<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Unreimbursed Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Benefit Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Health Improvement Services and Community Benefit Operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community Health Education</td>
<td>Anti-Fraud Campaign - mailer to older adults in the Upper Valley</td>
<td>$3,382</td>
</tr>
<tr>
<td>• Community Based Clinical Services</td>
<td>Upper Valley Smiles Dental Program (Supplies, Staff)</td>
<td>$8,091</td>
</tr>
<tr>
<td>• Health Care Support Services</td>
<td>Patient Support Services (Transportation Services, Gas Card, Meal Cards, pharmacy vouchers, Listen Community Services vouchers)</td>
<td>$547</td>
</tr>
<tr>
<td>• Other Community Health Improvement Services</td>
<td>Reach Out &amp; Read Book Distribution &amp; Coordination</td>
<td>$502</td>
</tr>
<tr>
<td></td>
<td>FitScripts prescription exercise program (staff coordination)</td>
<td>$2,500</td>
</tr>
<tr>
<td></td>
<td>Bike Helmet Distribution in Primary Care &amp; ED</td>
<td>$266</td>
</tr>
<tr>
<td></td>
<td>APD Nature Trails Maintenance - Dedicated Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elder Forum staff support - Dedicated Staff</td>
<td></td>
</tr>
<tr>
<td>• Community Benefit Operations</td>
<td>Grant Writing for Community Health</td>
<td>$175</td>
</tr>
<tr>
<td></td>
<td>Dedicated Staff (Salary, Office Supplies, Travel)</td>
<td>$82,079</td>
</tr>
<tr>
<td>• Cost of Needs Assessment Activities</td>
<td>Community Health Needs Assessment</td>
<td>$7,500</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>$105,042</strong></td>
</tr>
<tr>
<td><strong>Health Professions Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scholarships/Funding for Professions Education</td>
<td>Surgical Tech Training Program Scholarship</td>
<td>$8,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>$8,000</strong></td>
</tr>
<tr>
<td><strong>Financial Contributions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cash Donations</td>
<td>Upper Valley Business Alliance (Membership &amp; Event Sponsorship)</td>
<td>$8,850</td>
</tr>
<tr>
<td></td>
<td>Take A Bite Out of Hunger/Lebanon Lunch Friends Program</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>Waypoint (Child and Family Services)</td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td>City of Lebanon Parks &amp; Recreation (Event Sponsorship, Softball Sponsorship)</td>
<td>$550</td>
</tr>
<tr>
<td></td>
<td>Upper Valley Trails Alliance &amp; Trail Finder</td>
<td>$750</td>
</tr>
<tr>
<td></td>
<td>Lebanon Opera House</td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td>Upper Valley Music Center</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>Advance Transit</td>
<td>$3,240</td>
</tr>
<tr>
<td></td>
<td>JAG Productions</td>
<td>$1,000</td>
</tr>
<tr>
<td>In-Kind Donations</td>
<td>Meeting space, refreshments for local nonprofit community groups (Red Cross Blood Drives, Lebanon Rotary Club, AVADE training, Recovery Coach Training)</td>
<td>$12,922</td>
</tr>
<tr>
<td></td>
<td>Food donations to Listen from APD Kitchen</td>
<td>$2,500</td>
</tr>
<tr>
<td></td>
<td>City of Lebanon - Beautify the City project</td>
<td>$422</td>
</tr>
<tr>
<td></td>
<td>Space for Good Neighbor Health Clinic</td>
<td>$17,952</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$60,686</td>
</tr>
</tbody>
</table>

| Community Building Activities | Leadership participation in local and statewide rural health advocacy forums | $26,470 |
|                               | Clinical staff participation in local and statewide emergency preparedness training | $780 |
|                               | Upper Valley Business Alliance participation | $6,566 |
| Total                         |                                           | $33,816 |

Community Benefit Services Total $173,728
Community Building Activities Total $33,816
Table of Contents

Table of Contents
Form NHCT-31: Community Benefits Plan Report
(Submission #: HPR-4DGM-7M5GP, version 1) Details
Form Input

