patients in need; Pharmacy voucher program for low-income uninsured patients with acute medication needs; Prescription Assistance Program to uninsured patients needing help paying for medications.

### **Section 3.2: Community Needs Assessment (4 of 8)**

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

27. Healthy Eating / Nutrition / Food Insecurity

#### **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.**

E3: In-Kind Assistance

E1: Cash Donations

A4: Other Community Health Improvement Services

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

Donation of prepared foods from APD Kitchen to Upper Valley Senior Center and LISTEN Community services, Preparation and donation of food to Lebanon seasonal shelter, Pop-up Health Clinics and LISTEN Community Services Community Dining Hall for vulnerable populations; Emergency Food Bags of non-perishable food and meal cards for a free hot meal at APD Alice Cafe to patients who express interest in food support; Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon; Improved in-patient and Alice Cafe menu with healthier food choices along. Educational social media programing on cooking and nutritious foods.

### **Section 3.2: Community Needs Assessment (5 of 8)**

#### **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.**

A5: Dedicated Staff costs

A4: Other Community Health Improvement Services

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

Senior Care team provides home-based Primary Care program for frail elderly in the local community; Elder Forum coordination, networking/educational forum for health and human services organizations focused on the elderly/aging, hosted monthly by APD who also supports coordination; Emergency Department Call Back program for elderly 70+ years discharged home to support transition and connection to local community organizations and services.

### **Section 3.2: Community Needs Assessment (6 of 8)**

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

28. Physical Activity / Active Living

**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.**

A4: Other Community Health Improvement Services

F7: Community Health Advocacy

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

Continue to offer bike helmets to children in Primary Care and Emergency Department, and to support additional efforts to increase biking in the community; Support advocacy for community infrastructure that increases community health and wellbeing including sidewalks and bus routes

### **Section 3.2: Community Needs Assessment (7 of 8)**

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

4. Oral 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.**

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

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

APD Upper Valley Smiles, a free school-based oral health program for children at Upper Valley elementary schools; Incorporate fluoride varnish application into well child visits in Primary Care.

### **Section 3.2: Community Needs Assessment (8 of 8)**

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

33. Affordable Housing

**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.**

A4: Other Community Health Improvement Services  
E3: In-Kind Assistance  
F7: Community Health Advocacy

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

Screen all Primary Care and Emergency Department 70 years + patients once per year for housing needs and assist patients with applications for local community resources and make referrals; Participation in local networks discussing community housing needs and solutions; Participation Point-In-Time Housing Count in Lebanon.

**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 (\$)**

100917115

**(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	453589	0	453589	0.4%	1000000

**(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	13786478	10940451	2846027	2.8%	1500000

**(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	0	0	0	0%	0

**(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	14240067	10940451	3299616	3.3%	2500000

**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	336533.44	30817.00	305716.44	0.3%	340000

**(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	0	0	0	0%	0

**(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	33939.29	0	33939.29	0%	35000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	370472.73	30817	339655.73	0.3%	375000

**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 (\$)
NONE PROVIDED	NONE PROVIDED	14610539.73	10971268	3639271.73	3.6%	\$2875000

## Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)  
100917115

### (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	NONE PROVIDED	0	0	0	0%

### (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	NONE PROVIDED	0	0	0	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	0	0	0	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	36353.62	0	36353.62	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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 (%)
NONE PROVIDED	NONE PROVIDED	36353.62	0	36353.62	0%

**Section 6: Medicare**

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

26056163

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

27613293

**3. Medicare surplus (shortfall)**

\$-1557130

**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 to charge ratio

**Section 7: Summary Financial Measures**

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

211189944

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

100917115

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

2.093

**Unreimbursed Community Benefit Costs**

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

3299616

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

339655.73

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

36353.62

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

3675625.35

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

3.64%

**Other Community Benefits (optional)**

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

0

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

\$-1557130

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

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**1. Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Alice Ely, Public Health Council of the Upper Valley	Yes	Yes	Yes	Yes
LISTEN Community Services	Yes	Yes	Yes	No
Beth Gustafson Wheeler, Foundation for Health Communities	Yes	Yes	Yes	Yes
Municipalities of Hanover, Lebanon and Hartford	Yes	Yes	Yes	Yes
Rudy Fedrizzi, Vermont Department of Health	Yes	Yes	Yes	Yes
Anna M Hullinger, Upper Valley Regional Public Health Network	Yes	Yes	Yes	No
Briana White, Visiting Nurse and Hospice for Vermont and New Hampshire	Yes	Yes	Yes	No
Caroline Christie, Mascoma Valley Regional School District	Yes	Yes	Yes	No
Deanna Jones, Thompson Senior Center	Yes	Yes	Yes	No
Donald Kollisch, Community Nurse Connection	Yes	Yes	Yes	No
Erin Smith, Upper Valley Music Center	Yes	Yes	Yes	No
John Haffner, Vital Communities	Yes	Yes	Yes	No
Krista Karlson, Willing Hands	Yes	Yes	Yes	No
Martha Tecca, SHARe	Yes	Yes	Yes	No
Mike Reiderer, TriValley Transit	Yes	Yes	Yes	No
Peggy O'Neil, Womens Information Service WISE	Yes	Yes	Yes	No
Dana Michalovic, Good Neighbor Health Clinics	Yes	Yes	Yes	No
Eleanor Zue, Bugbee Senior Center	Yes	Yes	Yes	No
Lynne Goodwin, City Of Lebanon Human Services	Yes	Yes	Yes	Yes

