Visiting Nurse Association of South Central Connecticut

General Information

Contact Information

- **Nonprofit**: Visiting Nurse Association of South Central Connecticut
- **Address**: One Long Wharf Drive
  - Suite 501
  - New Haven, CT 06511
- **Phone**: (203) 777-5521
- **Web Site**: Web Site
- **Facebook**: Facebook
- **Twitter**: Twitter
- **Email**: mfirla@vnascc.org

At A Glance

- **Year of Incorporation**: 1904
- **Organization's type of tax exempt status**: Public Supported Charity
- **Organization received a competitive grant from the community foundation in the past five years**: Yes
Mission & Areas Served

Statements

Mission
Visiting Nurse Association is dedicated to enhancing the health, well being and quality of life at home and in the community it serves. The mission of the VNA South Central is carried out through providing essential health care services to residents of 43 towns in Greater New Haven, Milford, the lower Valley, and the shoreline. Services provided include: cardiac recovery, community health programs (flu clinics, well child clinics), home care transitions, Home Health Aides, home infusion therapy, joint replacement therapy, Living With Cancer program, maternal child health, medical social work, skilled nursing service, physical/speech/occupational therapy, wireless telemonitoring, and wound care. The VNA South Central serves as the area "safety net" by providing access to high-quality home and community health care regardless of the recipients' ability to pay. The program benefits individuals and/or families who are ineligible in total or part for home care funding from other sources.

Background
Founded in 1904, the VNA South Central began as a community-based, not-for-profit agency dedicated to providing quality home care for New Haven's medically under-served citizens. For decades, the VNA South Central was the only organization of its type serving Connecticut's second-largest city. During that time, its role evolved from a reliable source of aid for the infirm to an essential and fully-integrated member of the community, entrusted with the well being of all. The VNA South Central, as it exists today, is the result of the 1989 merger of the original New Haven, Milford and (Naugatuck River) Lower Valley VNAs. The marriage of those three associations instantly created one of the area's largest and best-equipped providers of home health care services. Since then, the VNA South Central has grown in both size and range of services. Today, in addition to highly-skilled, hands-on nursing care, the organization offers sophisticated treatments and therapies that define the leading-edge of home health care technologies to 43 service areas in Connecticut.

Impact
Goals: The purpose of the VNA South Central is to improve the quality of life for all the residents of the community it serves by fostering access to community health and home care services. We: Directly provide home and community health services in a financially responsible fashion; Establish partnerships with other organizations in the community to facilitate the provision of essential services; and/or Advocate on behalf of those individuals in the community who, for whatever reason, are not able to access essential community health services. Provide subsidized care, including Medicaid patients of over $700,000. Past Year Accomplishments: Over 100,000 Home Visits Over 3,200 Admissions 30-day hospital readmission rate of VNASCC patients, lower than the average rate of CT home care agencies. Emergency Department (ED) visit rate of VNA patients lower than the average rate of CT home care agencies.

Needs
1) The most pressing need facing the VNA South Central is to subsidize State of Connecticut services, particularly for the Medicaid program. Current Medicaid rates only pay approximately 65% of the costs of services, which are provided by the VNA South Central Nurses, Therapists, and Home Health Aides - well over 100 employees. In order to maintain a skilled workforce, adequate compensation and transportation/mileage reimbursements for home visits are necessary. Cost: $800,000 2) Most insurance companies do not reimburse the actual cost of a skilled nursing visit or the cost of much-needed medical equipment for patients, so the VNA/SCC incurs these costs. Cost: $100,000 3) Due to recent reductions in reimbursement the VNASCC must reduce operating costs. The occupancy cost at the current location are a significant part of the operating cost. VNASCC is working to reduce the space currently leased and needs to purchase new modular furniture as part of the redesign. Cost 100,000 4) Because all VNAs are separate organizations who compete with each other, competing for-profit agencies have the ability to spend more dollars on advertising and promotion. 5) VNASCC must supply medical supplies for wound care clients and other treatments that are not reimbursed by payers $120,000
CEO Statement
We at the VNA South Central make a difference by transforming your support into the best treatments for the most people by offering the most sophisticated programs and services and being a safety net for our community’s disadvantaged members, providing access to high quality healthcare for all in need. We at the VNA South Central have the dedicated nurses, therapists, social workers and home health aides that go into homes of all segments of our population regardless of location, weather, holiday or weekends to meet the health needs of our patients. Partnering with other healthcare providers and community partners has become essential in developing new and innovative ways to deliver healthcare at home to the growing number of people requiring services. For the VNA South Central to continue services to the poorest of the poor, the uninsured and under-insured, and for those with ability to partial pay for another century, especially with the influx of baby boomers hitting 65 yearly for the next decade, will depend on the support of donors who share our mission to provide quality home health care to all. I encourage you to see how our 114 year old VNA South Central meets today’s challenges mentioned above in the ever growing Medicare, Medicaid and private insured populations. Margaret Firla President/CEO

