

## Alice Peck Day Memorial Hospital: Community Benefits FY2022

Category	Description	Unreimbursed Cost
<b>Community Benefit Services</b> <b>Community Health Improvement Services and</b> <b>Community Benefit Operations</b>		
<ul style="list-style-type: none"> <li>• Community Health Education</li> </ul>	Anti-Fraud Campaign - mailer to older adults in the Upper Valley	\$ 3,382
<ul style="list-style-type: none"> <li>• Community Based Clinical Services</li> </ul>	Upper Valley Smiles Dental Program (Supplies, Staff)	\$ 8,091
<ul style="list-style-type: none"> <li>• Health Care Support Services</li> </ul>	Patient Support Services (Transportation Services, Gas Card, Meal Cards, pharmacy vouchers, Listen Community Services vouchers)	\$ 547
<ul style="list-style-type: none"> <li>• Other Community Health Improvement Services</li> </ul>	Reach Out & Read Book Distribution & Coordination	\$ 502
	FitScripts prescription exercise program (staff coordination)	\$ 2,500
	Bike Helmet Distribution in Primary Care & ED	\$ 266
	APD Nature Trails Maintenance - Dedicated Staff	
	Elder Forum staff support - Dedicated Staff	
<ul style="list-style-type: none"> <li>• Community Benefit Operations</li> </ul>	Grant Writing for Community Health	\$ 175
	Dedicated Staff (Salary, Office Supplies, Travel)	\$ 82,079
<ul style="list-style-type: none"> <li>• Cost of Needs Assessment Activities</li> </ul>	Community Health Needs Assessment	\$ 7,500
	Total	<b>\$ 105,042</b>
<b>Health Professions Education</b>		
<ul style="list-style-type: none"> <li>• Scholarships/Funding for Professions Education</li> </ul>	Surgical Tech Training Program Scholarship	\$ 8,000
	Total	<b>\$ 8,000</b>
<b>Financial Contributions</b>		
<ul style="list-style-type: none"> <li>• Cash Donations</li> </ul>	Upper Valley Business Alliance (Membership & Event Sponsorship)	\$ 8,850
	Take A Bite Out of Hunger/Lebanon Lunch Friends Program	\$ 10,000
	Waypoint (Child and Family Services)	\$ 1,000
	City of Lebanon Parks & Recreation (Event Sponsorship, Softball Sponsorship)	\$ 550
	Upper Valley Trails Alliance & Trail Finder	\$ 750
	Lebanon Opera House	\$ 1,000
	Upper Valley Music Center	\$ 500
	Advance Transit	\$ 3,240
	JAG Productions	\$ 1,000

<ul style="list-style-type: none"> <li>In-Kind Donations</li> </ul>	Meeting space, refreshments for local nonprofit community groups (Red Cross Blood Drives, Lebanon Rotary Club, AVADE training, Recovery Coach Training) Food donations to Listen from APD Kitchen City of Lebanon - Beautify the City project Space for Good Neighbor Health Clinic	\$ 12,922 \$ 2,500 \$ 422 \$ 17,952 Total \$ <b>60,686</b>
<b>Community Building Activities</b>		
<ul style="list-style-type: none"> <li>Physical Improvements and Housing</li> <li>Community Health Improvement Advocacy</li> <li>Support System Enhancements</li> <li>Economic Development</li> </ul>	Leadership participation in local and statewide rural health advocacy forums Clinical staff participation in local and statewide emergency preparedness training Upper Valley Business Alliance participation	\$ 26,470 \$ 780 \$ 6,566 Total \$ <b>33,816</b>

**Community Benefit Services Total** \$ **173,728**  
**Community Building Activities Total** \$ **33,816**

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# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPR-4DGM-7M5GP, version 1)

## Details

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**Submitted** 2/3/2023 (0 days ago) by Elizabeth Swanton

**Submission ID** HPR-4DGM-7M5GP

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Alice Peck Day Memorial Hospital

**State Registration #**

6329

**Federal ID #**

20222791

**Fiscal Year Beginning**

07/01/2021

**Entity Address**

10 Alice Peck Day Dr, Alice Peck Day Memorial Hospital  
LEBANON, NH 03766

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

<http://www.alicepeckday.org>

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

**First Name**      **Last Name**

Susan              *Mooney*

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

Business          6033080081

**Email**

mooneys@apdmh.org

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

**First Name**      **Last Name**

Greg                *Lange*

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

Other               6037380042

**Email**

lange.gregw@gmail.com

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

**First Name**      **Last Name**

Elizabeth          Swanton

**Title**

Community Health & Engagement Officer

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

Business          6033080821

**Email**

swantone@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**

It is the mission of Alice Peck Day Memorial Hospital (APD) to improve the health and wellbeing of our community.

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

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**

NONE PROVIDED

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

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

**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)**

2022

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

[2022.DH.APD.VNH Community Health Needs Assessment FINAL.pdf - 02/01/2023 10:59 AM](#)

**Comment**

NONE PROVIDED

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

Yes

## **Section 3.2: Community Needs Assessment (1 of 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.**

E3: In-Kind Assistance

A4: Other Community Health Improvement Services

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

Mental health services through Behavioral Health Specialist for patients who screen positively for depression or anxiety; Participation in the Integrated Delivery Network; Emergency Department Rapid Referral Program through partnership with West Central Behavioral Health.