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

Between February and September 2021, the Community Health Needs Assessment committee fielded two surveys: one broadly disseminated to residents across the region and one targeted distribution to community leaders. The community leader survey was distributed via a unique email link to 352 individuals in positions of leadership in agencies, municipalities, education, civic and volunteer organizations. The community members survey was distributed electronically through email and social media communication channels, promoted through flyers and posters with links to QR codes which were posted around the region, and by paper copies made available at a variety of distribution points throughout the region. Spanish versions of the survey were also created both electronically and in paper form. In March 2022, a summit was held to present the results of the surveys and community health indicators and allow discussion of the top community health needs.

**Section 9: Charity Care Compliance**

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

Yes

**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.**

N/A

**5. Notice of the charity care policy is posted in lobbies.**

N/A

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

Yes

**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.**

N/A

**Section 10: Certification**

**Electronic Signature**

**First Name**    **Last Name**

Beth              O'Donnell

**Title**

Director- Community Health

**Email**

o'donnelle@apdmh.org

**NHCT-31 (September 2022)**

**Attachments**

Date	Attachment Name	Context	User
2/21/2026 12:39 PM	2022_dhapdvncommunity_health_needs_assessmentweb.pdf	Attachment	Elizabeth O'Donnell

**Status History**

	User	Processing Status
2/18/2026 1:19:49 PM	Elizabeth O'Donnell	Draft
2/25/2026 3:35:13 PM	Elizabeth O'Donnell	Submitting
2/25/2026 3:35:18 PM	Elizabeth O'Donnell	Submitted
2/26/2026 7:54:43 AM	Linda Bartlett	Issued

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Elizabeth O'Donnell	2/25/2026 3:35:18 PM

**FY25 APD CB Report 2 (Jul 25-Sept 25)**

<b>Alice Peck Day Memorial Hospital FY25 (Jul 25 - Sept 25) NH Community Benefits Report</b>		
<b>Category</b>	<b>Description</b>	<b>FY24 Unreimbursed Cost</b>
<b>Community Benefit Services</b>		
<b>Community Health Improvement Services and Community Benefit Operations</b>		
Community Based Clinical Services	Upper Valley Smiles School-based Dental Program (supplies and staff)	2,694.35
Health Care Support Services	Patient Support services (transportation)	832.00
Other Community Health Improvement Services	Bike helmet distribution in Primary Care and Emergency Department	29.51
	Upper Valley Elder Forum staff coordination support	
	Non-perishable food bag distribution in Primary Care, Emergency Department and Medical Surgery	14.75
	Reach Out and Read Program (staff)	559.97
	Emergency Department Senior Call Back Program (staff)	11,829.05
Community Benefit Operations	Dedicated staff (salary and travel)	33,889.68
Community Support Services	Support staff	23,352.65
	Total	<b>73,201.96</b>
<b>Financial Contributions</b>		
In Kind Donations	Food donations to Upper Valley Senior Center, LISTEN Community Services	777.68
	Unhoused summer count (staff)	42.66
	Total	<b>820.34</b>
<b>Community Building Activities</b>		
Community Health Advocacy	Leadership and staff participation in local and statewide rural health advocacy forums	3,533.98
	Total	<b>3,533.98</b>
	<b>Community Benefit Services Total</b>	<b>74,022.30</b>
	<b>Community Building Activities Total</b>	<b>3,533.98</b>

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# Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQK-F4KR-S121Q, version 1)

## Details

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**Submitted** 2/25/2026 (6 days ago) by Elizabeth O'Donnell**Submission ID** HQK-F4KR-S121Q**Status** Issued

## Form Input

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### Section 1: Entity Information

**Entity Name**

Alice Peck Day Memorial Hospital

**State Registration #**

6329

**Federal ID #**

020222791

**Fiscal Year Beginning**

07/01/2025

**Entity Address**10 Alice Peck Day Drive  
Medical Office Building, 10 Alice Peck Day Drive, Lebanon NH 03766  
Lebanon, NH 03766**Entity Website (must have a prefix such as "http://www.")**<https://www.alicepeckday.org>**Chief Executive Officer (first, last name)****First Name**      **Last Name**

