

Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQJ-6YAA-92DTZ, version 1)

Details

Submitted 12/30/2025 (0 days ago) by Diane Davis

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Concord Hospital-Laconia

State Registration #

842949

Federal ID #

851443782

Fiscal Year Beginning

10/01/2024

Entity Address

80 Highland Street

Laconia, NH 03246

Entity Website (must have a prefix such as "http://www.")

<https://www.concordhospital.org>

Chief Executive Officer (first, last name)

First Name	Last Name	
Robert	Steigmeyer	
Phone Type	Number	Extension
Business	6032277000	
Email		
rsteigmeyer@crhc.org		

Board Chair (first, last name)

First Name	Last Name	
Charles	Fanaras	
Phone Type	Number	Extension
Business	6032233111	
Email		
CFanaras@prescription-center.com		

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Betsey	Rhynhart	
Title		
Vice President, Population Health		
Phone Type	Number	Extension
Business	6032277000	7267
Email		
brhynhar@crhc.org		

1. Is the entity's community benefits plan on the organization's website?

Yes

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

N/A

Section 2: Mission & Community Served

1. Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

1. Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Belknap

Merrimack

Grafton

Please select service area municipalities (NH), if applicable

ALTON

ASHLAND

BARNSTEAD

BELMONT

CENTER HARBOR

GILFORD

GILMANTON

LACONIA

MEREDITH

MOULTONBOROUGH

NEW HAMPTON

SANDWICH

TUFTONBORO

Service Population Description

The Laconia regional population has proportionally more seniors than NH overall, and this region has a higher proportion of single-parent family households with children and individuals with disabilities.

Section 3.1: Community Needs Assessment

1. In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2023

Please attach a copy of the needs assessment if completed in the past year

NONE PROVIDED

Comment

NONE PROVIDED

2. Was the assessment conducted in conjunction with other health care charitable trusts in your community?

Yes

Section 3.2: Community Needs Assessment (1 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Availability of primary care and medical sub-specialty services

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

A2: Community-Based Clinical Services

A3: Health Care Support Services

A5: Dedicated Staff costs

A7: Other Community Benefit Operations

B1: Provision of Clinical Setting for Undergraduate Education

B4: Other Health Professions Education Support

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C5: Women's and Children's Services

C7: Subsidized Continuing Care

C9: Palliative Care

C10: Other Subsidized Health Services

E2: Grants

F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Availability of mental health services

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

B3: Scholarships/Funding for Health Professions Education

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C7: Subsidized Continuing Care

C8: Behavioral Health Services

C10: Other Subsidized Health Services

E1: Cash Donations

E2: Grants

F8: Workforce Development

C5: Women's and Children's Services

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Alcohol and drug use prevention, treatment and recovery

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- B3: Scholarships/Funding for Health Professions Education
- B4: Other Health Professions Education Support
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Cost of health care services

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A7: Other Community Benefit Operations
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Socioeconomic conditions

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F6: Coalition Building
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Services and supports for older adults

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- A7: Other Community Benefit Operations
- B2: Intern/Residency Education
- B3: Scholarships/Funding for Health Professions Education
- B4: Other Health Professions Education Support
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C9: Palliative Care
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Difficulty navigating the health care system and health care workforce shortages

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A2: Community-Based Clinical Services
- A5: Dedicated Staff costs
- A3: Health Care Support Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C9: Palliative Care
- C10: Other Subsidized Health Services
- D2: Community / Population Health Research
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Affordability and availability of dental care services

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- B4: Other Health Professions Education Support
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- C10: Other Subsidized Health Services
- D2: Community / Population Health Research
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)

NONE PROVIDED

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

163082668

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	164371	0	164371	0.1%	165000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	19979939	9858134	10121805	6.2%	10250000

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	20144310	9858134	10286176	6.3%	10415000

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	221743	0	221743	0.1%	225000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	334741	167542	167199	0.1%	170000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	23391291	13508156	9883135	6.1%	9900000