Board Chair Statement
It is an honor to Chair the Visiting Nurse Association of South Central Connecticut’s Board of Directors. We are blessed with a dedicated volunteer Board that has members with diverse experiences, including home health care, health education, business, physician care, nursing, hospital administration, community activism and elective government services. The Visiting Nurse Association of South Central Connecticut is steeped in history as it celebrates its 114th year of home health services to the greater New Haven and Valley areas. We have become sophisticated in health care delivery during these years of operation and have an excellent reputation not only with the doctors, skilled nursing facilities and hospitals that refer to us, but most importantly, with the patients we so proudly and compassionately serve. Last year alone we made 100,000 home visits and had admissions of 3,200 patients. Our Board takes seriously its fiduciary responsibility and helps set the policies that enable the VNA South Central to deliver the best care to every patient every day!

Service Categories

Primary Organization Category: Health Care / Home Health Care

Areas Served
In a specific U.S. city, cities, state(s) and/or region.
Ansonia
Bethany
Branford
Cheshire
Derby
East Haven
Guilford
Hamden
Milford
New Haven
North Branford
North Haven
Orange
Oxford
Seymour
Shelton
Wallingford
West Haven
Woodbridge
Lower Naugatuck Valley
Madison
Shoreline

Subsidized Care/Care of the Ill

Description
The Subsidized Care Program allows vulnerable people and families to access home health and community health care, regardless of age and economic conditions. This program places special emphasis on residents of our service areas that are underinsured or uninsured. The VNA South Central staff assists patients and families in navigating an array of community and medical services. The staff works in unison with the patient, family and living environment, as well as with other providers, recognizing that the patient’s environment and family situation are key elements in the treatment process. The Subsidized Care Program serves individuals of all ages with many different diagnoses and conditions. It is widely recognized that patients recover extremely well in a setting where they are most comfortable - at home.

Budget
$0.00

Category
Health Care, General/Other / Home Health Care

Population Served
Poor, Economically Disadvantaged, Indigent / Other Economic Level /

Program is linked to organization’s mission and strategy
Yes

Short Term Success
Residents of the Greater New Haven area who do not have the means or the coverage for proper homecare services will receive care. This will result in a healthier population as well as reduced usage of an already taxed emergency rooms.

Long Term Success
This is a longstanding program for the VNA South Central. It aligns with our mission of providing high quality health care to our community regardless of the ability to pay. The program relies on donations from the public and foundations to offset costs. The benefit of this type of program is it reduces the number of visits to the emergency room which is a major contributor to rising insurance premiums.

Program Success Monitored By
VNA of South Central CT Quality Control Manager
Maternal Child Health/Pediatrics

