

# Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQ9-96AX-1VZD2, version 1)

## Details

---

**Submitted** 1/7/2025 (2 days ago) by Jim Manahan

**Submission ID** HQ9-96AX-1VZD2

**Status** Submitted

## Form Input

---

### Section 1: Entity Information

**Entity Name**

Granite VNA

**State Registration #**

1927

**Federal ID #**

020222122

**Fiscal Year Beginning**

10/01/2023

**Entity Address**

30 Pillsbury St

Concord, New Hampshire 03301

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

<http://www.granitevna.org>

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

First Name	Last Name
Beth	Slepian

Phone Type	Number	Extension
Business	[REDACTED]	[REDACTED]

**Email**

[REDACTED]

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

First Name	Last Name
Michael	Griffin

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

[REDACTED]

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

**First Name**      **Last Name**

James              *Manahan*

**Title**

*CFO*

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

Business    [REDACTED]

**Email**

[REDACTED]

**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**

We enhance dignity and independence for people by delivering quality health care and promoting wellness in homes and communities through all stages of life.

**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**

Hillsborough

Merrimack

Carroll

Belknap

Sullivan

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

ANTRIM  
ALLENSTOWN  
ANDOVER  
ASHLAND  
ALTON  
BEDFORD  
BRADFORD  
BOSCAWEN  
BOW  
BRISTOL  
BROOKFIELD  
BELMONT  
BARNSTEAD  
CONCORD  
CANTERBURY  
CENTER HARBOR  
CHICHESTER  
DEERFIELD  
DEERING  
DUNBARTON  
EFFINGHAM  
FREEDOM  
FRANKLIN  
GILFORD  
GILMANTON  
GOFFSTOWN  
HOLDERNESS  
HILLSBOROUGH  
HENNIKER  
HOPKINTON  
HOOKSETT  
EPSOM  
LACONIA  
LOUDON  
MEREDITH  
MIDDLETON  
MOULTONBOROUGH  
NEW DURHAM  
NEW HAMPTON  
MANCHESTER  
NORTHWOOD  
NEWBURY  
NEW BOSTON  
NORTHFIELD  
PEMBROKE  
PITTSFIELD  
OSS�PEE  
SANBORNTON  
SANDOWN  
SALISBURY  
SUTTON  
TAMWORTH  
TILTON  
TUFTONBORO  
WAKEFIELD  
WEBSTER  
WARNER  
WASHINGTON  
WEARE  
WINDSOR  
WOLFEBORO

**Service Population Description**

We serve the general population from cradle to grave to include Skilled Nursing, PT, OT, SLP, Homemaking, MCH, MSW, Hospice, Palliative Care, Personal Home Services, Pediatric Care, Nutritional Counseling, Senior Health, Flu Immunization, Blood Pressure and Foot Care Clinics, and Community Health Education and related resources.

## **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)**

2023

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

[2023 Concord Lakes Region Community Health Needs Assessment.pdf - 01/07/2025 12:55 PM](#)

**Comment**

2023 report

**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 3)**

**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.**

A1: Community Health Education

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 3)**

**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.**

A1: Community Health Education

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

NONE PROVIDED

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

**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.**

2.1: Medicaid

1: Financial Assistance

**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, Means-Tested Government Programs and Community Benefit Services**

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

49577584

**(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	134800	0	134800	0.3%	140000

**(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	1060000	0	1060000	2.1%	1100000

**(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	0	0	0	0%	0

**(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	1194800	0	1194800	2.4%	1240000

**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	126438	0	126438	0.3%	130231

**(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	203922	0	203922	0.4%	195441

**(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	2369060	0	2369060	4.8%	2440132

**(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	1850	0	1850	0%	1906

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	2701270	0	2701270	5.4%	2767710

**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 (\$)
NONE PROVIDED	NONE PROVIDED	3896070	0	3896070	7.9%	\$4007710

## Section 5: Community Building Activities

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

49577584

### (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	671	0	671	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	0	0	0	0%

### (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	245009	0	245009	0.5%

### (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	5751	0	5751	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	21054	0	21054	0%

**(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	1181050	0	1181050	2.4%

**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	1453535	0	1453535	0.5%

**Section 6: Medicare**

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

33151825

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

49282064

**3. Medicare surplus (shortfall)**

\$-16130239

**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.**

As a mission driven local healthcare provider, the shortfall above provides direct community benefit for the myriad healthcare services delivered without reimbursement or below cost to individuals in the communities we serve.

**5. Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:**

Cost accounting system

**Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**

42666163

**2. Net operating costs (\$)**

49577584

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

0.861

**Unreimbursed Community Benefit Costs**

---

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

1194800

**5. Other Community Benefit Costs (\$)**

2701270

**6. Community Building Activities (\$)**

1453535

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

5349605

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

10.79%

**Other Community Benefits (optional)**

---

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

959082

**2. Medicare Shortfall (\$)**

\$-16130239

**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>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Concord Hospital	Yes	Yes	Yes	Yes
Foundation for Health Communities	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	Yes	Yes
Community Action Program Belknap-Merrimack Counties	Yes	Yes	Yes	Yes
Healthfirst Family Care Center	Yes	Yes	Yes	Yes
Lakes Region Mental Health Center	Yes	Yes	Yes	Yes
Partnership for Public Health	Yes	Yes	Yes	Yes
Riverbend Community Mental Health	Yes	Yes	Yes	Yes
NH Dept of Health and Human Services	Yes	Yes	Yes	Yes
Capital Area Public Health Network	Yes	Yes	Yes	Yes

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

Interviews with key stakeholders in our service area provided primary data, along with surveys of community members and Concord Hospital staff.

**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.

N/A

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**  
James              *Manahan II*

**Title**  
CFO

**Email**  
[REDACTED]

NHCT-31 (September 2022)

### Attachments

Date	Attachment Name	Context	Confidential?	User
1/7/2025 12:55 PM	2023 Concord Lakes Region Community Health Needs Assessment.pdf	Attachment	No	Jim Manahan