

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 Cedarcrest, Inc. /dba/Cedarcrest Center for Children with Disabilities

Street Address 91 Maple Avenue

City Keene

County 03 - Cheshire

State NH Zip Code 03431

Federal ID # 220441832

State Registration # 4149

Website Address: www.cedarcrest4kids.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: Catherine A. Gray 3583384 cgray@cedarcrest4kids.org

Board Chair: Bruce Chamberlin 3545454 bchamberlin@cheshire-med.com

Community Benefits

Plan Contact: Catherine A. Gray 3583384 cgray@cedarcrest4kids.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: Cedarcrest Center enriches the lives of children with complex medical and developmental needs, supports their families, and collaborates with other community providers to build a continuum of care.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? 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 of New Hampshire

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

Cedarcrest Center provides specialized medical care, special education, and physical, occupational and speech therapy services for children with complex medical and developmental needs from throughout New Hampshire. We are the only Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) licensed in the state of New Hampshire. The Center is recognized as a provider of skilled nursing care for children and is also certified by the Division of Children, Youth and Families. Cedarcrest Center is the principal resource for post-acute medical care for children under three years of age in New Hampshire. Cedarcrest School is approved by the New Hampshire Department of Education as a special education provider for both day and residential students.

Cedarcrest Center has the capacity to serve 26 residents ranging from infants to young adults, including infants and children who are ventilator- or IV-dependent. Children at the Center have a variety of high-risk medical conditions and multiple disabilities, such as broncho-pulmonary dysplasia, seizure disorders, neurological disorders, cerebral palsy, traumatic brain injury and other similar problems. Some are in need of care as they transition from hospital toward home; others need specialty evaluations or post-operative care; and still others require longer-term intensive nursing care. It was in response to community need that Cedarcrest Center extended services to children with high-tech medical needs. As of 6/30/2013, the Center has provided 637 days of care for children who are ventilator-dependent. Since January 2012 we have supported the needs of one child who is IV-dependent. The Center continues to offer short-term stays for children who are being cared for at home, but whose families have need for an additional care option when there is an interruption in community-based supports or another family need arises. During the past fiscal year, Cedarcrest Center provided inpatient care for 36 different children.

Cedarcrest School is approved for a total of 20 students. In addition to residential students, Cedarcrest School also offers day education services to students from surrounding communities who need a special education program with integrated therapy services and nursing support. Four students took advantage of this resource during the past year.

In response to a documented community need, the Center continues to provide outpatient services focused primarily on children with complex medical and developmental needs, but which are available to other children with special needs as well. Twenty children received outpatient therapy services during the past year. In addition, many more children were served through contracts for therapy services with local school districts and Monadnock Developmental Services.

Cedarcrest Center focuses considerable energy on training, particularly for caregivers serving children with disabilities. We periodically host visits for students planning to become Nurse Assistants from training programs offered by other agencies. Cedarcrest Center is also the host site for clinical rotations for five (5) college nursing programs. More than 65 student nurses complete rotations last year.

The Center also offers training sessions for families and caregivers, as needed, on such topics as feeding techniques, g-tube care, temperament, and sensory integration.

The Center often hosts high-school and college interns who come to the Center for extended learning experiences. This past year we supervised therapy internships for two college students and administrative internships for two others.

Cedarcrest Center administrators and clinical staff are active participants in many professional and community organizations. The Center continues to partner with other organizations to address identified needs for services, and is active around increasing care options for older teens with complex medical and developmental needs and expanding respite services for families of children with developmental disabilities or chronic health conditions, including those in need of high-tech support.

In response to another community need, Cedarcrest Center has continued to host child development clinics for Monadnock Region families in collaboration with Special Medical Services in Manchester. We anticipate that these clinics will continue for the foreseeable future.

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?

2013 (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? No

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	611
2	606
3	124
4	126
5	430
6	101
7	122
8	999
9	127

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	600
B	601
C	602
D	102
E	522
F	531
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

Cedarcrest Center has focused on the addition of services that address unmet healthcare needs, particularly to serve children who require ventilator or IV support. Providers indicate that, due to increasing sophistication of medical equipment and medical, the number of children requiring such support is likely to increase. The Center is mindful of this trend as it considers training and staffing needs for the future. In addition we have participated in work groups

seeking to prevent non-accidental trauma to infants and young children and a respite group seeking to expand the resources available to caregivers of all ages.

