

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 07/01/2015

RECEIVED

NOV 1 - 2016

CHARITABLE TRUSTS UNIT

*to be filed with:*

Office of the Attorney General  
Charitable Trusts Unit

33 Capitol Street, Concord, NH 03301-6397  
603-271-3591

BS

2016

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** The Homemakers Health Services

**Street Address** 215 Rochester Hill Road

**City** Rochester

**County** 09 - Strafford

**State** NH **Zip Code** 03867

**Federal ID #** 020314400

**State Registration #** 1762

**Website Address:** [www.TheHomemakers.org](http://www.TheHomemakers.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:** Donald Capodo 3351770

dcapodo@thehomemakers.org

**Board Chair:** Robert May

rcmayjr@gmail.com

**Community Benefits**

**Plan Contact:** Linda Howard 3351770

lhoward@thehomemakers.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: Established in 1974, The Homemakers Health Services is a 501(c)(3) charitable healthcare organization. Our mission is to provide comprehensive healthcare and supportive services to enhance the lives of individuals in need so that they may remain safely in their home.

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):

Strafford County and surrounding areas, New Hampshire

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

Adults throughout Strafford County and surrounding areas

**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?

2012 (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	100
2	121
3	122
4	127
5	407
6	300
7	330
8	321
9	509

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	101
B	406
C	501
D	503
E	532
F	603
G	420

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

#### **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).

<b><i>A. Community Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Community Health Education</i>	1 C F	\$6,161.21	\$6,200.00
<i>Community-based Clinical Services</i>	4 C F	\$3,077.34	\$3,200.00
<i>Health Care Support Services</i>	1 C F	\$6,000.00	\$6,000.00
<i>Other:</i>	-- -- --		

<b><i>B. Health Professions Education</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Provision of Clinical Settings for Undergraduate Training</i>	C F 6	\$5,296.00	\$6,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>C. Subsidized Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Type of Service: Home Support</i>	C D F	\$69,945.16	\$70,000.00
<i>Type of Service: Adult Medical Day Care</i>	C D 4	\$22,721.41	\$23,000.00
<i>Type of Service: Skilled - PCSP</i>	D 1 4	\$109,252.29	\$110,000.00
<i>Type of Service: Skilled - IIIB</i>	D 1 4	\$10,292.01	\$10,300.00
<i>Type of Service:</i>	-- -- --		

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

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	4 C F	\$2,175.64	\$2,300.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	C F A	\$4,478.40	\$5,000.00
<i>Community Health Advocacy</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>	\$56,695.84
<i>Net Revenue from Patient Services</i>	\$2,957,386.54
<i>Total Operating Expenses</i>	\$3,407,400.59
<i>Net Medicare Revenue</i>	\$886,541.15
<i>Medicare Costs</i>	\$751,786.98
<i>Net Medicaid Revenue</i>	\$729,287.00
<i>Medicaid Costs</i>	\$850,028.18
<i>Unreimbursed Charity Care Expenses</i>	\$9,858.30
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$809,056.38
<i>Total Unreimbursed Community Benefit Expenses</i>	\$818,914.48
<i>Leveraged Revenue for Community Benefit Activities</i>	\$282,622.72
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$1,085,280.05

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	-- -- --		
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 A 4	\$9,853.30	\$9,000.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	1 A C	\$293,209.12	\$250,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	1 A C	\$236,765.05	\$200,000.00

### **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

**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) Mayor, City of Rochester	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Medical Director, Emerg. Services at Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Exec. Director, Strafford County Community Action Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4) School Nurse, The Monarch School, Rochester	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Exec. Director, Community Partners Mental Health Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Director, Infection Prevention, Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Deputy Chief of Police, Rochester	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Community Health Educator, Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) Exec. Director, Homeless Center of Strafford County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) Exec. Director, Rochester Visiting Nurses Assoc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11) Exec. Director, Goodwin Community Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) Director of Emerg. Nursing & EMS at Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13) Coordinator, Dental Health Services, Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14) Director of Care Management, Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15) Dir. Community Relations, The Homemakers Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16) Dir. Mktg & Community Relations, Frisbie Memorial Hosp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17) Exec. Director of Service Link, Strafford County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18) Exec. Director, Health & Safety Council of Strafford County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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): A steering committee comprised of community leaders was selected based on their perceived community health vision, knowledge and power to impact the well being of the community. To attain direct insight, public input was included by conducting a focus group with representatives from a breadth of community organizations. Fifteen (15) key health community needs were identified. Steering committee members and community group leaders rated the health initiatives and provided qualitative feedback. The steering committee developed the final list of community needs.