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	29585	0	29585	0%	30000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	23977360	13675698	10301662	6.3%	10325000

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	44121670	23533832	20587838	12.6%	\$20740000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
163082668

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total

(10) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)
80093090

2. Medicare allowable costs of care relating to payments specified above (\$)
85617571

3. Medicare surplus (shortfall)

\$-5524481

4. Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

5. Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

Cost to charge ratio

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

158206903

2. Net operating costs (\$)

163082668

3. Ratio of gross receipts from operations to net operating costs

0.97

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs (\$)

10286176

5. Other Community Benefit Costs (\$)

10301662

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

20587838

8. Net community benefit costs as a percent of net operating costs (%)

12.62%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

2. Medicare Shortfall (\$)

\$-5524481

Section 8: Community Engagement in the Community Benefits Process**1. Please list below**

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Community Action Program, Belknap-Merrimack Counties	Yes	Yes	Yes	Yes
Capital Area Public Health Network - Granite United Way	Yes	Yes	Yes	Yes
Granite VNA	Yes	Yes	Yes	Yes
HealthFirst Family Care Center	Yes	Yes	Yes	Yes
Lakes Region Mental Health Center	Yes	Yes	Yes	Yes
Partnership for Public Health	Yes	Yes	Yes	Yes
Riverbend Community Mental Health	Yes	Yes	Yes	Yes
Foundation for Healthy Communities	Yes	Yes	Yes	Yes
NH Department of Health and Human Services	Yes	Yes	Yes	Yes
Greater Concord Interfaith Council discussion group	Yes	Yes	No	No
Granite State Independent Living discussion group	Yes	Yes	No	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
White Birch Community Center Seniors discussion group	Yes	Yes	No	No
White Birch Community Center Childcare discussion group	Yes	Yes	No	No
Ascentria Services for New Americans discussion group	Yes	Yes	No	No
Tilton Senior Center discussion group	Yes	Yes	No	No
Lakes Region LGBTQ+ discussion group	Yes	Yes	No	No
Family Medicine Residents discussion group	Yes	Yes	No	No
Riverbend Intensive Outpatient Treatment discussion group	Yes	Yes	No	No
HealthFirst Medication Assistance Treatment discussion group	Yes	Yes	No	No
Family Health Center clinicians discussion group	Yes	Yes	No	No

2. Please provide a description of the methods used to solicit community input on community needs:

Methods used to solicit community input included a Community Leaders survey to 239 individuals with 132 responses, Community Members survey sent to 1,012 with 850 responses, Concord Hospital provider and staff survey with 726 responses, and 11 community discussion groups representing people in treatment and recovery from substance use, caregivers and educators for young children, seniors within the community, community faith groups, community refugees, secondary migrants, and asylees, individuals receiving community mental health services, young adults within the community, and members and/or allies of the LGBTQ+ community. Also, representatives from local, county, and state organizations listed above contributed time, guidance, insight, knowledge about the communities served, and feedback throughout the health needs assessment process and completion. A smaller group commented on our proposed community health improvement plan.

Section 9: Charity Care Compliance

1. The valuation of charity does not include any bad debt, receivables or revenue.

Yes

2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

4. Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

5. Notice of the charity care policy is posted in lobbies.

Yes

6. Notice of the policy is posted in waiting rooms.

Yes

7. Notice of the policy is posted in other public areas of our facilities.

Yes

8. Notice of the charity care policy is given to recipients who are served in their home.

N/A

Section 10: Certification

Electronic Signature

First Name **Last Name**
Diane Davis

Title
Director, Population Health

Email
ddavis@crhc.org

NHCT-31 (September 2022)

Status History

	User	Processing Status
12/29/2025 10:54:42 AM	Diane Davis	Draft
12/30/2025 9:36:44 AM	Diane Davis	Submitting
12/30/2025 9:36:48 AM	Diane Davis	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Diane Davis	12/30/2025 9:36:48 AM