| Description                                                                                     | 100 years ago, infant mortality rates were extremely high, Tuberculosis and Polio among children were widespread, and childbirth was perilous. Today, our Maternal and Child Health and pediatric nurses provide comprehensive antepartum and postpartum care to our patients. They care for OB patients on bed rest and those experiencing high-risk pregnancies, complex conditions, and other situations. Many of our patients receive aid for conditions like Gestational Diabetes and Pre-term Labor, and may receive Fetal Heart Monitoring, Hypertension Monitoring, and other observations. Staff in this program care for children with specific disorders or conditions as Congenital Anomalies, infections, injuries, and/or failure to thrive. |
| Budget                                                                                           | $0.00 |
| Category                                                                                         | Health Care, General/Other / Maternal & Infant Care |
| Population Served                                                                               | Families / Females / Other Economic Level |
| Program is linked to organization’s mission and strategy                                         | Yes |
| Short Term Success                                                                              | Short term success of the MCH program greatly improves the chances of a healthy family. Immediate vaccinations of infants reduces the chance of contraction of diseases. Also, the program has great success with post partum treatment of the mother to help reduce the chances of depression. |
| Long Term Success                                                                               | The long term goals of the Maternal Child Health program is to create a healthier population for both the families of newborns and the infants themselves. |
| Program Success Monitored By                                                                     | The Director of MCH reviews the quartely statistics and adjusts the program accordingly. |
| Examples of Program Success                                                                     | The VNA South Central MCH program is the first choice for area hospitals. |
Cardiac Care Program

Description
The Cardiac Care Program provides a comprehensive range of services, which enables patients to make a smooth transition from rehab or hospital settings to homecare. The program is supervised by a Cardiac Clinical Specialist with services provided by a team of professionals who are specially trained in cardio-pulmonary care and rehabilitation. The team includes community health nurses, medical social workers and physical, speech and occupational therapists as well as home health aides. Each team member understands the unique needs of the patient and their family and is experienced in providing skilled home health care. Some, but not all, of the services available through the Cardiac Care Program are as follows: · Pulmonary activity tolerance exercises · Telemonitoring · O2 saturation monitoring · In home respiratory therapy instructions · In home PT/INR testing by the ITC Protme Microcoagulation System · Monitoring and evaluation of care plan, deviations and outcomes to ensure that goals are established by the patient’s team.

Budget
$0.00

Category
Health Care, General/Other / Early Intervention & Prevention

Population Served
At-Risk Populations / General/Unspecified /

Program is linked to organization’s mission and strategy
Yes

Short Term Success
Patients under care have a greatly reduced chance of being re-hospitalized. This results in a better quality of life for the patient as well as greatly reduced costs.

Long Term Success
The ultimate goal for this program is to reduce re-hospitalization of cardiac patients. This in turn will reduce the strain on an already taxed healthcare infrastructure.

Program Success Monitored By
We have established three very targeted sets of measurements for this project: 1: We track and record the percentages of patients who complete follow up MD visits. 2: We track the percentage of patients eligible for home care who are re-admitted to the hospital within 30 days. 3: We track the percentage of patients NOT eligible for home care who are re-admitted to the hospital within 30 days. We plan to use the information systems at both YNHH and VNASCC to track this data. In particular, we have the ability to track both sets of re-admissions and sort the data by diagnosis code, DRG, payor and innumerable other variables. The data will be reviewed for bi-weekly meetings between the entities. We will also prepare a bi-annual report to accurately track the trends. We are interested in publishing the results as we feel this project is so leading edge that it is important to share it with colleagues and legislators.
Oncology Care/ Intravenous Therapy

**Description**

The provision of hospice care is a necessity for any broad-based community health/home care provider in order to meet the full scope of needs of the community it serves. In an effort to avoid the duplication of community resources and funds that would occur by creating its own hospice program, VNA/SCC has maintained a formalized collaboration with The Connecticut Hospice, Inc. With a commitment to high-quality care and a smooth transition for patients from “traditional” home care services to hospice home care, the collaboration has formally been operating for over 10 years. The clinical staff members from both agencies collaborate on issues such as pain management, disease progression and new treatments. They also confer about individual patients when they are being transferred from one program to the other. In an effort to promote continuity for patients and family members, The CT Hospice, by contractual arrangement, utilizes VNA/SCC clinical staff, particularly therapists and home health aides, for service provision. The Home IV Therapy Program, a specialized component of the agency’s Care of the Ill Program, has been providing high-tech skilled nursing services and teaching select self-care skills to patients and families since 1984. The program’s goal is to provide competent, competitive and cost-effective management of intermittent IV fluid, nutrition and medication administration such as chemotherapy and antibiotics to patients who can be cared for safely in the home. The IV nurses are specially trained nurse who provide specialized care to patients and their families. The program is managed by a nurse who is certified in IV nursing by The Intravenous Nursing Society. The IV team works in collaboration with care of the ill nurses to met all of the patient’s needs.

