General Information

Contact Information

Nonprofit: Visiting Nurse Association Community Healthcare
Address: 753 Boston Post Road
            Guilford, CT 06437
Phone: (203) 458-4200
Web Site: [Web Site]
Facebook: [Facebook]
Twitter: [Twitter]
Email: mferguson@vna-commh.org

At A Glance

Year of Incorporation: 1923

Former Names
- Guilford VNA
- Branford VNA
- VNA Services
- Shoreline VNA

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
Statements

Mission
It is the mission of VNA Community Healthcare to promote and preserve the health, safety, dignity and independence of the individual and the family through the provision of quality cost effective, therapeutic, supportive and preventive health care services to persons in their place of residence in the community.

Vision Statement
VNA Community Healthcare’s tag line, “Beside You at Every Turn”, summarizes the organization’s vision. When life takes an unexpected turn, VNA Community Healthcare supports patients with the health care and life-at-home services necessary to stay home longer. VNA Community Healthcare staff provides calm and focus to the turmoil that surrounds a family healthcare challenge. As a good neighbor, VNA Community Healthcare helps communities where we live become healthier through our preventive health services, educational programs and support groups. VNA Community Healthcare staff is always available.
VNA Community Healthcare achieves these goals by caring for, supporting, empowering, educating and advocating for members of the community, patients, clients and family caregivers.

Background
VNA Community Healthcare was founded in 1908 as the Branford VNA. Through a 1995 merger with the Guilford VNA, the organization became VNA Community Healthcare. In 2010, VNA Community Healthcare acquired VNA Services, Inc and expanded to cover greater New Haven. VNA Community Healthcare provides medical, psychiatric and maternal child home care nursing, physical, occupational and speech therapy, social work and home health aide services. VNA Community Healthcare offers one of the very few home care pediatric private duty programs. This program provides 24 hour nursing care and allows severely disabled children to live outside of the hospital. VNA Community Healthcare also operates two affiliates: Strong House Adult Day Center and LIFETIME Care at Home, a private pay homemaker/companion agency. VNA Community Healthcare has expanded well beyond the boundaries of home care to encompass a wide range of wellness, chronic disease and caregiver support programs that help keep people independent at home, functioning at the highest possible level.

Impact
In the last year, VNA Community Healthcare clinical team helped 5,700 patients recover and regain their independence, from new moms and babies to frail elderly. VNA Community Healthcare also coached and treated over 650 people who attended community health and wellness programs to reduce stress, improve their level of physical fitness and prevent illness.
VNA Community Healthcare’s award winning, highly effective fall risk program, Fall Free Living has been funded for the past 5 years by a grant from the Connecticut Collaboration for Fall Prevention at Yale University School of Medicine through the Connecticut State Department on Aging. This unique program offers group and individual in-home fall risk screenings and personal recommendations to reduce fall risk. Several Tai Chi and chair exercise classes designed to help participants build and maintain strength and balance are also held throughout the agency's 36 town service area.
VNA Community Healthcare’s Family Caregiver Support Network provides free counseling, a toll free “VNA Helpline”, 6 support groups, a walking group, newsletters, seminars and social events to support family caregivers of elderly or disabled family members. During this year the Family Caregiver Network grew to 1,200 people. VNA Community Healthcare also helped seventy-five area eldercare professionals improve their skills and expertise through professional education programs on topics ranging from senior entitlement to elements of normal aging.
Needs
In the past year, VNA Community Healthcare has sustained a series of Medicare and Medicaid cuts combined with a shift of patients to lower paying Medicare managed care plans and reductions in grants and town funding. These reductions in income have almost eliminated funds that were previously used for funding uncompensated or subsidized care and community programs.

1. Financial support for care of uninsured and underinsured - The agency needs $250,000 in funding to close the financial gap between service costs and revenue for uninsured and underinsured adults and children, including monies lost to spend down requirements for psychiatric patients.

2. Caregiver Support Network financial support – The Caregiver Support Network needs $75,000 of funding to continue all of its current services to caregivers.

3. Ask the Nurse is a program that integrates existing wellness and chronic disease programs to offer a multilevel prevention/disease management program. This ambitious program will require approximately $100,000 in funding to fully develop all program assessment, intervention and outcomes measurement.

