

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 01/01/2015

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name A.V. Home Care Services

Street Address 795 Main St.

City Berlin

County 04 - Coos

State NH **Zip Code** 3570

Federal ID # 2460864

State Registration # 5187

Website Address: www.avhomecare.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Margo Sullivan -6037527505
mcsullivan@avhomecare.org

Board Chair: Joseph Dupuis -6037526644 JDupuis@berlincity.com

Community Benefits

Plan Contact: Margo Sullivan -6037527505
mcsullivan@avhomecare.org

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: The mission of A.V. Home Care Services is to responsibly provide the best personal care, homemaking and respite possible according to each client's unique needs.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Service area encompasses Berlin, Goshua, Milan, Dummer, Shelburne, Randolph and the surrounding rural areas.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

AVHCS addresses the in-home needs of frail elderly and disabled adults who wish to live independently in their own homes for as long as possible, with targeted supports intended to ameliorate risk of decline. We also serve anyone recuperating from illness or injury who requires assistance with activities of daily living and/or homemaking in order to remain safe and independent while they rehabilitate into their regular routines. We also provide support for caregivers in the form of respite services. Under contract to City of Berlin Public Health, AVHCS provides LNA bath care for Medicare home health recipients. In addition, we provide in-home services for VA and privately insured individuals.

Section 3: 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?

2013 *(Please attach a copy of the needs assessment if completed in the past year)*

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

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	420
2	402
3	404
4	370
5	300
6	504
7	503
8	100
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	127
B	501
C	600
D	603
E	
F	
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

The AVHCS community benefits plan includes goals to maintain elderly and infirmed clients safely and with optimal quality of life in their homes for as long as possible, ameliorating the need for nursing home placement by short-circuiting physical, mental and emotional decline that is common among isolate, needy individuals living in the community. We look to increase access to, and affordability of care for those who do not qualify for government subsidized

programs and who also cannot afford topay for services without some financial assistance. We succeed in this by employing professional staff who can fuction as care coordinators with our clinets and families, a value-added since we cannot bill for this time. In additon, we are active in the provider network, sharing information about our programs and resources, educating stakeholders and functioning as resources about home care and home health generally.

AVHCS currently employs 54 workers,, most of whom are women supporting their families. Our agency provides a nurturing and flexible work environment to ease their life challenges, and as such prides itself functioning as an economic stabilizer in this region where health/economic/educational/social disparities challenge all families, not just our clients'.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	6 -- 2	\$962.00	\$962.00
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	1 2 4	\$1,500.00	1500.00
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	5 -- 7	\$256.00	\$233.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	4 -- --	\$2,325.00	\$2,000.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i>	1 -- 1	\$69,658.00	\$65,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

--	--	--	--

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	-- -- --		
<i>Grants</i>	6 -- 3	\$10,168.00	\$12,000.00
<i>In-Kind Assistance</i>	1 -- --	\$138.00	\$138.00
<i>Resource Development Assistance</i>	1 -- 1	\$847.00	\$900.00

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	6 -- 3	\$337.00	3000.00
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	6 -- 3	\$801.00	\$878.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	5 -- --	\$214.00	\$234.00
<i>Coalition Building</i>	1 -- --	\$1,068.00	\$1,170.00
<i>Community Health Advocacy</i>	5 -- --	\$267.00	\$293.00

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	6 -- 3	\$236.00	228.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	5 -- 3	\$15,913.00	\$16,000.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	5 -- 3	\$34,142.00	\$32,500.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$1,233,003.07
<i>Net Revenue from Patient Services</i>	\$285,128.29
<i>Total Operating Expenses</i>	\$1,265,647.07
<i>Net Medicare Revenue</i>	
<i>Medicare Costs</i>	
<i>Net Medicaid Revenue</i>	\$127,156.70
<i>Medicaid Costs</i>	\$161,298.17
<i>Unreimbursed Charity Care Expenses</i>	\$15,913.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$124,018.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$139,931.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$743,719.08
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$883,650.08

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) City of Berlin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) BEAS District Office Personnel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) City of Berlin Nurses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Mayor and City Council of Berlin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Town of Gorham Selectmen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) North Country Health Consortium	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Coos County ServiceLink	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Coos County Family Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) AVH Discharge Planners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The community needs assessment process was a collaborative endeavor in the AVH service area. The survey tool was developed by the members of the A.V. Community Partners in 2012, intended to elicit the health and wellness perceptions, practices and experiences of the community at large. Also our goal was to tap into the needs and desires of the community respondents as consumers of health and human services locally, hoping to fine tune our system together, but also to direct resources toward gaps. We divided the surveys into two groups, Key Leaders and general public or community members.

AVHCS collects ongoing feedback relative to community needs and the benefits activities most appropriate to address them on an ongoing basis. We strive to use resources most judiciously to achieve the best outcomes possible for as many of our consumers as possible. We solicit feedback from staff and clients through our quality surveys and work with outside stakeholders

through respective committees of the Board to articulate priorities for us, individually and collectively, seeking to bolster the effectiveness of the safety net as a whole.

Last year, AVHCS focused on outreach in an effort to maximize utilization of our services. Pauline Tibbetts, Client Services Coordinator and Margo Sullivan, Executive Director, met with physician groups, nurses, ServiceLink, Medical Home coordinators at Coos County Family Health Services, AVH Discharge Planners and Social Workers, Surgical Associates and their support staff members to educate them about the availability of home care for their clients and families. These meetings were informative for them and us, in that we asked specific questions about what they would most need to help their patients as they navigate services and medical/surgical needs.

Last, AVHCS participates in various community and statewide groups that focus on economic stability in our region, health care system innovation (North Country Health Consortium), quality and integrity, human services and the role they play in supporting our Adult Protective families. We are most sensitive to the community needs we encounter in our work day to day, marking these as most current and compelling as we mine the resources entrusted to us to address them in the best way possible.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need