**Budget**

$0.00

**Category**

Human Services, General/Other / In-Home Assistance

**Population Served**

Elderly and/or Disabled / People/Families of People with Cancer / Other Health/Disability

**Program is linked to organization’s mission and strategy**

Yes

**Short Term Success**

Unfortunately the short term and long term goals of this type of program overlap.

**Long Term Success**

Families who have to deal with cancer know all too well the stress and anxiety that comes with the diagnosis. One of the greatest tools that are provided is comfort. Being able to deal with this in the comfort of their own home is assuring to both the patient and the family.

**Program Success Monitored By**

The Oncology/IV team
Acute/Chronic/ Behavioral Health & Rehabilitative Teams

Description
The VNA South Central Connecticut has a number of multi-disciplinary teams dedicated to providing the most comprehensive care for their patients. We have specialized teams trained to work specifically within certain diagnoses. The agency’s Acute Teams deal with short term patients while the Chronic Teams are trained to deal with the complications that can arise from long term symptoms. The agency’s Mental Health program was developed to better meet the needs of patients who suffer from chronic and acute psychiatric disorders. Most of the patients admitted under this program are dual diagnosed with psychiatric as well as medical-surgical diagnoses. In order to meet these complex patient needs, the mental health nursing staff has strong medical-surgical nursing skills in addition to their mental health nursing skills. As part of its rehabilitation program, VNA/SCC provides intermittent physical, speech and occupational therapy services. A Rehabilitation Nursing Program was created to expand the scope of services available to community residents. It is designed to facilitate the achievement and maintenance of optimal functioning and to prevent complications for persons with physical disabilities or functional problems. The rehabilitation services nurses are responsible for coordinating a multi-disciplinary plan of care and providing specialized nursing care.

Budget
$0.00

Category
Health Care, General/Other / Health Care Issues

Population Served
Aging, Elderly, Senior Citizens / General/Unspecified /

Program is linked to organization’s mission and strategy
Yes

Short Term Success
Early intervention is key to minimizing the long term effects of certain diagnosis.

Long Term Success
The long term goals are for these programs to have a positive effect on the community by allowing access to high quality medical care. All teams listed above provide services in the home to residents who are in need of homecare.

Program Success Monitored By
Vice President of Clinical Operations.
Leadership & Staff

CEO/Executive Director
Samantha DiCicco

Term Start
Sept 2018

Email
sdicicco@vnascc.org

Experience
Samantha DiCicco has been with the VNA of South Central Connecticut for 24 years, starting right out of college. She is a Registered Nurse with Bachelor Degrees in both Nursing and Spanish. She has just finished her final course for her MBA with a concentration in Health Care Management. Her diverse management experience at the VNA has covered all operational aspects as well as Quality and Clinical.

Staff

| Number of Full Time Staff | 80 |
| Number of Part Time Staff | 11 |
| Number of Volunteers      | 0  |
| Number of Contract Staff  | 0  |
| Staff Retention Rate      | 90%|

Staff Demographics - Ethnicity

- African American/Black: 27
- Asian American/Pacific Islander: 1
- Caucasian: 65
- Hispanic/Latino: 6
- Native American/American Indian: 1
- Other: 2 (No ethnic/racial information and/or mixed race)

Staff Demographics - Gender

- Male: 12
- Female: 90
- Unspecified: 0

Plans & Policies

- Organization has a Fundraising Plan?: Yes
- Organization has a Strategic Plan?: Yes
- Years Strategic Plan Considers: 5
- Date Strategic Plan Adopted: Feb 2015
Management Succession Plan? Yes
Organization Policy and Procedures Yes
Nondiscrimination Policy Yes
Whistleblower Policy Yes
Document Destruction Policy Yes