Service Categories

- Primary Organization Category: Health Care / Home Health Care

Areas Served
- Ansonia
- Bethany
- Branford
- Cheshire
- Derby
- East Haven
- Guilford
- Hamden
- Madison
- Milford
- New Haven
- North Branford
- North Haven
- Orange
- Oxford
- Seymour
- Shelton
- Shoreline
- Wallingford
- West Haven
- Woodbridge
- Lower Naugatuck Valley
Clinical Home Care Services

The clinical home healthcare program provides licensed, Medicare and Medicaid certified, traditional home care services. These services include: visiting nurses, physical, occupational, speech therapy, social work and home health aide services. Specialty programs include: psychiatric nursing, wound care, congestive heart failure disease management, joint replacement education and treatment, pediatric private duty and maternal child health nursing.

VNA Community Healthcare’s clinical home care practice is being transformed into a patient coaching/self management model. Clinical staff are being certified in the evidence-based Integrated Chronic Care Model, which was developed at the Baptist Health System in Little Rock Arkansas. This model uses techniques such as motivational interviewing, health literacy modifications, patient long and short term goal setting and an educational tool called “teachback” to help empower patients to take control of their own health.

Budget

$0.00

Category

Health Care, General/Other / Home Health Care

Population Served

Elderly and/or Disabled / Aging, Elderly, Senior Citizens /

Program is linked to organization’s mission and strategy

Yes

Short Term Success

Patients are discharged from a home care episode of care with goals met, and no facility readmissions. Patients have a higher level of function as measured by their scores on the OASIS standardized assessment. Psychiatric patients remain independent in the community without emergency room visits or hospitalizations.

Long Term Success

Medicare’s home care compare provides a risk adjusted, benchmarked score for home health agencies that shows performance on key elements of the OASIS scoring tool. VNA Community Healthcare has improved scores over time and ranks at or above most state and national benchmarks on clinical outcome measures. The new Medicare HCAPS patient satisfaction survey shows benchmarked patient satisfaction measures on a quarterly basis. VNA Community Healthcare has consistently ranked above state and national averages on patient satisfaction measures.

Program Success Monitored By

How programs are evaluated:

1. Focused chart reviews are conducted quarterly on specific aspects of care and service such as adverse events such as falls and process measures such as timely starts of care.
2. Quality improvement projects are initiated to address issues identified in chart reviews and in outcomes data.
3. Reports from the clinical quality system, Home Health Gold, are used to track outcome measures such as OASIS before and after scores, rehospitalization rates, length of stay, case mix and utilization.
Family Caregiver Support Network

Description

The Family Caregiver Support Network was founded in 2003 to help family caregivers of the elderly or chronically ill better cope, reduce stress, maintain their own health and become better caregivers. The program offers educational seminars; five support groups, led by Social Workers (Guilford, Hamden, Madison, New Haven- Bella Vista, Old Saybrook, North Haven), plus a weekly walking support group in North Branford; a newsletter, a VNA Helpline (a toll free number staffed by VNA Community Healthcare staff that answers questions about home healthcare, entitlements and community services). The Family Caregiver Support Network staff conduct free phone or in-person consultations in which caregivers tell their stories and receive moral support and information about eldercare resources.

The network also provides publications such as Caregiver Tip Cards and the booklet “Avoiding an Eldercare Crisis”. The Buddy Match program matches former caregivers, who have been trained and screened to support current caregivers. The network has a volunteer advisory board and many volunteers help with events, fundraising and office work.

This past year, VNA Community Healthcare held 2 open houses, in Guilford and Hamden, with family caregivers to determine if there was a need to establish a Family Caregiver School. It was discovered that many family caregivers are asked to perform medical tasks such as injections, incontinence care and wound care on their own without much help or support. VNA Community Healthcare is going to create a Caregiver School this fall to teach practical tips on caring for people with chronic illnesses, such as diabetes, congestive heart failure and incontinence. They agency's expert staff will demonstrate helpful techniques such as helping a disabled person transfer or use assistive devices like canes and walkers.

Budget

$0.00

Category

Health Care, General/Other / Patient & Family Support

Population Served

Families / People/Families of People with Health Conditions /

Program is linked to organization’s mission and strategy

Yes

Short Term Success

Short term success for family caregivers is usually either relief from a crisis situation or the development of a plan and putting resources in place to help their relative.

Long Term Success

The ability of the caregiver to provide the best possible care to their sick or disabled relative, using all available resources and benefits while maintaining the health and wellbeing of the caregiver.

