

Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPW-FJ6X-R6GAN, version 1)

Details

Submitted 7/28/2023 (2 days ago) by Stephanie Irwin

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Morrison Hospital Association

State Registration #

6745

Federal ID #

02-0262504

Fiscal Year Beginning

10/01/2021

Entity Address

6 Terrace Street

Whitefield, NH 03598

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

<http://www.themorrisoncommunities.org>

Chief Executive Officer (first, last name)

First Name	Last Name
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Shannon	Lynch
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Phone Type	Number	Extension
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Business		
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Email

Board Chair (first, last name)

First Name	Last Name
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Douglas	Shearer
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Phone Type	Number	Extension
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Business		
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Email

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Stephanie	Irwin	
Title		
Finance Director		
Phone Type	Number	Extension
Business		
Email		

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

No

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

N/A

Section 2: Mission & Community Served

1. Mission Statement

The Morrison Communities is a caring and compassionate resident centered organization that extends our charitable commitment to the greater community. We commit to empowering our residents, their loved ones, and our staff to achieving their optimal well-being in a quality home like setting, expressed by mutual respect and trust.

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

- Coos
- Grafton
- Carroll

Please select service area municipalities (NH), if applicable

WHITEFIELD
BARTLETT
BERLIN
BETHLEHEM
CARROLL
COLEBROOK
COLUMBIA
CONWAY
CRAWFORDS PURCHASE
DALTON
DIXVILLE
DUMMER
ERROL
FRANCONIA
GORHAM
HARTS LOCATION
JACKSON
JEFFERSON
LANCASTER
LANDAFF
BATH
FREMONT
LISBON
LITTLETON
MILAN
MONROE
NORTHUMBERLAND
PINKHAMS GRANT
PITTSFIELD
RANDOLPH
SHELBURNE
STARK
STEWARTSTOWN
STRATFORD
SUCCESS
SUGAR HILL
WENTWORTHS LOCATION

Service Population Description

The Morrison Communities is a non-profit organization licensed in the State of NH and located in the North Country of NH that provides a full range of long-term care services on a 24/7 basis. These services include but are not limited to - skilled nursing, assisted living and memory care for elderly and disabled individuals who are unable to remain in the community independently. The Morrison Communities assisted living is a NH licensed facility providing 24/7 care for more active elderly who require less assistance. The Morrison Communities also provides premiere independent living cottages and apartments in a community designed for like-minded individuals who are 65-and-older. Built on the Morrison Community's sterling reputation of commitment to excellence, it promotes senior lifestyle choice that enhances well-being through community, autonomy and proximity to family and friends.

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)

2020

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

NONE PROVIDED

Comment

N/A

2. 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)

3. Area of Community Need / Concern

18. Access to Long Term Care or Assisted Living

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

A3: Health Care Support Services

A7: Other Community Benefit Operations

B3: Scholarships/Funding for Health Professions Education

B1: Provision of Clinical Setting for Undergraduate Education

E1: Cash Donations

E3: In-Kind Assistance

F1: Physical Infrastructure Improvement

F7: Community Health Advocacy

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 (\$)

12419513

(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	72085	0	72085	0.6%	76000

(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	2568679	2440481	128198	1%	129000

(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	2640764	2440481	200283	1.6%	205000

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	16000	0	16000	0.1%	17000

(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	900	0	900	0%	1000.00

(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	600	0	600	0%	600

(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	NaN	17500	0	17500	0.1%	18600

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	NaN	2658264	2440481	217783	1.8%	\$223600

Section 5: Community Building Activities

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

12419513

(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	257684	0	257684	2.1%

(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	2400	00	2400	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 (%)
0	NaN	260084	0	260084	2.1%

Section 6: Medicare

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

1173062

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

463663

3. Medicare surplus (shortfall)

\$709399

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 accounting system

Cost to charge ratio

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

12093134

2. Net operating costs (\$)

12419513

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

0.974

Unreimbursed Community Benefit Costs

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

200283

5. Other Community Benefit Costs (\$)

17500

6. Community Building Activities (\$)

260084

7. Total Unreimbursed Community Benefit Expenses (\$)

477867

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

3.85%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$709399

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
Common Ground	Yes	No	No	No
Whitefield VFW	Yes	No	No	No
Crochet Mountain	Yes	No	No	No
Town of Whitefield, Select Board	Yes	No	No	No
Tri-County CAP	Yes	No	No	No
Littleton Regional Hospital	Yes	No	No	No
Weeks Medical Center	Yes	No	No	No
North Country Health Consortium	Yes	No	No	No
St. Mathew's Catholic Church	Yes	No	No	No
Whitefield Elementary School	Yes	No	No	No
Veterans Administration, White River Junction VT	Yes	No	No	No
NH Bureau of Licensing and Survey	Yes	No	No	No
Hugh Gallen CTE Program	Yes	No	No	No
Morrison Family Support Group	Yes	No	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
Staff, Residents, and Family Members	Yes	No	No	No
North Country Home Health & Hospice	Yes	No	No	No
Caleb Interfaith Volunteer Caregivers	Yes	No	No	No
The Morrison Board of Trustees	Yes	No	No	No
The Morrison Attending Physicians, Consultants	Yes	No	No	No
Whitefield Historical Society	Yes	No	No	No

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

Monthly Board of Trustees Meetings
 Monthly Resident Council Meetings
 Monthly Family Support Group Meetings
 Monthly Hospice Meetings (2) Separate Agencies
 Living Room Discussions Hosted by community members at their homes
 Weekly Group and 1:1 Building Tours
 Facility-Hosted community Forums
 Participation in local Select Board Meetings
 Period Neighborhood and Coalition Meetings
 VA Conference - Employees attend Annually

Section 9: Charity Care Compliance

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

No

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.

N/A

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

N/A

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

N/A

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

Yes

Section 10: Certification

Electronic Signature

First Name

Stephanie

Last Name

Irwin

Title

Finance Director

Email



