

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 09/01/2013

*to be filed with:*

Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397  
603-271-3591

July 2014  
**RECEIVED**

DEC 8 - 2014

CHARITABLE TRUSTS UNIT

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Birch Hill Terrace

**Street Address** 200 Alliance Way

**City** Manchester      **County** 06 - Hillsborough      **State** NH      **Zip Code** 3102

**Federal ID #** 223015416

**State Registration #** 3653

**Website Address:** [www.birchhillterrace.com](http://www.birchhillterrace.com)

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

**IF NO**, please complete and attach the Initial Filing Information Form.

**IF YES**, has any of the initial filing information changed since the date of submission?

No    **IF YES**, please attach the updated information.

**Chief Executive:** Gary Zabierek      6036456500

[gzabierek@birchhillterrace.com](mailto:gzabierek@birchhillterrace.com)

**Board Chair:** Janet Bamberg      6032062849

[janet.bamberg@moorecenter.org](mailto:janet.bamberg@moorecenter.org)

**Community Benefits**

**Plan Contact:** Kimberly Koschek      6036456500

[kkoschek@birchhillterrace.com](mailto:kkoschek@birchhillterrace.com)

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES, please complete a copy of this page for each individual organization included in this filing.**

**Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: To ensure healthy aging, Birch Hill Terrace, a not for profit continuing care retirement community, promotes an independent lifestyle, encourages community involvement, preserves individual dignity and creates a spirit of harmony, compassion, understanding, and trust.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Primarily Hillsborough County

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

Serve the General Population

**Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2006 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	602
2	603
3	608
4	
5	
6	
7	
8	
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	600
B	999
C	
D	
E	
F	
G	

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

Home Repair Assistance

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	-- -- --		
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	5 -- 7	\$4,792.00	\$4,792.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i> <i>Host 1 MSW Students</i>	5 -- 7	\$15,017.00	\$16,384.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i> <i>Rent subsidy IL</i>	1 -- 1	\$79,085.00	\$81,457.55
<i>Type of Service:</i> <i>Rent subsidy AL</i>	1 2 5	\$331,098.40	\$341,031.34
<i>Type of Service:</i> <i>Rent subsidy ICF</i>	1 2 5	\$83,508.00	\$86,013.24
<i>Type of Service:</i> <i>Benevolent Fundraising</i>	9 9 9	\$18,292	
<i>Type of Service:</i>	-- -- --		

<b>D. Research</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b>E. Financial Contributions</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Cash Donations</i>	6 -- 9	\$5,000.00	
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	6 -- 3	\$5,120.00	\$5270.00
<i>Resource Development Assistance</i>	-- -- --		

<b>F. Community Building Activities</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	9 9 9	\$725.00	\$746.75
<i>Community Health Advocacy</i>	5 -- --	\$966.00	\$994.98

<b>G. Community Benefit Operations</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Dedicated Staff Costs</i>	5 -- 3	\$650.00	
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<b>H. Charity Care</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Free &amp; Discounted Health Care Services</i>	-- -- --		

<b>I. Government-Sponsored Health Care</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	-- -- --		
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$8,957,550.00
<i>Net Revenue from Patient Services</i>	\$8,030,925.00
<i>Total Operating Expenses</i>	\$9,190,872
<i>Net Medicare Revenue</i>	
<i>Medicare Costs</i>	
<i>Net Medicaid Revenue</i>	
<i>Medicaid Costs</i>	
<i>Unreimbursed Charity Care Expenses</i>	
<i>Unreimbursed Expenses of Other Community Benefits</i>	
<i>Total Unreimbursed Community Benefit Expenses</i>	
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	

**Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Seniors Feed New Hampshire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2) Retired Senior Volunteer Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Pen Pal Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Coats for Kids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Salvation Army Kids Cafe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) United Way Community Impact Committee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) United Way Community Health Review Team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8) University of New Hampshire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) LNA Health Careers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Birch Hill Terrace encourages its residents and staff to make a difference in the Manchester community through various volunteer services. Over the past year, both staff members and residents have identified opportunities to meet the critical needs of the greater Manchester community through local volunteer agencies and activities to support these agencies. Staff members are encouraged by management to give their time to these worthy causes, and are thus given the flexibility in their work hours to participate. Residents are also encouraged to participate and given support, transportation, and use of any and all Birch Hill Terrace resources to accomplish these goals. Many of these opportunities are address most successfully when residents and staff collaborate. As a result, Birch Hill Terrace has developed a robust and varied volunteer support team that reaches out to the community on an ongoing basis.

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
The valuation of charity does not include any bad debt, receivables or revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Written charity care policy available to the public	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any individual can apply for charity care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>