Program Success Monitored By

Success is monitored through verbal and written feedback from caregivers, participation in caregiver activities the number of caregivers who use the VNA helpline and who receive caregiver consults.
Examples of Program Success

1.) Guilford Community Fund 2011 Volunteer of the Year
Caregiver Network volunteer Phyllis Abbatello was chosen as Volunteer of the Year by the Guilford Community Fund.
Phyllis has been a loyal supporter of VNA Community Healthcare’s Caregiver Support Network since 2006. She has fine tuned the art of listening and is always willing to share that gift with caregivers in our Network. She takes a genuine interest in everyone she meets and they all get her undivided attention. Phyllis has been “matched” with several of our caregivers as a “buddy”. Buddies are good listeners who understand the challenges of caregiving. Her buddies report that a call from Phyllis is always welcome and helps ease the chaos of a typical day.

2.) Caregivers Grateful for Support
A 90 year old male caregiver was referred to our Caregiver Network by a local senior center. Bill was in poor health and caring for his 90 year old wife Stella who is hard of hearing, has macular degeneration and dementia. Previously, Bill had fallen and Stella did not hear him calling for help. Although Bill was willing to accept that they needed help to remain at home safely, Stella was not.
A caregiver consultation was arranged. John had an opportunity to share his concerns and agreed they should have a personal emergency response system. At the caregiver consult it was also discovered that John and Stella were eligible for prescription drug assistance and they were given the information necessary to get them started.
Their son John, who lives in California, began to participate with the Caregiver Network by phone and received information on resources to help his parents. Gradually, Bill and Stella accepted the help of a homemaker and personal care assistant. By having someone to help his wife, Bill was able to focus more on his own health. Having access to the Caregiver Network eased the frustration and helpless feeling of caregiving at a distance for John.
Ask the Nurse and Chronic Disease Self Management

**Description**

VNA Community Healthcare has a long history of providing health promotion and disease prevention programs for the community. VNA Community Healthcare has traditionally offered primary prevention programs such as: community blood pressure screenings, cholesterol and diabetes screenings, diabetes prevention programs, flu immunizations, smoking cessation classes, healthy diet and exercise classes, yoga, massage and other stress management classes. Many of these programs have been funded by grants and town funding.

In recent years, VNA Community Healthcare has offered secondary prevention programs for people who already have a chronic illness. Most of these programs are evidence-based and are taught by certified instructors. Examples include: Tai Chi for Arthritis, Parkinson’s exercise, diabetes education classes, chronic disease self management and fall risk screenings and other exercise classes to prevent falls. Class participants pay for some of these programs while others are funded by community donations and grants.

VNA Community Healthcare is integrating all of its wellness and chronic disease programs into a three tier system called **Ask the Nurse** that starts with a screening instrument that directs participants to the primary prevention screenings and wellness classes, secondary prevention programs for people with chronic illness or a frailty prevention program for older adults who are at risk of nursing home placement. Blood pressure clinics are being converted to nurse wellness counseling clinics where discharged patients and others with chronic illness can receive health coaching and screening. Health promotion clinical staff are applying the same model of integrated chronic care to clients in community programs and are taking referrals of discharged patients from home healthcare staff.

**Budget**

$90,000.00

**Category**

Health Care, General/Other / Early Intervention & Prevention

**Population Served**

Aging, Elderly, Senior Citizens / Elderly and/or Disabled / General/Unspecified

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

Yes

**Short Term Success**

Level of attendance and completion for screenings, single session and multi-session programs. Clients will master and begin to practice the techniques taught in classes and will demonstrate a commitment to positive behavior change.

**Long Term Success**

Long term success will produce less incidence of chronic disease or decreased disease symptoms, reduced complications, fewer hospitalizations and lower health care costs for program participants. Frailty prevention programs will produce longer periods of independence at home and eliminate or delay nursing home placement.

**Program Success Monitored By**

Client self reports of well being and objective measures such as smoking status before and after classes, self reports of falls before and after screening and exercise classes, HgbA1c measures for diabetics before and after classes and rates of hospitalization, preventable complications and emergency room use for chronic disease program participants.
After being discharged from VNA Community Healthcare, Natalie participated in the Living Well Chronic Disease Self Management program. She completed the six session program and achieved her goal of being able to visit her son in Maine and walk up his front steps. She began attending a VNA Community Healthcare Exercise to Prevent Falls class and has gradually increased her fitness and endurance. She became a volunteer for VNA Community Healthcare’s Affiliate, LIFETIME Care at Home. Natalie also stayed in touch with her Living Well classmates and hosts lunches for them periodically. Natalie has continued to do well and has gotten back in control of her life.
Leadership & Staff

