

Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HP7-GFHX-2KTZX, version 1)

Details

Submitted 3/31/2021 (0 days ago) by Rebecca McKeown

Alternate Identifier Metro Health Foundation of NH, Inc

Submission ID HP7-GFHX-2KTZX

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

1/1/2021

Organization Name

Metro Health Foundation of NH, Inc

Street Address

19 NH Route 104
Meredith, NH 03253

Federal ID

020502466

State Registration

15242

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

http://www.go denview.org

Is the organization's community benefit plan on the organization's website?

Yes

Chief Executive

First Name	Last Name
Jeanne	Sanders

Phone Type	Number	Extension
Business	6032798111	

Email
jeanne@go denview.org

Board Chair

First Name	Last Name	
Mary	<i>Flynn</i>	
Phone Type	Number	Extension
Business	6032798111	
Email		
info@go denview.org		

Community Benefits Plan Contact

First Name	Last Name	
Rosemary	<i>Simino</i>	
Title		
<i>Nursing Home Administrator</i>		
Phone Type	Number	Extension
Business	6032798111	
Email		
rsimino@go denview.org		

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served**Mission Statement**

Our mission is to be the preferred choice in community living for health care and hospital services benefiting our community-at-large through access to our educational/healthcare resources and expertise.

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.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Belknap
 Carroll
 Coos
 Grafton
 Hillsborough
 Merrimack
 Rockingham
 Sullivan

Please select service area municipalities (NH), if applicable

ALEXANDRIA
ALLENSTOWN
ALTON
ASHLAND
BARNSTEAD
BELMONT
BRISTOL
CAMPTON
CENTER HARBOR
CLAREMONT
CONWAY
CONCORD
DEERFIELD
FRANKLIN
GILFORD
GILMANTON
HOLDERNESS
LACONIA
MEREDITH
MOULTONBOROUGH
NEW HAMPTON
NORTHFIELD
OSS�PEE
PLYMOUTH
RUMNEY
SANBORNTON
SANDWICH
TAMWORTH
THORNTON
TILTON
WOLFEBORO

Service Population Description

The majority of individuals receiving health care and support services at Golden View are seniors and older adults in need of skilled nursing services, short term post-hospital rehabilitation, memory support services, short stay care, traditional long term living care, supported residential care and other professional support services. However, Golden View has seen an increase in the number of individuals age 50-65 accessing short-term post hospital rehabilitation through managed care health insurance plans. Moreover, Golden View serves the community at large through its facilitation of various community based educational and clinical programs and the professional support services available to the family, friends and caregivers of individuals residing in the community who depend on assistance and/or health care services.

Section 3.1: 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? (Please attach a copy of the needs assessment below if completed in the past year)

2017

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

NONE PROVIDED
Comment
NONE PROVIDED

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

No

Section 3.2: Community Needs Assessment (1 of 1)

Area of Community Need / Concern

18. Access to Long Term Care or Assisted Living

Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

- 2.1: Medicaid
- A1: Community Health Education
- 2.3: Medicare
- A3: Health Care Support Services
- B3: Scholarships/Funding for Health Professions Education
- B4: Other Health Professions Education Support
- E1: Cash Donations
- C9: Palliative Care
- F1: Physical Infrastructure Improvement
- F3: Support Systems Enhancement
- F4: Environmental Improvements
- F5: Leadership Development; Training for Community Members
- F7: Community Health Advocacy
- F8: Workforce Development

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 (\$)

14072576.00

(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	0	0	0	0%	0

(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	0	0	0	0%	5066125.00

(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 (\$)
0	0	0	0	0	0%	5066125

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	0	0	0	0%	92820.00

(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	0	0	0	0%	9000.00

(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	0	0	0	0%	0

(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	0	0	0	0%	5000.00

(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 (\$)
0	0	0	0	0	0%	106820

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 (\$)
0	0	0	0	0	0%	\$5172945

Section 5: Community Building Activities

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

14072576.00

(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	100000.00	0	100000	0.7%

(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	1000.00	0	1000	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	150000.00	0	150000	1.1%

(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	5000.00	0	5000	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	85000	0	85000	0.6%

(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	10000.00	0	10000	0.1%

(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 (%)
0	0	351000	0	351000	2.6%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)

0

Enter Medicare allowable costs of care relating to payments specified above (\$)

0

Medicare surplus (shortfall)

\$0

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

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

NONE PROVIDED

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

12914140.00

Net operating costs (\$)

14072576.00

Ratio of gross receipts from operations to net operating costs

0.918

Unreimbursed Community Benefit Costs

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

0

Other Community Benefit Costs (\$)

0

Community Building Activities (\$)

351000

Total Unreimbursed Community Benefit Expenses (\$)

351000

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

2.49%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$0

Section 8: Community Engagement in the Community Benefits Process

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
Board of Directors	Yes	Yes	Yes	Yes
Go den View Leadership Staff	Yes	Yes	Yes	Yes
Loca Churches	Yes	Yes	No	No
Loca Chambers of Commerce Emal Lists	Yes	Yes	No	No
Loca Se ectmen	Yes	Yes	No	No
Loca Home Hea th Agencies	Yes	Yes	No	No

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

Community input was so icited through a forma review conducted to identify the community needs current y being served by Go den View Hea th Care Center, data ana ysis derived from a series of ora interviews with se ected community representatives, data ana ysis derived from survey questionnaire responses provided by oca government officia s, key eaders, community-based organizations, service providers, resident fami y members and other stakeho ders. This survey was avai abe in paper and internet based formats and was distributed wide y.

Section 9: Charity Care Compliance

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

N/A

A written charity care policy is available to the public.

N/A

Any individual can apply for charity care.

N/A

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

N/A

Notice of the charity care policy is posted in lobbies.

N/A

Notice of the policy is posted in waiting rooms.

N/A

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

N/A

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

N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name **Last Name**

Rebecca *McKeown*

Title

Case Manager

Email

rmckeown@go denview.org