

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2013

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

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: James Varnum 6036432083 jim@varnum.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 two key operations, the Crotched Mountain School and the Crotched Mountain Specialty Hospital. Crotched Mountain School, a residential and day school, serves students with disabilities from New England and the northeastern states. Children enrolled in the School have significant health impairments due to genetic and neurological conditions and trauma experienced in their lifetimes. The largest single diagnosis is autism. Some students have medical conditions that require skilled nursing level of care so they reside in a pediatric unit of the Specialty Hospital. The skills of our staff and resources of the School allow them to have access to an educational program that is rich in content and that otherwise could not occur. The Crotched Mountain Specialty Hospital serves children and adults with brain injuries, strokes, complex medical conditions, respiratory needs including vent management and weaning, spinal cord injuries and other neurological impairments and injuries. Our patients are from New Hampshire and other states including Massachusetts, Vermont, Maine, Connecticut and New York. The second major service population resides in the local Monadnock community. We operate selected outpatient clinics that focus on people with disabilities. The services of the clinic include audiology, developmental pediatrics and pediatric physical therapy. We also 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	370
5	421
6	523
7	530
8	531
9	606

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	101
C	534
D	121
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:*
To address need for physical activity, in 2010 Crotched 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. Crotched Mountain also provides opportunities for recreation for all regardless of their physical or mental abilities through its CMARS program. CMARS directs multiple sports activities with the support of community volunteers throughout the year. Sports

include skiing and snowboarding, kayaking, biking, shooting, hiking and climbing. CMARS has 60 trained volunteers who provide over 1,400 hours annually of accessible recreation experiences for people of all abilities. Crotched 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 Crotched Mountain.

Crotched Mountain also provides general charitable support to community charities through small grants for sponsorships and underwriting through the Crotched Mountain Foundation. These are recorded in Section E, Financial Contributions.

Through a related corporation, the Harry Gregg Foundation, Crotched Mountain provides \$150,000 annually in small grants to low income individuals with disabilities and chronic illness to support their needs and aspirations.

Finally, we have been aware of the need for consistent and effective oral health services that many people with disabilities, both children and adults, experience. Due to both lack of insurance coverage and the challenges of regulating behaviors caused by their disability conditions that limits access to typical dental and oral health services, many people with disabilities suffer from tooth pain, decay, limited diets and other health issues. To address this need we are establishing a relationship with a new service that focuses on this population. The provider is a dental hygienist named Joan Fitzgerald who has established a program called ORAL HEALTHCARE@HOME, INC. Joan is a Registered Dental Hygienist with advanced certification in public health dental hygiene with over 30 years experience. She founded Oral Healthcare@Home, Inc., an agency dedicated to providing quality oral healthcare to homebound individuals, including those living in residential homes. Beginning in 2015 Joan will be providing screening and assessments of the oral health status of the children living on campus attending the Crotched Mountain School. These assessments can then be used to inform the children's dentist of their oral health needs. Through ORAL HEALTHCARE@HOME, INC we will also be able to access dental services in the community from a dentist experienced at working with special needs populations. In 2016 we plan to expand this service to the adults living on our campus in the Specialty Hospital and in the residential community.

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	\$62,901.00	\$62,251.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i> <i>Healthcare staff education</i>	1 2 3	\$9,645.00	\$20,000.00

<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 -- --	\$364,007.00	\$228,040.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	9 -- --	\$26,994.00	\$17,500.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --	\$25,000.00	\$25,000.00
<i>Economic Development</i>	B -- --	\$950.00	\$950.00
<i>Support Systems Enhancement</i>	A -- --	\$58,901.00	\$19,695.00
<i>Environmental Improvements</i>	4 C --	\$54,908.00	\$51,446.00
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

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

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	D -- --	\$5,199.00	\$25,000.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	7 4 1	\$2,531,721.00	\$2,651,887.00
<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>	\$44,365,716.00
<i>Net Revenue from Patient Services</i>	\$42,230,333.00
<i>Total Operating Expenses</i>	\$43,012,845.00
<i>Net Medicare Revenue</i>	\$491,034.00
<i>Medicare Costs</i>	\$476,060.00
<i>Net Medicaid Revenue</i>	\$8,564,295.00
<i>Medicaid Costs</i>	\$8,303,139.00
<i>Unreimbursed Charity Care Expenses</i>	\$5,199.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$3,135,027.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$3,140,226.00
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$3,140,226.00

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) Families of Hospital Patients	<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) Granite State Independent Living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Oral Healthcare @Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 have served or serve on the Board of Directors of the BIANH. These include Rocco Chiappini, MD, the former director of

rehabilitation medicine of the Hospital, Peg Lins, RN, VP for Community Services, Jeanne McAllister, director and co-founder of the Center for Medical Home Improvement, Elizabeth Kenney, a patient advocate and John Richards, a community development specialist. 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 family group meetings, Resident Council 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, moved the location of our audiology clinic. This new location allows us to have the community clinic open five days a week and provides greater accessibility to the community, especially for seniors and during the winter. We worked with MDS to develop an intensive residential treatment program for adolescents with mental illness due to trauma.

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. DHMC was a key partner in the development of 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. 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. In response to a request from NHDHHS we now provide a vent weaning program as well since there is no vent weaning capacity in the state. This allows patients who otherwise would have to receive services at distances far from their homes and loved ones to be closer. And our certification as a long term care facility allows patients whose weaning program is long and slow to continue their treatment here which would not be possible in out of state LTACHs.

In response to input from DHMC and other referring tertiary care centers we have increased our capacity in the hospital to admit patients with other complex medical conditions and co-morbidities through additional staff training, systems development and equipment. As an example our medical team is trained in ACLS and PALS so that we can provide a higher level response to medical emergencies. New equipment allows close monitoring of patient vital signs.

Finally, we have been aware of the need for improved access to oral healthcare for our patients and campus residents. Due to their medical conditions and behavioral challenges it is challenging for them to secure oral health screening services and dental services when interventions are required. We identified a community dental hygienist, Joan Fitzgerald, who was starting a new service that would address this need through assessments and oral health prevention training on campus. This service, initially targeted to our pediatric population, will start in 2015. Crotched

Mountain will supplement the cost of the service through fundraising so that all clients have access regardless of ability to pay.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	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