CEO/Executive Director

Janine Fay BSN, MPH

Term Start

July 2011

Email
jfay@vna-commh.org

Staff

Number of Full Time Staff 172
Number of Part Time Staff 270
Number of Volunteers 45
Number of Contract Staff 20
Staff Retention Rate 81%

Staff Demographics - Ethnicity

African American/Black 26
Asian American/Pacific Islander 7
Caucasian 393
Hispanic/Latino 11
Native American/American Indian 0
Other 5 Two or more races

Staff Demographics - Gender

Male 48
Female 394
Unspecified 0

Plans & Policies

Organization has a Fundraising Plan? Under Development
Organization has a Strategic Plan? Under Development
Management Succession Plan? No
Organization Policy and Procedures No
Nondiscrimination Policy Yes
Whistleblower Policy Yes
Document Destruction Policy Yes
Former CEOs and Terms

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
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<tbody>
<tr>
<td>Susan Faris RN, MPH, CHCE</td>
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Senior Staff

John MacDonald

Title        CFO

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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

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Affiliations

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<tr>
<th>Affiliation</th>
<th>Year</th>
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<tr>
<td>Greater New Haven Chamber of Commerce</td>
<td>2011</td>
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Awards

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<tr>
<th>Award/Recognition</th>
<th>Organization</th>
<th>Year</th>
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<tr>
<td>Patient Satisfaction - Best Practice Achievement, Award of Distinction</td>
<td>Fazzi Associates</td>
<td>2009</td>
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<tr>
<td>Pinnacle Award Finalist for Excellence in Patient Satisfaction</td>
<td>Visiting Nurse Associations of New England - VNANE</td>
<td>2010</td>
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<tr>
<td>Triple Aim Award - Fall Prevention Program</td>
<td>Connecticut Association for Healthcare at Home</td>
<td>2014</td>
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Board & Governance

Board Chair
Dr. Gerard Kerins

Company Affiliation
Yale New Haven Health System

Term
Nov 2014 to Nov 2018

Board of Directors

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<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Ms. Susan Bailey</td>
<td>Lincoln Financial Securities</td>
</tr>
<tr>
<td>Mr. David Brown</td>
<td>Brown &amp; Knapp Group Benefits</td>
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<tr>
<td>Mr. David L. Cowan</td>
<td>Legacy Retirement Group</td>
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<tr>
<td>Dr. Louise-Marie Dembry</td>
<td>VA CT Healthcare System</td>
</tr>
<tr>
<td>Mr. Jeff Dow</td>
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<tr>
<td>Ms. Janine Fay</td>
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<tr>
<td>Atty. James Fischer</td>
<td>Fischer &amp; Fischer LLC</td>
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<tr>
<td>Mr. Bradley D. Kronstat</td>
<td>Agway</td>
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<tr>
<td>Mr. John MacDonald CFO</td>
<td>VNA Community Healthcare</td>
</tr>
<tr>
<td>Mr. Robert McHugh</td>
<td>Infiltrator Systems</td>
</tr>
<tr>
<td>Mr. Don Offner</td>
<td>Verizon Wireless Zone</td>
</tr>
<tr>
<td>Ms. Sally Rinaldi RN</td>
<td>Retired</td>
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<tr>
<td>Dr. Brian K. Sawchuck</td>
<td>Sawchuk and Stark, DDS</td>
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Board Demographics - Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
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<td>African American/Black</td>
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<td>Asian American/Pacific Islander</td>
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<tr>
<td>Caucasian</td>
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<td>Hispanic/Latino</td>
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<tr>
<td>Native American/American Indian</td>
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<tr>
<td>Other</td>
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Board Demographics - Gender

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<th>Gender</th>
<th>Count</th>
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<tr>
<td>Male</td>
<td>4</td>
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<tr>
<td>Female</td>
<td>10</td>
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Governance

Board Term Lengths
3
<p>| | |</p>
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<tr>
<td>Board Term Limits</td>
<td>2</td>
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<tr>
<td>Board Meeting Attendance %</td>
<td>95%</td>
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<tr>
<td>Number of Full Board Meetings Annually</td>
<td>6</td>
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<tr>
<td>Written Board Selection Criteria</td>
<td>Yes</td>
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<tr>
<td>Written Conflict of Interest Policy</td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage Making Monetary Contributions</td>
<td>100%</td>
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<tr>
<td>Percentage Making In-Kind Contributions</td>
<td>0%</td>
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<tr>
<td>Constituency Includes Client Representation</td>
<td>Yes</td>
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### Financials

