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# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPG-JCHR-60EPW, version 1)

## Details

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**Submitted** 3/30/2022 (0 days ago) by Julie Ann Reynolds

**Alternate Identifier** Cornerstone VNA

**Submission ID** HPG-JCHR-60EPW

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

01/01/2021

**Organization Name**

Cornerstone VNA

**Street Address**

178 FARMINGTON RD  
ROCHESTER, NH 03867

**Federal ID #**

22031026

**State Registration #**

2775

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

<http://www.cornerstonevna.org>

**Is the organization's community benefit plan on the organization's website?**

Yes

**Chief Executive**

**First Name**      **Last Name**

Julie                *Reynolds*

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

Business        6033321133    1101

**Email**

[jreynolds@cornerstonevna.org](mailto:jreynolds@cornerstonevna.org)

## Board Chair

<b>First Name</b>	<b>Last Name</b>	
Susan	<i>Gaudiello</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6033321133	
<b>Email</b>		
sgaudiello@cornerstonevna.org		

## Community Benefits Plan Contact

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

**Does this report include community benefit information for affiliated or subsidiary organizations?**

N/A

## Section 2: Mission & Community Served

### **Mission Statement**

Promote the optimum level of well-being, independence, and dignity of those living in the community by providing trusted, compassionate and expert care.

**Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?**

No

### **Service Area**

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

**Did the primary service area cover ALL of New Hampshire?**

No

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

Carroll  
Rockingham  
Strafford  
Belknap

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

NONE PROVIDED

### **Service Population Description**

<Serve the general population>Provide homecare and hospice services to members of the community from birth through end of life.

## Section 3.1: Community Needs Assessment

**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)**

2019

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

NONE PROVIDED

Comment

NONE PROVIDED

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

Yes

### Section 3.2: Community Needs Assessment (1 of 1)

Area of Community Need / Concern

17. Access to Home Health Care

Is the need identified in the Community Needs Assessment?

Yes

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

Yes

Please 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
- E3: In-Kind Assistance
- F7: Community Health Advocacy
- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- F6: Coalition Building

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, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

16815440

(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	63615	0	63615	0.4%	65000

(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	691015	402577	288438	1.7%	290000

**(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	106165	0	106165	0.6%	110000

**(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	860795	402577	458218	2.7%	465000

**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	45409	0	45409	0.3%	45000

**(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	94229	0	94229	0.6%	95000

**(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	5847857	4913947	933910	5.6%	25000

**(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	56153	0	56153	0.3%	56000

**(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	6043648	4913947	1129701	6.7%	221000

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	6904443	5316524	1587919	9.4%	\$686000

**Section 5: Community Building Activities**

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

16815440

**(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	33040	0	33040	0.2%

**(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	29544	0	29544	0.2%

**(7) Community health improvement advocacy**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	19928	0	19928	0.1%

**(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	4114	0	4114	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	86626	0	86626	0.5%

**Section 6: Medicare**

Enter total revenue received from Medicare (\$ -- including DSH and IME)

NONE PROVIDED

Enter Medicare allowable costs of care relating to payments specified above (\$)

NONE PROVIDED

Medicare surplus (shortfall)

\$NaN

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

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

### Gross Receipts from Operations (\$)

16800918

### Net operating costs (\$)

16815440

### Ratio of gross receipts from operations to net operating costs

0.999

### Unreimbursed Community Benefit Costs

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### Financial Assistance and Means-Tested Government Programs (\$)

458218

### Other Community Benefit Costs (\$)

1129701

### Community Building Activities (\$)

86626

### Total Unreimbursed Community Benefit Expenses (\$)

1674545

### Net community benefit costs as a percent of net operating costs (%)

9.96%

### Other Community Benefits (optional)

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### Leveraged Revenue for Community Benefit Activities (\$)

129945

### Medicare Shortfall (\$)

\$NaN

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

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Cornerstone VNA	Yes	Yes	No	Yes
Frisbie Memorial Hospital	Yes	Yes	Yes	Yes
City Counselor Elaine Lauterborn	Yes	Yes	Yes	Yes
school administrative unit #61	Yes	Yes	No	No
SOS recovery community organization	Yes	Yes	No	No
Spaulding HS	Yes	Yes	No	No
Emergency services FMH	Yes	Yes	Yes	Yes
Gerro-psych FMH	Yes	Yes	Yes	Yes
Clinical Administration FMH	Yes	Yes	Yes	Yes



<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>
RW Creteau Tech center Spaulding HS	Yes	Yes	No	No
Jocelyn Capel Community member	Yes	Yes	No	No
Lesley Humel Community member	Yes	Yes	No	No
Homeless center of Strafford County	Yes	No	No	No
Chris Blair Community member	Yes	Yes	No	No
Barbara Badger Community member	Yes	Yes	No	No

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

The CHNA methodology included: Secondary data assessment, digital trends review, qualitative and primary data assessment including input from patients and community members acquired through community surveys along with needs prioritization using a proprietary process

**Section 9: Charity Care Compliance**

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

Yes

**A written charity care policy is available to the public.**

Yes

**Any individual can apply for charity care.**

Yes

**Any applicant will receive a prompt decision on eligibility and amount of charity care offered.**

Yes

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

N/A

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

N/A

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

N/A

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

Yes

**Section 10: Certification Contact**

**Name of Person Submitting the Community Benefits Report**

**First Name      Last Name**

Julie              Reynolds

**Title**

President /CEO

**Email**

jreynolds@cornerstonevna.org

**NHCT-31 (December 2020)**

**Status History**

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	<b>User</b>	<b>Processing Status</b>
3/30/2022 11:46:21 AM	Julie Ann Reynolds	Draft
3/30/2022 2:04:02 PM	Julie Ann Reynolds	Submitting
3/30/2022 2:04:16 PM	Julie Ann Reynolds	Submitted

## Processing Steps

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<b>Step Name</b>	<b>Assigned To/Completed By</b>	<b>Date Completed</b>
Form Submitted	Julie Ann Reynolds	3/30/2022 2:04:16 PM