

**COMMUNITY BENEFITS PLAN – REPORTING FORM**

*Pursuant to RSA 7:32-c – I*

**FOR FISCAL YEAR BEGINNING 1/1/2005**

**to be filed with:**

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

**[www.state.nh.us/nhdoj/CHARITABLE/char.html](http://www.state.nh.us/nhdoj/CHARITABLE/char.html)**

Visiting Nurse Association and Hospice of VT & NH, Inc. (VNAH)  
**Organization Name**

03-6006494  
**Federal Tax ID**

46 South Main Street, Suite 1  
**Street Address**

4508  
**State Registration Number**

White River Jct.  
**City**

VT  
**State**

05001  
**Zip**

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

Yes  No

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?

Yes  No

If Yes, please attach the updated information.

Attached are:

- Revised Mission Statement (Attachment A)
- Revised By-Laws (Attachment B)
- Current Board List (Attachment C)
- Current Organizational Chart (Attachment D)
- Map of Geographic Region (Attachment E)
- Summary of 2003-2004 Community Benefit Priorities (Attachment F)

**Section 1 – Community Benefits Contact Person:**

- Name and Title: Brenda Bryer, Controller
- Address: Visiting Nurse Association and Hospice of VT & NH, Inc.  
46 South Main Street  
White River Junction, VT 05001
- Telephone Number: 802-295-2604

**Section 2 – Mission Statement:**

1. What is your mission statement?

"Our hearts, skill, and resources are dedicated to delivering outstanding home- and community-based health and hospice services that enrich the lives of people who live throughout our region. We do this in active partnership with other organizations and with the individuals and families we serve."

2. When was it last reaffirmed?

January 2003

**Section 3 – Miscellaneous:**

Is this plan available on your web site? Yes  (will be) No

If yes, may we include a link to the plan on the CTU web site?

Yes  No  Web Address: [www.vnavnh.org](http://www.vnavnh.org)

Please check here if you are an area agency that reports to the Department of Health and Human Services

Please check here if this report is filed for two or more healthcare charitable trusts.

**Section 4 – Definition of Community and Population Served**

The VNAH serves an area in southeastern Vermont and west central New Hampshire that consists of 86 communities and is bigger than the State of Rhode Island. A map identifying the service area is attached (Attachment E). Services are provided through three branch offices, one of which is located in New Hampshire as well as multiply drop sites. The drop sites enable agency services to be community based. As a multi-service agency, the VNAH provides care to a diverse group of individuals of all ages who have a wide variety of health care needs.

**Section 5 – Community Needs Assessment Information**

1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?

The VNAH has gathered assessment data from a variety of sources. These sources include:

- o Board discussions, participation in United Way of the Upper Valley meetings and surveys and assessment process, the results of which were used in Agency planning.

- o Participation in the District V Community Benefit Coalition (now called the Bistate Coalition for Community Health Improvement- BCCHI) generated information and data for our 2004/2005 report. This Coalition was formed in the summer of 2002 following the passage of the NH Community Benefits legislation. The initial goal of the Coalition was to do a collaborative Community Needs Assessment and work together to identify community health problems. One such problem was the access to affordable medications. The coalition members worked together to initiate Access Rx in the fall of 2004. This program has served more than 50 clients. During 2004, the Community Benefits Coalition changed its name to better reflect its membership and its vision. The summary of the Coalition 2003-2004 needs assessment/priority summary is included as Attachment F to this report. Current membership in the Coalition is listed at the end of this report.
- o Consideration was also given to the goals established in Healthy People 2010 which include:
  - Promote physical activity and fitness
  - Prevent injuries
  - Improve access to quality long-term care
  - Prevent and reduce diseases and disorders
    - o Mental health
      - Depression
      - Violent/abusive behavior
    - o Other
      - Falls
      - Burns
- o If you conducted your own assessment, please answer the following questions:

**Not applicable to VNAH**

- a. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.)
- b. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.)
- c. If your assessment was conducted or updated this year, please attach a copy.