In response to the need for community-based physical, occupational and speech therapy services, the Center has extended access to schools and community agencies in need, with the Center's therapists travelling to the site requiring the services, thereby maintaining the community base.

Transition services for children approaching age 21 remain a concern. We have worked with families, school districts, area agencies and Special Medical Services to try to build a broader range of services for children in our care, but there is unmet need for housing options for young adults with significant disabilities. Center administrators currently participate in a group of families and providers whose goal is to facilitate smooth transitions of children from medical facilities into the 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>	2 A --	\$1,235.00	\$1,200.00
<i>Community-based Clinical Services</i>	2 A --	\$200.00	\$500.00
<i>Health Care Support Services</i>	C 1 5	\$810.00	\$1,000.00
<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>	5 4 --	\$67,740.00	\$68,000.00
<i>Intern/Residency Education</i>	-- -- --	\$0.00	
<i>Scholarships/Funding for Health Professions Ed.</i>	9 -- --	\$1,000.00	\$1,000.00
<i>Other:</i>	2 A --	\$1,440.00	\$1,500.00

<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>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

--	--	--	--

<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>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	2 A --	\$11,131.00	\$12,000.00
<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>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	B E F	\$29,638.00	\$30,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	A F --	\$6,480.00	7,000.00
<i>Coalition Building</i>	3 A 1	\$6,210.00	\$7,000.00
<i>Community Health Advocacy</i>	2 3 4	\$1,260.00	\$1,500.00

<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>	-- -- --	\$4,000.00	\$5,000.00
<i>Community Needs/Asset Assessment</i>	1 2 5	\$1,000.00	\$4,000.00
<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>	-- -- --		

<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>	-- -- --		
<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>	\$5,633,703.00
<i>Net Revenue from Patient Services</i>	\$5,623,331.00
<i>Total Operating Expenses</i>	\$5,279,067.00
<i>Net Medicare Revenue</i>	\$0.00
<i>Medicare Costs</i>	\$0.00
<i>Net Medicaid Revenue</i>	\$3,705,718.00
<i>Medicaid Costs</i>	\$3,472,447.00
<i>Unreimbursed Charity Care Expenses</i>	\$0.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$133,144.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$133,144.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$133,144.00

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) Parents, guardians and families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Special Medical Services, DHHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Division of Children, Youth and Families, DHHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Office of Long Term Care, BEAS, DHHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Pediatric Providers, Dartmouth-Hitchcock- Keene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Monadnock Developmental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Discharge Planners Dartmouth Hitchcock Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Discharge Planners, NH's Hospital for Children, Elliot Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Keene Medical Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Interim Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Medicaid Program, DHHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) New Hampshire Family Voices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) River Valley Community College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Keene State College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Vermont Technical College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) School District administrators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Cedarcrest Center Advisory Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18) Cedarcrest Center Board of Trustees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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):

Cedarcrest Center conducted a Survey of Family Needs of more than 375 families of children with complex medical needs statewide. The survey and an analysis of results are attached to this document. In addition we conducted a Survey of Trends and Needs among more than 170 medical, education and human services providers around the state, all of whom serve children with complex medical and developmental needs. This survey and an analysis of results is attached to this document as well. Cedarcrest Center routinely reaches out to community partners, formally and informally, in follow-up to its strategic planning. Center staff consulted with providers including those from Dartmouth-Hitchcock Medical Center, New Hampshire's Hospital for Children, and Keene Medical Products, as well as with policy-makers including the Office of Long Term Care and Medicaid. In addition, many less formal conversations and

consultations included other community partners, many of whom were part of our strategic planning this past year or members of our Advisory Council. The Center's Board of Trustees regularly reviewed our progress on strategic initiatives and provided feedback on next steps. The Board also reviewed the responses to our needs assessment and participated with staff in drafting an updated strategic plan.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Written charity care policy available to the public	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any individual can apply for charity care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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