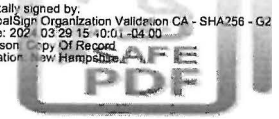


# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission#: HQ1-WEXY-RDBV4, version 1)

Digitally signed by:  
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Date: 2024.03.29 15:40:01 -04:00  
Reason: Copy Of Record  
Location: New Hampshire



2023

## Details

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Submission ID HQ1-WEXY-RDBV4

## Form Input

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### Section 1: Entity Information

#### Entity Name

Cornerstone VNA

#### State Registration#

2775

#### Federal ID#

220031026

#### Fiscal Year Beginning

01/01/2023

#### Entity Address

178 Farmington Road  
Rochester, NH 03867

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

<http://www.cornerstonevna.org>

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

First Name	Last Name	Phone Type	Number	Extension
Julie	Reynolds	Business	6033321133	1101
<b>Email</b> jreynolds@cornerstonevna.org				

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

First Name	Last Name	Phone Type	Number	Extension
Archana	Bhargava	Business	6033321133	
<b>Email</b> abhargava@cornerstonevna.org				

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

<b>First Name</b>	<b>Last Name</b>	
Julie	Reynolds	
<b>Title</b>		
President/CEO		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6033321133	1101
<b>Email</b>		
jreynolds@cornerstonevna.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)?**

N/A

**Section 2: Mission & Community Served**

**1. Mission Statement**

To promote the optimum level of well-being, independence and dignity to those living in our community by providing trusted, compassionate and expert health care.

**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**

Belknap  
Carroll  
Rockingham  
Strafford

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

- ALTON
- BARNSTEAD
- BARRINGTON
- DOVER
- DURHAM
- EFFINGHAM
- FARMINGTON
- HAMPTON
- HAMPTON FALLS
- MADBURY
- MIDDLETON
- MILTON
- NEWCASTLE
- NEW DURHAM
- NEWINGTON
- NEWFIELDS
- NEWMARKET
- NORTH HAMPTON
- NORTHWOOD
- NOTTINGHAM
- OSSIPEE
- PORTSMOUTH
- ROCHESTER
- RYE
- SEABROOK
- SOMERSWORTH
- SOUTH HAMPTON
- STRAFFORD
- STRATHAM
- WAKEFIELD
- WOLFEBORO

**Service Population Description**

Provides home health, hospice and palliative care services to residents from birth through end of life no matter their ability to pay. Also provide community education and support related to the work that we do.

**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

NONE PROVIDED

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 6)**

3. Area of Community Need/ Concern

35. Other Social Determinants of Health

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- B4: Other Health Professions Education Support
- C9: Palliative Care
- C10: Other Subsidized Health Services
- E2: Grants
- E3: In-Kind Assistance
- E1: Cash Donations
- F?: Community Health Advocacy

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (2 of 6)**

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

36. Other Community Health Need

**If "Other" please describe here:**

Chronic disease

**4. Is the need identified in the Community Needs Assessment?**

Yes

**5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- B4: Other Health Professions Education Support
- C9: Palliative Care
- C10: Other Subsidized Health Services
- E2: Grants
- E3: In-Kind Assistance
- E1: Cash Donations
- F?: Community Health Advocacy

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (3 of 6)**

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

35. Other Social Determinants of 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.**

- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- CS: Behavioral Health Services
- C9: Palliative Care
- C10: Other Subsidized Health Services
- E2: Grants
- E3: In-Kind Assistance
- E1: Cash Donations
- 1: Financial Assistance
- F7: Community Health Advocacy

**7. Brief description of major strategies or activities to address this need (optional)**  
NONE PROVIDED

### **Section 3.2: Community Needs Assessment (4 of 6)**

**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.**

- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- 83: Scholarships/Funding for Health Professions Education
- 84: Other Health Professions Education Support
- CB: Behavioral Health Services
- E2: Grants
- E3: In-Kind Assistance

**7. Brief description of major strategies or activities to address this need (optional)**  
NONE PROVIDED

### **Section 3.2: Community Needs Assessment (5 of 6)**

**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
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- C7: Subsidized Continuing Care
- C10: Other Subsidized Health Services
- E2: Grants

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

NONE PROVIDED

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

**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.**

- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- C7: Subsidized Continuing Care
- E2: Grants