Senior Staff

David Aivano
Title Director of Information Technology

Margaret Firla
Title VP of Operations

Samantha Dicicco
Title Vice President of Quality Management and Compliance

Formal Evaluations

CEO Formal Evaluation Yes
CEO/Executive Formal Evaluation Frequency Annually
Senior Management Formal Evaluation Yes
Senior Management Formal Evaluation Frequency Annually
Non Management Formal Evaluation Yes
Non Management Formal Evaluation Frequency Annually

Collaborations

The VNASCC has preferred provider relationships with multiple facilities throughout the area including, acute care and skilled nursing facilities, primary care and specialty providers.

Affiliations

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater New Haven Chamber of Commerce</td>
<td>2013</td>
</tr>
<tr>
<td>Valley United Way</td>
<td>2013</td>
</tr>
<tr>
<td>Greater New Haven Chamber of Commerce</td>
<td>2015</td>
</tr>
<tr>
<td>Valley United Way</td>
<td>2015</td>
</tr>
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</table>
Board & Governance

Board Chair
Anthony DiSalvo

Company Affiliation
Regional Water Authority, New Haven, CT

Term
Oct 2015 to Oct 2018

Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marilyn Burlenski Treasurer</td>
<td>CALTC</td>
</tr>
<tr>
<td>Anthony Candido</td>
<td>Waterbury Superior Court</td>
</tr>
<tr>
<td>Wanda Carlson</td>
<td>State Farm Insurance</td>
</tr>
<tr>
<td>Thomas P. Clifford Esq.</td>
<td>Labor Relations Unit, Office of the Attorney General</td>
</tr>
<tr>
<td>Margaret T. Firla Secretary</td>
<td></td>
</tr>
<tr>
<td>Matthew Fortney</td>
<td></td>
</tr>
<tr>
<td>State Senator Kevin Kelly</td>
<td>CT State Senator &amp; BJK Law Firm</td>
</tr>
<tr>
<td>Charlie Mason</td>
<td>Mason Inc.</td>
</tr>
<tr>
<td>Lynn McCarthy</td>
<td></td>
</tr>
<tr>
<td>Holly E. Mulrenan</td>
<td>Naugatuck Community College Adjunct Nursing Faculty</td>
</tr>
<tr>
<td>Dr. Asim Tarabar</td>
<td>VA Health Systems &amp; Yale New Haven Hospital</td>
</tr>
</tbody>
</table>

Board Demographics - Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>1</td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>11</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0</td>
</tr>
<tr>
<td>Native American/American Indian</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0 0</td>
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</table>

Board Demographics - Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
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</table>

Governance

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Term Lengths</td>
<td>3</td>
</tr>
<tr>
<td>Board Term Limits</td>
<td>3</td>
</tr>
<tr>
<td>Board Meeting Attendance %</td>
<td>90%</td>
</tr>
</tbody>
</table>
Number of Full Board Meetings Annually 4
Written Board Selection Criteria Yes
Written Conflict of Interest Policy Yes
Percentage Making Monetary Contributions 80%
Percentage Making In-Kind Contributions 60%
Constituency Includes Client Representation No

- Commercial General Liability and Medical Malpractice
- Disability Insurance
- Medical Health Insurance
- Workers Compensation and Employers' Liability
- Professional Liability

Board Co-Chair
Charlie Mason
Company Affiliation Mason, Inc.
Term Oct 2015 to Oct 2018
Email cmason@mason23.com

Standing Committees
- Audit
- Finance
- Marketing
- Executive

Additional Boards: Advisory Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Dominic Casablanca MD</td>
<td>Family Practice</td>
</tr>
<tr>
<td>Margaret T. Firla Interem President/CEO</td>
<td>VNA of South Central CT</td>
</tr>
<tr>
<td>Carolyn Gillespie</td>
<td>Yale Cancer Center</td>
</tr>
<tr>
<td>Jacqui Murphy</td>
<td>Pharmacist - Hancock Pharmacy</td>
</tr>
<tr>
<td>Hilma Nolan</td>
<td>Community Volunteer</td>
</tr>
<tr>
<td>Carmen Portillo RN</td>
<td>Yale School of Nursing</td>
</tr>
<tr>
<td>Phyllis Sochrin</td>
<td>Community Volunteer</td>
</tr>
</tbody>
</table>
Financials