## **Section 3.2: Community Needs Assessment (2 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

E3: In-Kind Assistance

A3: Health Care Support Services

A1: Community Health Education

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

In-kind donation of space on the APD campus to the Good Neighbor Health Clinic, a free medical clinic; 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 eligible for SEP); Patient support services including gas and transportation coordination for appointments for patients in need; Prescription Assistance Program to uninsured and underinsured patients needing help paying for medications; Pharmacy voucher program for low-income uninsured patients with acute medication needs.

## **Section 3.2: Community Needs Assessment (3 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.**

A5: Dedicated Staff costs

E1: Cash Donations

E3: In-Kind Assistance

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

Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon;  
Donation of prepared foods from APD Kitchen to LISTEN Community Services; Emergency Food Bags of non-perishable food and Meal Cards for a free, hot meal at the APD cafe to patients who express need for food support;  
Improve in-patient and coffee shop menu with healthier food choices.

## **Section 3.2: Community Needs Assessment (4 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

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

In-kind donation of space and coffee on the APD campus to AA, Al-Annon, and other recovery efforts (suspended in FY21 due to pandemic);  
Narcan distribution through the ED;  
Primary Care Medication Assisted Treatment Program with Behavioral Health Services;  
Advanced Transit marketing campaign regarding tobacco use;  
Collaborative care in partnership with Headrest for primary care patients in MAT and prioritization of establishing care with residential patients at Headrest without Primary Care;  
Continue to support efforts to establish a residential treatment center for women in recovery from substance use disorder and their children.

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

Upper Valley Smiles, a school based oral health program for children at Upper Valley elementary schools;  
Incorporate fluoride varnish application into well child visits;  
Financially support and refer patients in MAT for dental care at local dental office;  
Partnership to build dental workforce in the Upper Valley.

**Section 3.2: Community Needs Assessment (6 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  
A5: Dedicated Staff costs

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

Screen NH Medicaid patients for housing needs and assist patients with applications for local resources and make referrals;  
Participation in local networks discussing community housing needs and solutions.

**Section 3.2: Community Needs Assessment (7 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

**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, a networking/educational forum for health and human services organizations focused on the elderly, hosted monthly at APD;  
Elder Friend program that aims to match frail elders referred by Senior Care team staff to volunteers who make home visits;  
Lifecare, senior living at APD, which includes four levels of care: independent, assisted, supported, and memory care;  
Anti-fraud educational campaign targeted to older adults in the Upper Valley region.

**Section 3.2: Community Needs Assessment (8 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.**

A5: Dedicated Staff costs

A4: Other Community Health Improvement Services

E1: Cash Donations

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

FitScripts, a program for adult primary care patients who can receive a "prescription" from their primary care provider for monthly memberships at local fitness centers;  
 Mascoma River Greenway Access Trail paving and maintenance;  
 APD Public Nature Trails Maintenance;  
 Cash donation to Upper Valley Trails Alliance;  
 Continue to offer bike helmets to children, patients, and staff and to support additional efforts to increase biking in the community including Cowbell Mobile Bike Shop bikes services and bike racks located outside clinical locations;  
 Support and advocacy for community infrastructure that increases community health including sidewalks and bus routes.

**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 (\$)**

90160711

**(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	822818	0	822818	0.9%	850000

**(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	10230979	9824836	406143	0.5%	425000

**(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 (\$)
0	0	11053797	9824836	1228961	1.4%	1275000

**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	105042	0	105042	0.1%	110000

**(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	8000	0	8000	0%	8000

**(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	60686	0	60686	0.1%	65000

**(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	173728	0	173728	0.2%	183000

**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	11227525	9824836	1402689	1.6%	\$1458000

**Section 5: Community Building Activities**

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

90160711

**(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	6566	0	6566	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	780	0	780	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	26470	0	26470	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 (%)
0	0	33816	0	33816	0%

**Section 6: Medicare**

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

41645445

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

26045760

**3. Medicare surplus (shortfall)**

\$15599685

**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:**

NONE PROVIDED

**Section 7: Summary Financial Measures**

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

97101282

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

90160711

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

1.077

**Unreimbursed Community Benefit Costs**

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

1228961

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

173728

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

33816

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

1436505

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

1.59%

**Other Community Benefits (optional)**

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

NONE PROVIDED

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

\$15599685

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**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>
Upper Valley Public Health Council	Yes	Yes	No	No
West Central Behavioral Health	Yes	Yes	No	No
Good Neighbor Health Clinic	Yes	Yes	No	No
Listen Community Services	Yes	Yes	No	No
Headrest	Yes	Yes	No	No
The Haven	Yes	Yes	No	No
Municipalities of Hanover, Lebanon, and Hartford	Yes	Yes	No	No

**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 with targeted distribution to community leaders and one broadly disseminated to residents across the region.

The community leader survey was distributed via unique email link to 352 individuals in positions of leadership in agencies, municipalities, education, civic and volunteer organizations.

The community member survey was distributed electronically through email and social media communication channels, promoted through posters and fliers with links and QR codes posted around the region, and by paper copies made available at a variety of

distribution points throughout the region including vaccination clinics. Electronic and paper versions of the survey were also available in Spanish.

In March 2022, a Summit was held to present the results of the surveys and community health indicators and to allow discussion of the top community health needs.

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**Section 9: Charity Care Compliance**

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**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.

Yes

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.

Yes

## Section 10: Certification

### Electronic Signature

**First Name**

Elizabeth

**Last Name**

Swanton

**Title**

Community Health & Engagement Officer

**Email**

swantone@apdmh.org

NHCT-31 (September 2022)

## Attachments

Date	Attachment Name	Context	Confidential?	User
2/1/2023 10:59 AM	2022 DH.APD.VNH Community Health Needs Assessment FINAL.pdf	Attachment	No	Elizabeth Swanton