Micheal          Lynch

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

Business          603-308-0080

**Email**

lynchm@apdmh.org

**Board Chair (first, last name)****First Name**      **Last Name**

Marisa            Devlin

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

Mobile            603-306-3571

**Email**

marisa@sassafras.com

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

<b>First Name</b>	<b>Last Name</b>	
Beth	O'Donnell	
<b>Title</b>	Director- Community Health	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6033080821	
<b>Email</b>	o'donnelle@apdmh.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**

To build a healthier community, one connection at a time

**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  
Sullivan

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

LEBANON  
CANAAN  
HANOVER  
CORNISH  
DORCHESTER  
ENFIELD  
GRAFTON  
GRANTHAM  
LYME  
ORANGE  
PIERMONT  
PLAINFIELD  
WARREN

**Service Population Description**

APD serves the general population with a wide range of primary care, hospital and specialty health care services.

**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\\_dhapdvncommunity\\_health\\_needs\\_assessmentweb.pdf - 02/21/2026 01:21 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 7)**

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.

A4: Other Community Health Improvement Services

A7: Other Community Benefit Operations

E1: Cash Donations

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

Screen Primary Care patients for depression and anxiety during annual wellness visit.

Offer acute mental health services through APD Behavioral Health Specialists for Primary Care patients who screen positive for depression and/or anxiety and support referrals for ongoing counseling with community partners. Continue to grow mental health services skillset (i.e., Eye Movement Desensitization and Preprocessing (EMDR)) and evaluate applications of technology.

Evaluation partnerships and coalition

engagement and sustain those that are providing measurable improvements to community health.

### **Section 3.2: Community Needs Assessment (2 of 7)**

3. Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

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

2.3: Medicare

A3: Health Care Support Services

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

Charity Care, financial assistance, and payment plans; Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive

Eligibility determinations); Marketplace health insurance counseling during Open Enrollment (and for individuals with SEP);

Patient and family support services including transportation services and coordination for patients in need; Pharmacy voucher program for low-income uninsured patients with acute medication needs; Prescription Assistance Program to uninsured patients needing help paying for medications.

### **Section 3.2: Community Needs Assessment (3 of 7)**

---

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

27. Healthy Eating / Nutrition / Food Insecurity

#### **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.**

E3: In-Kind Assistance

E1: Cash Donations

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

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

Donation of prepared foods from APD Kitchen to Upper Valley Senior Center and LISTEN, Preparation and donation of food to seasonal shelter, Pop-up Health Clinics and LISTEN Community Dining Hall for vulnerable populations; Emergency Food Bags of non-perishable food and meal cards for a free hot meal at APD Cafe to patients who express interest in food support; Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon; Improved in-patient and coffee shop menu with healthier food choices along. Educational social media programming on cooking and nutritious foods

### **Section 3.2: Community Needs Assessment (4 of 7)**

---

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

24. Substance Use

#### **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.**

E1: Cash Donations

E3: In-Kind Assistance

A7: Other Community Benefit Operations

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

Narcan distribution through the Emergency Department and Primary Care; Vivitrol distribution in Primary Care; Primary Care Medication Assisted Treatment (MAT) Program with Mental Health services; Collaborative care in partnership with Headrest and TLC Recovery Center for Primary Care patients in MAT; Continue to support efforts to advocate, research and establish a residential treatment center for recovery from substance use.

### **Section 3.2: Community Needs Assessment (5 of 7)**

---

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

4. Oral 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.**

A5: Dedicated Staff costs

A2: Community-Based Clinical Services

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

APD Upper Valley Smiles, a free school-based oral health program for children at Upper Valley elementary schools; Incorporate fluoride varnish application into well child visits in Primary Care.

**Section 3.2: Community Needs Assessment (6 of 7)**

---

**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.**

A4: Other Community Health Improvement Services

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

Senior Care team provides home-based Primary Care program for frail elderly in the local community; Elder Forum coordination, networking/educational forum for health and human services organizations focused on the elderly/aging, hosted monthly by APD who also supports coordination; Emergency Department Call Back program for elderly 70+ years discharged home to support transition and connection to local community organizations and services.

**Section 3.2: Community Needs Assessment (7 of 7)**

---

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

33. Affordable Housing

**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.**

E3: In-Kind Assistance

A4: Other Community Health Improvement Services

F7: Community Health Advocacy

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

Screen all Primary Care and Emergency Department 70 years + patients once per year for housing needs and assist patients with applications for local community resources and make referrals; Participation in local networks discussing community housing needs and solutions; Participation Point-In-Time Housing Count in Lebanon.

