

**COMMUNITY BENEFITS PLAN - REPORTING FORM**

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

**FOR FISCAL YEAR BEGINNING**      July 1, 2006

*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)**

<u>Crotched Mountain Rehabilitation Center (CMRC)</u> <b>Organization Name</b>	<u>22-2541478</u> <b>Federal Tax Identification Number</b>	
<u>1 Verney Drive</u> <b>Street Address</b>	<u>6294</u> <b>State Registration Number</b>	
<u>Greenfield</u> <b>City</b>	<u>NH</u> <b>State</b>	<u>03047</u> <b>Zip Code</b>

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:

- **A list of the names and addresses of the officers and directors of the organization.**

*Please see Attachment #1.*

- **A brief description of the governance and administrative structure of the health care charitable trust, its parent and subsidiary entities, if any.**

*Please see Attachment #2.*

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

- **Name and Title:** Dawn DeCosta-Gallo, Financial Analyst
- **Address:** 1 Verney Drive, Greenfield, New Hampshire 03047
- **Telephone Number:** (603) 547-3311 EXT. 454

**Section 2 – Mission Statement:**

Statutory reference: **RSA 7:32-e I.**

The health care charitable trust must provide its most recent mission statement and the date it was adopted. The mission statement must describe the purpose of the health care charitable trust and delineate how the mission statement related to the community benefits reported. The mission statement must be reaffirmed on an annual basis.

1. What is your mission statement? *“Crotched Mountain is dedicated to serving individuals with disabilities and their families, embracing personal choice and development, and building communities of mutual support.”*
2. When was it last reaffirmed? *Adopted at the December 1, 2003 Board meeting.*

**Section 3 – Miscellaneous:**

Is this plan available on your web site? Yes  No

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

Yes  No  Web Address: [crotchedmountain.org/CommunityBenefitsPlan.htm](http://crotchedmountain.org/CommunityBenefitsPlan.htm)

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 (RSA 7:32-d, II)**

What community do you serve? *We recognize two distinct communities of need and service. First, CMRC serves the community of people with disabilities and their families throughout New Hampshire and other states. Second, CMRC also serves the local Monadnock community through our Outpatient Services and many on-site resources.*

**Section 5 – Community Needs Assessment Information (RSA 7:32-f)**

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? *We conducted our own disability-specific needs assessments. The needs assessment for the Monadnock region was conducted in conjunction with other healthcare charitable trusts.*

2. If you conducted your own assessment, please answer the following questions:

a. When was the assessment last conducted updated? *The original community needs assessment was completed in November, 2000. The steering committee reviewed the information and prepared an update as of September, 2003.*

b. Describe how community input was solicited and used in conducting the community needs assessment. *See "Executive Summary of Community Needs Assessment" (included as Attachment #3) submitted by Monadnock Community Hospital and collaborating healthcare charitable trusts, including Crotched Mountain Rehabilitation Center.*

c. If your assessment was conducted or updated this year, please attach a copy.

3. If you conducted a needs assessment with other healthcare charitable trusts in your community, please answer the following questions:

a. Identify the healthcare charitable trust designated by the group to file the community needs assessment with the Charitable Trusts Unit. *Monadnock Community Hospital.*

b. When was the assessment last conducted updated? *The assessment was updated as of September, 2003. (See Attachment #4)*

4. If you are the trust designated by a group to file its community needs assessment with the Charitable Trusts Unit, please answer the following questions:

a. 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.)

b. If the group's assessment was conducted or updated this year, please attach a copy.

## **Section 6 – Community Benefits Plan/Report (RSA 7:32-e, II-IV, RSA 7:32-I)**

Describe in detail the cost of the community benefits planned by the health care charitable trust and the methodology for estimating the cost. The plan shall include an estimate of the cost of each activity expected to be undertaken or supported in the ensuing year and a report on the unreimbursed cost of each activity undertaken in the preceding year. For each quantifiable benefit, the trust should provide an economic valuation which identifies the unreimbursed cost to the trust of providing the

benefit and the method for calculating the cost. Nonquantifiable benefits should be identified separately and described in narrative form.

