

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 07/01/2010

*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** Crotched Mountain Rehabilitation Center

**Street Address 1** Verney Drive

**City** Greenfield                      **County** 06 - Hillsborough    **State** NH    **Zip Code** 03047

**Federal ID #** -222541478                      **State Registration #** 6294

**Website Address:** [www.crotchedmountain.org](http://www.crotchedmountain.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 Shumway                      6035473311  
don.shumway@crotchedmountian.org

**Board Chair:**        Deanna Howard                      6036530426  
Deanna.s.howard@hitchcock.org

**Community Benefits**

**Plan Contact:**        Michael Redmond                      6035473311  
michael.redmond@crotchedmountain.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: Crotched Mountain is dedicated to serving individuals with disabilities and their families, embracing personal choice and development, and building communities of mutual support.

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):  
All New Hampshire

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

As a specialty hospital and rehabilitation center for children and adults with disabilities, 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 through three key operations. Crotched Mountain School serves students with disabilities from all over the country. The Crotched Mountain Specialty Hospital serves children and adults with brain injuries, strokes, spinal cord injuries, other neurological impairments and injuries and other serious health conditions from New Hampshire and other states. This year, with the participation and partnership of DHMC Crotched Mountain began a program to provide skilled support to adults with ventilator management needs. Third, CMRC also serves the State and local Monadnock community through multiple specialty Outpatient Clinics that focus on people with disabilities. This year we also began to serve the Monadnock community through outdoor recreation programs that focus on health and well being that are inclusive of everyone.

**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?

2008 *(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	122
2	123
3	322
4	421
5	523
6	530
7	531
8	606
9	999

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	610
B	600
C	534
D	101
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:*  
Several new needs were identified this year. To address need for physical activity, Crooked Mountain completed a 2.3 mile trail system on its campus that is built to US Forest Service accessibility standards. This trail is open to the public and provides a unique experience so that people of all abilities can enjoy the outdoors and obtain exercise. Crooked Mountain also address community needs for a cleaner environment and improved air and water quality through the continued operation of its community recycling program that diverts tons of waste

from community landfills or incineration. A child care center located on our campus provides early childhood education to families with low incomes through subsidies provided by Crooked Mountain.

In addition to the identified needs, Crooked Mountain now provides a program for long term stable ventilator care management which started in this reporting period. A vent weaning program is envisioned for the future. In addition Crooked Mountain also provides general charitable support to community charities through small grants for sponsorships and underwriting through the Crooked Mountain Foundation. These are recorded in Section E, Financial Contributions.

**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>	-- -- --		
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	-- -- --		
<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>	-- -- --		
<i>Intern/Residency Education</i>	1 2 3	\$202,521.00	\$274,474.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i> <i>Healthcare staff education</i>	1 2 3	\$29,465.00	\$32,000.00

<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>	-- -- --		
<i>Type of Service:</i> <i>Outpatient Clinic</i>	8 -- --	\$429,057.00	\$289,353.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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<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>	9 -- --	\$23,983.00	\$19,205.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<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>	B -- --	\$475.00	\$950.00
<i>Support Systems Enhancement</i>	A -- --	\$48,876.00	\$8,514.00
<i>Environmental Improvements</i>	4 C --	\$174,046.00	\$74,613.00
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<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>	D -- --		\$10,000.00

<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>	7 4 1	\$1,552,232.00	\$1,689,638.00
<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>	\$44,183,790.00
<i>Net Revenue from Patient Services</i>	\$40,224,664.00
<i>Total Operating Expenses</i>	\$41,647,904.00
<i>Net Medicare Revenue</i>	\$428,612.00
<i>Medicare Costs</i>	\$404,012.00
<i>Net Medicaid Revenue</i>	\$7,372,296.00
<i>Medicaid Costs</i>	\$6,949,170.00
<i>Unreimbursed Charity Care Expenses</i>	
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$2,460,656.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$2,460,656.00
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$2,460,656.00

**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) NH Brain Injury Association	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Perspectives Brain Injury Survivor Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Monadnock Developmental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Monadnock Community Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Dartmouth Hitchcock Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Spaulding Rehabilitation Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) The Lurie Family Autism Center/LADDERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Families of Hospital Patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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):

We have engaged community organizations and health professionals through multiple methods in development of our community needs plan. As the major service of the Crotched Mountain Specialty Hospital, understanding the rehabilitation needs of people with brain injuries and other neurological impairments is critical to our meeting this vital community need. We utilize both external and internal sources of information. The Brain Injury Association of New Hampshire is a private, non-profit, family and consumer run organization representing over 5000 New Hampshire residents with acquired brain disorders and stroke. The Brain Injury Association of New Hampshire is the leading advocacy organization and resource for people with brain injuries in the state. Several staff from Crotched Mountain serve on the Board of Directors of the BIANH. These include Rocco Chiappini, MD, the Chief Medical Officer of the Hospital, Peg

Lins, RN, VP for Community Services, Jeanne McAllister, director and co-founder of the Center for Medical Home Improvement. The BIANH is a singular source for information on state and national trends and research concerning needs and services for this population.

A second source of information are the families of those served through the Hospital. We gather this information through a survivors group that meets regularly in the Hospital, family meetings with Hospital leaders and patient surveys. These sources provide intimate perspectives on the quality of services, the value of services offered and the needs for additional services.

While Crotched Mountain's programs are statewide and even national in scope, we also stay in close contact with local health providers. These include the Monadnock Community Hospital, Monadnock Family Services and Monadnock Developmental Services. We solicit input from organization leaders regarding community needs, programs and strategies. We serve on task forces and work in partnership on service delivery. During this reporting period, in consultation with Monadnock Community Hospital we expanded our audiology clinic to include a second site at the Bond Wellness Center at MCH. This location provides greater accessibility to the community, especially for seniors and during the winter. We worked with MDS to develop a new intensive residential treatment program for adolescents with mental illness due to trauma.

The Ladders Program, part of Mass General system of health services, has assisted us in the development of a "whole child" approach to education for children on the autism spectrum with a focus on addressing health needs.

DHMC, the state's tertiary care facility, is a major referral source for the Specialty Hospital. As such, we work closely with them on planning to meet community health needs for neurological rehabilitation and other services that can be met through our Hospital. This year we initiated efforts with DHMC to open a mechanical ventilation rehabilitation program. This allows patients at DHMC and other health facilities, currently confined to the ICU, to be part of a rehabilitation center campus for longer term supports. We accepted our first patient from DHMC in February. The opening of this stable vent program has also allowed us to develop a respite program for people who typically can live at home with in-home supports. We accepted our first respite patient this year as well. We are working with NHDHHS to allow referral of additional respite patients. The presence of the vent program also allowed a patient who had experienced multiple hospitalizations for aspiration pneumonia to begin using the vent overnight. Since going on the vent he has had no hospitalizations. In response to a request from NHDHHS we are now planning a vent weaning program as well since there is no vent weaning capacity in the state.

**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>	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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