**Section 6 – Community Benefits Plan/Report**

**Program Focuses**

The VNAH offers the following programs:

- Home Health Services which includes the Home Care Program, Hospice, Wellness Clinics, Long Term Care, (Vermont/New Hampshire Medicaid Waiver programs)
- Family Health Services which includes Family Support Services, Women's Infants and Children's nutrition program, Fatherhood program, Orange County Parent Child program (Jan-June '04), Maternal-Child Health

Most programs receive funding from multiple sources, which include federal, state, county and local governments as well as grants and contributions from individuals, foundations and other organizations. Whether funded by "per unit contract" or annual appropriation, amounts funded from government sources are capped. Growing community health and social-welfare needs that must be addressed by VNAH have increased the need for additional fundraising and grant writing. The support of individuals, foundations and other organizations has been essential in our efforts to serve our communities.

**Summary of Community Benefits**

	2003 Numbers	2004 Numbers	2005 Estimate
Home Health Services	\$ 546,000	\$ 421,000	328,000
Wellness Clinics	10,000	*	*
Uncompensated Care	54,000	*	*
Family Health Services	187,000	121,000	95,000
Total Community Benefit	\$ 797,000	\$542,000	\$423,000

\*are reported in Home Health in Actual 2004 and Budgeted 2005.

The Home Health category for 2004 includes all payers that compensate for skilled and long term care in the home. This also includes Hospice and the wellness programs.

During the year 2004, VNAH was able to commit to improved efficiencies and a slight increase in productivity. In addition, an increase in Medicare reimbursement with the restoration of a 5% rural add on to the Medicare episodic rate contributed to an improved bottom line. It is critical that the agency find ways to offset the increasing burden of the Vermont and particularly the New Hampshire Medicaid programs which account for the majority of the Community Benefit in the Home Health category.

Community Benefits totaled \$542,000 in 2004. Ever shrinking state and federal funding leave many questions about the Community Benefit picture in 2005. However, at this point we are projecting a Community Benefit of \$423,000 for 2005.

**Home Health Services**

<b>Category:</b>	Home Health Care, Wellness clinics, Long Term Care, Hospice	
<b>Target Population:</b>	Individuals in need of physician ordered, home-based, skilled care provided by nurses, physical therapists, occupational therapists, speech therapists, nursing assistants and social workers, individuals who are at the end of life, patients who require ongoing supportive care to stay in their homes and those seeking preventive care in the community	
<b>Objective:</b>	<ul style="list-style-type: none"> <li>*Maintain people in their homes with quality care</li> <li>*minimize admissions to area nursing homes and</li> <li>*expedite hospital discharges to home</li> <li>*provide supportive, comfort care at the end of life</li> </ul>	
<b>Measurement:</b>	<ul style="list-style-type: none"> <li>*Outcome Based Quality Improvement (OBQI)</li> <li>*Patient Satisfaction</li> <li>*Numbers of patients served (meeting community needs)</li> </ul>	
<b>FY2004 Numbers</b>	Individuals Served: 5240	Unfunded Cost: \$421,000
<b>FY2005 Estimates</b>	Individuals Served: 5510	Unfunded Cost: \$328,000

**Home Health Care Program**

The Home Care program is designed to deliver intermittent health care services in the home to individuals with who have been recently discharged from a hospital or nursing home or who have been referred by a community MD or a family member. These services are provided by nurses, licensed nursing assistants, social workers and therapists. Service include but are not limited to: infusion therapy, gait training, wound care, cardiopulmonary assessment and patient education, assistance with activities of daily living and end of life decision making. Common diagnoses include: Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Joint Replacements, Neurological Disorders, Vascular Disease, and Diabetes. Home care is the core program of the VNAH and hence this is our largest community benefit.

It is important to note that in this past year, the VNAH started a Telemedicine program with over forty patients currently enrolled and a second senior wellness center was opened in the Woodstock area, the first being at Quail Hollow in West Lebanon, New Hampshire. Those programs are explained below.