*Please see accompanying spreadsheets and related articles.*

**PLEASE NOTE: RSA 7:32-I allows healthcare charitable trusts to file community benefits plans individually or in combination with others. If you are filing a report on behalf of two or more entities, the following additional requirements must be met:**

- **The collaborating entities must choose a single date which is identified as the fiscal year beginning date for the plan. Please specify the date so selected.**
- **Please copy and complete page 1 (Sections 1-3) of this form for each member of the group.**
- **Please answer Section 6, questions 2 through 8, for each member of the group.**

1. Please identify the health care needs that were considered in development [of] this plan.

**If this report is filed on behalf of two or more healthcare charitable trusts, questions 2 through 8 in this section must be answered for each member of the group. Please use additional pages/space as necessary. This information may be identified within the e plan itself or submitted as an addendum to the plan.**

2. Please identify all activities the trust or group expects to undertake or support during the next year which addresses the needs determined through the community needs assessment. Please include the estimated cost of each activity.

3. Please identify additional community benefits or benefit activities, not specifically identified in the community needs assessment, the trust or group expects to undertake or support during the next year. Please include the estimated cost of each activity.

4. Please identify all charity care the trust or group expects to provide during the next year. Please include the estimated cost of each activity.

5. Please identify all activities the trust or group undertook or supported during the past year which addressed the needs determined through the community needs assessment and the outcomes achieved. Please include an estimated cost of each activity.

6. Please identify additional community benefits or benefit activities, not specifically identified in the community needs assessment, the trust or group undertook or supported during the past year and the outcomes achieved. Please include the estimated cost of each activity.

7. Please identify all charity care the trust or group provided during the past year and the outcomes achieved. Please include the estimated cost of each activity.

**NOTE: Bad debt may not be included as an element of charity care (RSA 7:32-h I.)**

8. Please indicate the ratio of gross receipts from operations to net operating costs for the trust.

9. Please describe the means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness. (The report shall include the means used to solicit the views of the community served by the trust, identification of community groups, members of the public and local government officials consulted on the development of the plan, and an evaluation of the plan's effectiveness. The process for development of this plan shall include an opportunity for members of the public in the trust's service area to provide input into the development of the plan and comment on the trust's proposed plan.)

### **Section 7 – Public Notice**

How is your plan/report made known to the public? *In addition to posting the information on our web site, and in our annual report, "Progress," we submit press releases to local and disability-related publications. We also welcome the opportunity to give community presentations in conjunction with collaborating healthcare charitable trusts.*

### **Section 8 – Additional Information**

*[Section 8 is optional. However, responses will assist us in assessing the overall] cost/benefit of implementing the community benefits reporting law and will assist the legislature in future policy decisions.*

1. Did you or your group hire an outside firm to prepare your needs assessment? *Yes, for the initial report prepared in 2000. However, we did not hire an outside firm to prepare the 2003 update.*
2. Did you or your group hire an outside firm to prepare your plan/report? *No.*
3. What was the cost of the needs assessment in dollars and/or personnel hours? *The cost of the disability-specific needs assessments compiled by Market Street Research was \$47,250. The total cost of the collaborative needs assessment compiled by Helms & Company was \$12,000 plus \$600 of expenses for related meetings. The 2003 update involved a two-hour meeting of the steering committee and approximately three hours to prepare and finalize it.*
4. What was the cost of the plan/report in dollars and/or personnel hours? *During FY 2006-2007, the estimated cost for preparing the FY07 community benefits report and the FY08 community benefits plan totaled \$2,132 based upon a total of 76 staff hours.*
5. Did the services you deliver change in any way as a result of this assessment and reporting process? Please describe. *The needs and services have remained consistent from year to year. The reporting process has improved our ability to communicate these needs and services to our internal and external audiences.*