

# Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPA-6SR5-KSAK6, version 1)

## Details

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**Submitted** 9/13/2021 (1 days ago) by Edmund Thomas Soucy

**Alternate Identifier** Tayor Community

**Submission ID** HPA-6SR5-KSAK6

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

**For Fiscal Year Beginning**

5/1/2020

**Organization Name**

Tayor Community

**Street Address**

435 Union Ave

Laconia, New Hampshire 03246

**Federal ID #**

020222149

**State Registration #**

1307

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

<http://www.tayorcommunity.org>

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

Yes

**Chief Executive**

**First Name**      **Last Name**

Michae              *Flaherty*

**Phone Type**    **Number**          **Extension**

Business          6033661219

**Email**

[REDACTED]

## Board Chair

<b>First Name</b>	<b>Last Name</b>	
David	Pearlman	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Other	[REDACTED]	
<b>Email</b>	[REDACTED]	

## Community Benefits Plan Contact

<b>First Name</b>	<b>Last Name</b>	
Mark	Latham	
<b>Title</b>	Vice President Clinical Operations and Administrator	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6033661275	
<b>Email</b>	[REDACTED]	

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

No

## Section 2: Mission & Community Served

### Mission Statement

It is the mission of Taylor Community to provide the highest quality retirement living options and elder services, in order to support the independence, health and dignity of Community Residents.

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?

Yes

### Service Population Description

Seniors aged 62 and older

## 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)

2020

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

[Lakes Region Community Health Needs Assessment 2020.pdf - 09/13/2021 09:39 AM](#)

### Comment

NONE PROVIDED

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

Yes

## **Section 3.2: Community Needs Assessment (1 of 2)**

### **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.**

B3: Scholarships/Funding for Health Professions Education

1: Financial Assistance

E1: Cash Donations

F3: Support Systems Enhancement

F5: Leadership Development; Training for Community Members

### **Brief description of major strategies or activities to address this need (optional)**

Planned expansion of assisted living, memory care and nursing care options for seniors. Expansion of independent living options for seniors.

## **Section 3.2: Community Needs Assessment (2 of 2)**

### **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.**

C7: Subsidized Continuing Care

A3: Health Care Support Services

A4: Other Community Health Improvement Services

### **Brief description of major strategies or activities to address this need (optional)**

Planned expansion of assisted living, memory care and nursing care options for seniors. Expansion of independent living options for seniors.

## **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**

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### **Total Functional Expenses for the Reporting Year (\$)**

19142380

### **(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	1767499	0	1767499	9.2%	1800000

**(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%	0

**(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	1767499	0	1767499	9.2%	1800000

**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%	0

**(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	10890	0	10890	0.1%	10000

**(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 (\$)
2	NONE PROVIDED	3000	0	3000	0%	20000

**(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 (\$)
2	0	13890	0	13890	0.1%	30000

**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 (\$)
2	0	1781389	0	1781389	9.3%	\$1830000

**Section 5: Community Building Activities****Total expense (\$; entered at top of Section 4)**

19142380

**(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	0	0	0	0%

**(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	74301	0	74301	0.4%

**(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	437	0	437	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	0	0	0	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	0	74738	0	74738	0.4%

**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.

Tay or Community does not participate in the Medicare program

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

## Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

18082618

Net operating costs (\$)

19142380

Ratio of gross receipts from operations to net operating costs

0.945

### Unreimbursed Community Benefit Costs

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

1767499

Other Community Benefit Costs (\$)

13890

Community Building Activities (\$)

74738

Total Unreimbursed Community Benefit Expenses (\$)

1856127

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

9.7%

### Other Community Benefits (optional)

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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:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Concord Hospita Laconia	Yes	Yes	Yes	Yes
Centra New Hampshire VNA and Hospice	Yes	Yes	Yes	Yes

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Lakes Region Partnership for Pub ic Hea th	Yes	Yes	Yes	Yes
Hea thFirst Fami y Care Center	Yes	Yes	Yes	Yes

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

Surveys of community resident via socia media, e-mai distribution and website links and direct e-mai survey of community eaders representing mu tip e community sectors, discussions groups and a review of demographics and hea th status indicators

**Section 9: Charity Care Compliance**

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

Yes

**A written charity care policy is available to the public.**

Yes

**Any individual can apply for charity care.**

Yes

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

Yes

**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.**

No

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

No

**Section 10: Certification Contact**

**Name of Person Submitting the Community Benefits Report**

**First Name**      **Last Name**

Edmund              Soucy

**Title**

VP - Finance

**Email**

esoucy@tayorcommunity.org

**Attachments**

Date	Attachment Name	Context	Confidential?	User
9/13/2021 9:39 AM	Lakes Region Community Hea th Needs Assessment 2020.pdf	Attachment	No	Edmund Soucy