Section 1: Entity Information
Section 2: Mission & Community Served
Section 3.1: Community Needs Assessment
Section 3.2: Community Needs Assessment (1 of 8)
Section 3.2: Community Needs Assessment (2 of 8)
Section 3.2: Community Needs Assessment (3 of 8)
Section 3.2: Community Needs Assessment (4 of 8)
Section 3.2: Community Needs Assessment (5 of 8)
Section 3.2: Community Needs Assessment (6 of 8)
Section 3.2: Community Needs Assessment (7 of 8)
Section 3.2: Community Needs Assessment (8 of 8)
Section 4: Community Benefit Activities
Section 5: Community Building Activities
Section 6: Medicare
Section 7: Summary Financial Measures
Section 8: Community Engagement in the Community Benefits Process
Section 9: Charity Care Compliance
Section 10: Certification
Attachments

1
2
2
2
3
3
4
4
5
5
5
5
6
6
6
6
7
9
10
10
11
11
12
12
Form NHCT-31: Community Benefits Plan Report
version 1.2

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

Details

Submitted 2/3/2023 (0 days ago) by Elizabeth Swanton
Submission ID HPR-4DGM-7M5GP
Status Submitted

Form Input

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)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan</td>
<td>Mooney</td>
</tr>
</tbody>
</table>

Phone Type Number Extension
Business 6033080081

Email
mooneys@apdmh.org

Board Chair (first, last name)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg</td>
<td>Lange</td>
</tr>
</tbody>
</table>

Phone Type Number Extension
Other 6037380042

Email
lange.gregw@gmail.com
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-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
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)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>822818</td>
<td>0</td>
<td>822818</td>
<td>0.9%</td>
<td>850000</td>
</tr>
</tbody>
</table>

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>10230979</td>
<td>9824836</td>
<td>406143</td>
<td>0.5%</td>
<td>425000</td>
</tr>
</tbody>
</table>

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

(4) Total Financial Assistance and Means-Tested Government Programs
<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>11053797</td>
<td>9824836</td>
<td>1228961</td>
<td>1.4%</td>
<td>1275000</td>
</tr>
</tbody>
</table>

**Community Benefit Services**

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>105042</td>
<td>0</td>
<td>105042</td>
<td>0.1%</td>
<td>110000</td>
</tr>
</tbody>
</table>

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>8000</td>
<td>0</td>
<td>8000</td>
<td>0%</td>
<td>8000</td>
</tr>
</tbody>
</table>

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>60686</td>
<td>0</td>
<td>60686</td>
<td>0.1%</td>
<td>65000</td>
</tr>
</tbody>
</table>

(10) Total Other Benefits

<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>173728</td>
<td>0</td>
<td>173728</td>
<td>0.2%</td>
<td>183000</td>
</tr>
</tbody>
</table>

**Total**
Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
90160711

(1) Physical improvements and housing

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

(2) Economic development

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>6566</td>
<td>0</td>
<td>6566</td>
<td>0%</td>
</tr>
</tbody>
</table>

(3) Community support

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>780</td>
<td>0</td>
<td>780</td>
<td>0%</td>
</tr>
</tbody>
</table>

(4) Environmental improvements

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

(5) Leadership development and training for community members

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

(6) Coalition building

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

(7) Community health improvement advocacy
<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>26470</td>
<td>0</td>
<td>26470</td>
<td>0%</td>
</tr>
</tbody>
</table>

(8) Workforce development

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

(9) Other

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE PROVIDED</td>
<td>NONE PROVIDED</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Total

<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>33816</td>
<td>0</td>
<td>33816</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

2/3/2023 1:12:43 PM
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)

1. Leveraged Revenue for Community Benefit Activities ($) 
NONE PROVIDED

2. Medicare Shortfall ($) 
$15599685

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

<table>
<thead>
<tr>
<th>Community Organizations, Local Government Officials and other Representatives of the Public:</th>
<th>Identification of Need</th>
<th>Prioritization of Need</th>
<th>Development of the Plan</th>
<th>Commented on Proposed Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Valley Public Health Council</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>West Central Behavioral Health</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Good Neighbor Health Clinic</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Listen Community Services</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Headrest</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>The Haven</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Municipalities of Hanover, Lebanon, and Hartford</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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.

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.
   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  Last Name
Elizabeth    Swanton

Title
Community Health & Engagement Officer

Email
swantone@apdmh.org

NHCT-31 (September 2022)

Attachments

<table>
<thead>
<tr>
<th>Date</th>
<th>Attachment Name</th>
<th>Context</th>
<th>Confidential?</th>
<th>User</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/1/2023 10:59 AM</td>
<td>2022 DH.APD.VNH Community Health Needs Assessment FINAL.pdf</td>
<td>Attachment</td>
<td>No</td>
<td>Elizabeth Swanton</td>
</tr>
</tbody>
</table>