**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 (\$)**

26312018

**(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	147256	0	147256	0.6%	1000000

**(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	3421598	2350937	1070661	4.1%	5000000

**(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	0	0	0	0%	0

**(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	3568854	2350937	1217917	4.6%	6000000

**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	73201.96	579	72622.96	0.3%	74000

**(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	0	0	0	0%	0

**(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	820.34	0	820.34	0%	900

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	74022.3	579	73443.3	0.3%	74900

**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 (\$)
NONE PROVIDED	NONE PROVIDED	3642876.3	2351516	1291360.3	4.9%	\$6074900

**Section 5: Community Building Activities**
**Total expense (\$; entered at top of Section 4)**

26312018

**(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	NONE PROVIDED	0	0	0	0%

**(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	NONE PROVIDED	0	0	0	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	0	0	0	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	3533.98	0	3533.98	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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**

<b>(a) Number of activities or programs</b>	<b>(b) Persons served</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
<i>NONE PROVIDED</i>	<i>NONE PROVIDED</i>	3533.98	0	3533.98	0%

## Section 6: Medicare

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

6943150

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

7422043

**3. Medicare surplus (shortfall)**

\$-478893

**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 to charge ratio

## Section 7: Summary Financial Measures

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

56693289

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

26312018

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

2.155

### Unreimbursed Community Benefit Costs

---

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

1217917

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

73443.3

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

3533.98

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

1294894.28

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

4.92%

### Other Community Benefits (optional)

---

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

0

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

\$-478893

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

**1. Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Alice Ely, Public Health Council of the Upper Valley	Yes	Yes	Yes	Yes
LISTEN Community Services	Yes	Yes	Yes	No
Beth Gustafson Wheeler, Foundation for Healthy Communities	Yes	Yes	Yes	Yes
Municipalities of Hanover, Lebanon and Hartford	Yes	Yes	Yes	Yes
Rudy Fedrizzi, Vermont Department of Health	Yes	Yes	Yes	Yes
Anna M Hullinger, Upper Valley Regional Public Health Network	Yes	Yes	Yes	No
Briana White, Visiting Nurse of Vermont and New Hampshire	Yes	Yes	Yes	No
Caroline Christie, Mascoma Regional School District	Yes	Yes	Yes	No
Deanna Jones, Thompson Senior Center	Yes	Yes	Yes	No
Donald Kollisch, Community Nurse Connection	Yes	Yes	Yes	No
Erin Smith, Upper Valley Music Center	Yes	Yes	Yes	No
John Haffner, Vital Communities	Yes	Yes	Yes	No
Krista Karlson, Willing Hands	Yes	Yes	Yes	No
Martha Tecca. SHARe	Yes	Yes	Yes	No
Mike Reiderer, TriValley Transit	Yes	Yes	Yes	No
Peggy O'Neil, Woman Information Services WISE	Yes	Yes	Yes	No
Stephanie Bergeron, West Central Behavioral Health	Yes	Yes	Yes	No
Dana Michalovic, Good Neighbor Clinics	Yes	Yes	Yes	Yes
Eleanor Zue, Bugbee Senior Center	Yes	Yes	Yes	No
Lynne Goodwin, City of Lebanon Human Services	Yes	Yes	Yes	Yes

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

Between February and September 2021, the Community Health Needs Assessment committee fielded two surveys: one broadly disseminated to residents across the region and one targeted distribution to community leaders. The community leader survey was distributed via a unique email link to 352 individuals in positions of leadership in agencies, municipalities, education, civic and volunteer organizations. The community members survey was distributed electronically through email and social media communication channels, promoted through flyers and posters with links to QR codes which were posted around the region, and by paper copies made available at a variety of distribution points throughout the region. Spanish versions of the survey were also created both electronically and in paper form. In March 2022, a summit was held to present the results of the surveys and community health indicators and allow discussion of the top community health needs.

**Section 9: Charity Care Compliance**

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

Yes

**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.**

N/A

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

Yes

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.

N/A

## Section 10: Certification

### Electronic Signature

**First Name**    **Last Name**

Beth              O'Donnell

**Title**

Director- Community Health

**Email**

o'donnelle@apdmh.org

NHCT-31 (September 2022)

## Attachments

Date	Attachment Name	Context	User
2/21/2026 1:21 PM	2022_dhapdvncommunity_health_needs_assessmentweb.pdf	Attachment	Elizabeth O'Donnell

## Status History

	User	Processing Status
2/18/2026 2:35:59 PM	Elizabeth O'Donnell	Draft
2/25/2026 3:36:44 PM	Elizabeth O'Donnell	Submitting
2/25/2026 3:36:48 PM	Elizabeth O'Donnell	Submitted
2/26/2026 8:00:51 AM	Linda Bartlett	Issued

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Elizabeth O'Donnell	2/25/2026 3:36:48 PM