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

NONE PROVIDED

**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. Mens-Tested Government Pro9!"ams and C?mmu ity B\_ er:i efl! Se r:v ic e s**

**Total Functional Expenses for the Reporting Year(\$)**

18418949

**(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	27538	0	27538	0.1%	30000

(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	657744	268753	388991	2.1%	390000

(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	164635	111997	52638	0.3%	55000

(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	849917	380750	469167	2.5%	475000

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(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	76876	0	76876	0.4%	75000

(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	307422	0	307422	1.7%	310000

(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(\$)	(t) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year(\$)
NONE PROVIDED	NONE PROVIDED	7869428	7049306	820122	4.5%	850000

(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(\$)	(t) 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(\$)	(t) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year(\$)
NONE PROVIDED	NONE PROVIDED	11036	0	11036	0.1%	15000

(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(\$)	(t) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year(\$)
NONE PROVIDED	NONE PROVIDED	8264762	7049306	1215456	6.6%	1250000

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(\$)	(t) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year(\$)
NONE PROVIDED	NONE PROVIDED	9114679	7430056	1684623	9.1%	\$1725000

**Section 5: Community Building Activities**

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

18418949

(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 (\$)	(t) 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 (\$)	(t) 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	50362	0	50362	0.3%

(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	4043	0	4043	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	68094	1000	67094	0.4%

(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	8249	0	8249	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	130748	1000	129748	0.7%

**Section 6: Medicare**

1. Total revenue received from Medicare (\$-including DSH and IME)  
11194482

2. Medicare allowable costs of care relating to payments specified above (\$)  
9680141

3. Medicare surplus (shortfall)  
\$1514341

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 (\$)  
18710166

2. Net operating costs (\$)  
18418949

3. Ratio of gross receipts from operations to net operating costs  
1.016

**Unreimbursed Community Benefit Costs** \_\_\_\_\_

4. Financial Assistance and Means-Tested Government Programs(\$)  
469167

5. Other Community Benefit Costs (\$)  
1215456

6. Community Building Activities (\$)  
129748

7. Total Unreimbursed Community Benefit Expenses(\$)  
1814371

8. Net community benefit costs as a percent of net operating costs (%)  
9.85%

**Other Community Benefits (optional)** \_\_\_\_\_

1. Leveraged Revenue for Community Benefit Activities (\$)  
317399

2. Medicare Shortfall (\$)  
\$1514341

**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>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Cornerstone VNA	Yes	Yes	No	No
Alliance for Community Transportation	Yes	Yes	No	No
CAP of Strafford County	Yes	Yes	No	No
City of Dover	Yes	Yes	No	No
Community Partners	Yes	Yes	Yes	Yes
Dover Mental Health Alliance	Yes	Yes	Yes	Yes
Dover Police Department	No	No	No	No
Dover Public Library	No	No	No	No
Dover School District	Yes	Yes	No	No
Dover Teen center	Yes	Yes	No	No
Dover Youth 2 youth	Yes	Yes	No	No
Gather NH	Yes	Yes	No	No
Greater Seacoast Community Health	Yes	Yes	No	No
HAVEV	Yes	No	No	No
Maine Public Health	Yes	Yes	No	No
McGregor Memorial EMS	Yes	Yes	No	No
MY Friends Place	Yes	No	No	No
NH Harm Reduction Coalition	Yes	No	No	No
SOS Recovery Community	Yes	Yes	No	No
Strafford county Public Health Network	Yes	Yes	No	No
School nurse	Yes	Yes	No	No
Southern Maine agency on aging	Yes	No	No	No
The Doorway	Yes	Yes	Yes	Yes
University of NH Health and Wellness	Yes	No	No	No
Wentworth Health Partners	Yes	Yes	Yes	Yes
Wentworth-Douglas Hospital	Yes	Yes	Yes	Yes

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

Interviews were conducted in virtual sessions

**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.**

N/A

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

N/A

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

Yes

## **Section 10: Certification**

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### **Electronic Signature**

**First Name**      **Last Name**

Julie                      *Reynolds*

**Title**

*President CEO*

**Email**

jreynolds@cornerstonevna.org

**NHCT-31 (September 2022)**