**Fiscal Year Start**  
July 01, 2017

**Fiscal Year End**  
June 30, 2018

**Projected Revenue**  
$33,814,000.00

**Projected Expenses**  
$33,789,000.00

**Endowment Value**  
$0.00

**Spending Policy**  
N/A

**Percentage (if selected)**  
0%

### Detailed Financials

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>Total Revenue</td>
<td>$32,205,571</td>
<td>$31,468,985</td>
<td>$29,299,063</td>
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<tr>
<td>Total Expenses</td>
<td>$32,140,548</td>
<td>$30,915,391</td>
<td>$28,927,711</td>
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#### Prior Three Years Revenue Sources Chart

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Foundation and Corporation Contributions</td>
<td>$114,699</td>
<td>$135,330</td>
<td>$109,768</td>
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<tr>
<td>Government Contributions</td>
<td>$0</td>
<td>$0</td>
<td>$40,000</td>
</tr>
<tr>
<td>Federal</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>State</td>
<td>--</td>
<td>--</td>
<td>$40,000</td>
</tr>
<tr>
<td>Local</td>
<td>--</td>
<td>--</td>
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</tr>
<tr>
<td>Unspecified</td>
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</tr>
<tr>
<td>Individual Contributions</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Indirect Public Support</td>
<td>--</td>
<td>--</td>
<td>--</td>
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<tr>
<td>Earned Revenue</td>
<td>$31,938,208</td>
<td>$31,141,033</td>
<td>$29,030,082</td>
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<tr>
<td>Investment Income, Net of Losses</td>
<td>$131,704</td>
<td>$165,913</td>
<td>$92,377</td>
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<tr>
<td>Membership Dues</td>
<td>--</td>
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<tr>
<td>Special Events</td>
<td>$21,630</td>
<td>$29,320</td>
<td>$27,763</td>
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<tr>
<td>Revenue In-Kind</td>
<td>$1,024</td>
<td>--</td>
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<tr>
<td>Other</td>
<td>($670)</td>
<td>($2,611)</td>
<td>($927)</td>
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### Prior Three Years Expense Allocations Chart
### Prior Three Years Assets and Liabilities Chart

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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<tbody>
<tr>
<td>Total Assets</td>
<td>$7,842,408</td>
<td>$8,124,698</td>
<td>$6,914,057</td>
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<tr>
<td>Current Assets</td>
<td>$4,991,623</td>
<td>$5,435,678</td>
<td>$4,404,882</td>
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<tr>
<td>Long-Term Liabilities</td>
<td>$1,136,109</td>
<td>$837,948</td>
<td>$799,596</td>
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<tr>
<td>Current Liabilities</td>
<td>$0</td>
<td>$3,303,672</td>
<td>$2,541,166</td>
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<tr>
<td>Total Net Assets</td>
<td>$3,864,900</td>
<td>$3,983,078</td>
<td>$3,573,295</td>
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### Prior Three Years Top Three Funding Sources

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Top Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>Echlin Foundation $10,000</td>
<td>State of CT - DOT $40,000</td>
</tr>
<tr>
<td>Second Highest Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>MJ Petretto Foundation $9,000</td>
<td>Echlin Foundation $8,000</td>
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<tr>
<td>Third Highest Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>Wireless Zone $5,000</td>
<td>Guilford Community Foundation $5,000</td>
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### Solvency

#### Short Term Solvency

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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<tbody>
<tr>
<td>Current Ratio: Current Assets/Current Liabilities</td>
<td>--</td>
<td>1.65</td>
<td>1.73</td>
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#### Long Term Solvency

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
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<tbody>
<tr>
<td>Long-Term Liabilities/Total Assets</td>
<td>14%</td>
<td>10%</td>
<td>12%</td>
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### Capital Campaign

- **Currently in a Capital Campaign?**
  - No

- **Goal**
  - $0.00

- **Capital Campaign Anticipated in Next 5 Years?**
  - No

### Comments

**CEO Comments**

VNA Home care companies continue to face significant cuts in Medicare and Medicaid reimbursement. It is a challenging environment. However, our organization is strong and healthy, and will continue to be a leader in the home care delivery system. The $25,000 difference between projected revenue and projected expense in FY 2018 is our budgeted net income.
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.