**Wellness Clinics**

The VNAH provides community clinics in 18 communities in Vermont and New Hampshire. Clinics include foot and blood-pressure checks, flu vaccinations,

medication management, nutrition and general health education. These clinics are funded from the general operating reserves of the VNAH as well as through contributions from cities and towns. Donations are accepted from clients as well.

Two unique programs in this category are located at the Quail Hollow Retirement Community in West Lebanon, NH and at the Woodstock Wellness Center in Woodstock, VT. The Woodstock Wellness Center opened in the Spring of 2004 and is described below. These two programs are funded in part through a membership option.

### **Long Term Care**

The Medicaid programs in both Vermont and New Hampshire have served as a very important alternative to more expensive nursing home care. In the state of Vermont, care at home is supportive in nature such as that provided by a personal care attendant (PCA). PCA's assist with shopping, errands, cooking, cleaning and other household tasks as well as provide companionship and direct care when necessary. These services often are the difference between staying at home and being admitted to a nursing home. PCA's improve the quality of life for those we serve, while at the same time meeting their patient's needs in a cost-effective manner. New Hampshire has a similar program which is entitled the Home and Community Based Care Program (HCBC). Both the Vermont and the New Hampshire programs are under intense scrutiny in the state legislative arena and are threatened by the cut back in federal Medicaid funding.

VNAH is projecting that the Medicaid dollars will be shrinking in both states during 2005. There is great concern about how long the agency can sustain these programs with decreasing resources. It is anticipated that there will be more patients with more complex medical problems who will be needing services at home as the states tighten the criteria for nursing home admission.

### **Hospice**

Hospice serves patients all over the VNAH service area. Hospice provides interdisciplinary end of life care to patients and their families. The Community Benefit from the Hospice program results from more acute patients being admitted for a shorter period of time with high intensity technical medical interventions and medications which are paid for by the program. The Community Benefit numbers do not include the hundreds of volunteer hours that are contributed by Hospice volunteers.

### **Uncompensated Care**

The VNAH assures access to medically necessary services for all persons regardless of their ability to pay within the limits of the agency's resources. The agency uses a means test and sliding fee scale in deciding the amount of uncompensated care that will be extended to a particular patient.

## Family Health Services

<b>Category:</b>	Family Support Services, WIC, Fatherhood program, Maternal-Child Health services	
<b>Target Population:</b>	Families at risk (single parents and/or those suffering from addictions and/or those at risk for abuse and neglect including those who may have nutritional needs)	
<b>Objective:</b>	To empower and strengthen families	
<b>Measurement:</b>	*Number of individuals served *Indicators that are required by funding sources that demonstrate the ability of a program to meet outcomes	
<b>FY2004 Numbers</b>	Individuals Served: 3275	Unfunded Cost: \$121,000
<b>FY2005 Estimates</b>	Individuals Served: 3450	Unfunded Cost: \$95,000

### Family Support Services

Family Support Services comprises a team of professionally trained Social Service Assistants and two paraprofessional Family Service Aides. These team members work with families in their homes and in support groups with the goal of enhancing constructive social behavior and parenting skills. Services are open to anyone, but the majority of families served are the poor and working poor who have serious and/or chronic medical, mental or cognitive challenges.

### NH Women, Infants and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) provides vouchers for specific foods, nutrition education and breastfeeding support to eligible pregnant, breastfeeding and postpartum women, infants and children up to age 5. The WIC program serves residents of southern Grafton County. In 2004 the program provided a total of 1,840 clinic visits.

A related program, The Commodity Supplemental Food Program (CSFP), provides nutritious foods and nutrition education to postpartum women and children up to age 6 who are not already participating in the WIC program as well as to people age 60 and above.

### Parent Child Center

This program provides support and education to parents within Orange County, Vermont, to foster the healthy growth and development of their children. Activities are focused on individuals at risk and include teen parents, parents struggling with addictions, single parents and low-income parents.

The program also plays a role in community planning, encouraging initiatives related to early childhood. Activities include advocacy, program assessment and development, parenting group facilitation and service coordination. The