**Fiscal Year Start**
July 01 2018

**Fiscal Year End**
June 30 2019

**Projected Revenue**
$10,417,258.00

**Projected Expenses**
$10,249,081.00

**Endowment Value**
$63,000.00

**Spending Policy**
Percentage

**Percentage (if selected)**
0%

**Detailed Financials**

**Prior Three Years Total Revenue and Expense Totals Chart**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$12,592,743</td>
<td>$12,934,537</td>
<td>$13,118,092</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$12,717,322</td>
<td>$12,980,127</td>
<td>$12,964,450</td>
</tr>
</tbody>
</table>

**Prior Three Years Assets and Liabilities Chart**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>$2,228,606</td>
<td>$2,169,826</td>
<td>$2,726,483</td>
</tr>
<tr>
<td>Current Assets</td>
<td>$1,998,312</td>
<td>$1,937,056</td>
<td>$2,482,163</td>
</tr>
<tr>
<td>Long-Term Liabilities</td>
<td>$549,732</td>
<td>$399,253</td>
<td>$504,775</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$1,546,375</td>
<td>$1,504,346</td>
<td>$1,512,824</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>$132,499</td>
<td>$266,227</td>
<td>$708,884</td>
</tr>
</tbody>
</table>

**Prior Three Years Top Three Funding Sources**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>The Community Foundation for Greater New Haven $50,000</td>
<td>The Community Foundation for Greater New Haven $60,119</td>
</tr>
<tr>
<td>Second Highest Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>Katherine Matthies Foundation $20,000</td>
<td>City of Milford $42,708</td>
</tr>
<tr>
<td>Third Highest Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>First Niagara $11,350</td>
<td>Katherine Mathies Foundation $20,000</td>
</tr>
</tbody>
</table>

**Solvency**

**Short Term Solvency**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio: Current Assets/Current Liabilities</td>
<td>1.29</td>
<td>1.29</td>
<td>1.64</td>
</tr>
</tbody>
</table>

**Long Term Solvency**
### Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Liabilities/Total Assets</td>
<td>25%</td>
<td>18%</td>
<td>19%</td>
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</table>

### Capital Campaign

**Currently in a Capital Campaign?**

No

**Capital Campaign Purpose**

N/A

**Capital Campaign Anticipated in Next 5 Years?**

No

### Comments

**CEO Comments**

The VNASCC is being impacted by rate cuts at both the Federal and State Level. Federal rate cuts to Medicaid include a 2% reduction in payments due to sequestration (this is year 3 of sequestration) and also a 3% reduction in reimbursement as of 1/1/18 as a result of the annual rate calculation for Medicare services. Medicaid reimbursement has been chronically underfunded (no increase in rates for 10 years). Most recently (July 2017) a change in Medicaid reimbursement policy reduced reimbursement for the VNASCC by 1.4 million dollars annually. This represents an average rate reduction per visit of 22% The VNASCC is currently evaluating all programs services and management structure to reduce overall expense. In addition we are moving forward with plans to reduce occupancy expense by reducing lease space by 50%.

**Foundation Staff Comments**

This profile, including the financial summaries prepared and submitted by the organization based on its own independent and/or internal audit processes and regulatory submissions, has been read by the Foundation. Financial information is inputted by Foundation staff directly from the organization’s IRS Form 990, audited financial statements or other financial documents approved by the nonprofit’s board. The Foundation has not audited the organization’s financial statements or tax filings, and makes no representations or warranties thereon. The Community Foundation is continuing to receive information submitted by the organization and may periodically update the organization’s profile to reflect the most current financial and other information available. The organization has completed the fields required by The Community Foundation and updated their profile in the last year. To see if the organization has received a competitive grant from The Community Foundation in the last five years, please go to the General Information Tab of the profile.