

# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPT-B9RK-VGVW8, version 1)

## Details

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**Submitted** 5/2/2023 (0 days ago) by Brent Edgerton

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## Form Input

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### Section 1: Entity Information

**Entity Name**

Kendal at Hanover

**State Registration #**

5156

**Federal ID #**

020519490

**Fiscal Year Beginning**

01/01/2022

**Entity Address**

67 Cummings Road

Hanover, New Hampshire 037551218

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

<http://www.kah.kendal.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name
Beth	Vettori

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

[REDACTED]

**Board Chair (first, last name)**

First Name	Last Name
Lib	Maloney

Phone Type	Number	Extension
Home	[REDACTED]	

**Email**

[REDACTED]

**Community Benefits Plan - Contact (first, last name)**

**First Name**      **Last Name**

Brent                      Edgerton

**Title**

Chief Financial Officer

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

Business



**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)?**

No

**Section 2: Mission & Community Served**

**1. Mission Statement**

Kendal at Hanover is a not-for-profit continuing care retirement community characterized by mutual respect, integrity and a concern for each other's welfare that fosters the independence, vitality, health and security of older persons and in which residents and staff may exercise their talents in a supportive environment.

Vision Statement: Kendal at Hanover is a community inspired by a high regard for the worth and dignity of each person. We value affirmative relationships among residents, staff and Board members as together we improve our quality of life, attract new residents and foster individual growth and personal development. We offer the services needed to ensure a vigorous independence. We acknowledge this independence by conducting our business in a manner that includes our entire constituency and respects all opinions. We seek to ensure a diversity of ages over 62 and that we are economically, culturally and racially inclusive. The Quaker values of our founders continue as living forces for us, through the creation of a cheerful, open, and positive environment and through our continuing alliance with The Kendal Corporation and our fellow Kendal affiliates.

Kendal at Hanover is financially sound and practices flexibility in the development and implementation of contractual arrangements, exercises imaginative leadership in care of the aging, and maintains a mix of residents with varying needs for support. We provide for supportive services, health care, leadership in issues dealing with end-of-life care, and activities to meet recreational needs, both as a way to preserve wellness and as a symbol of life here.

Kendal at Hanover seeks to be a good neighbor, with both the organization and its individual members contributing to activities of the area. We seek to cooperate with other service institutions and agencies, especially in matters relating to housing and health for the aging. We seek to be an exemplary employer. In a still wider context, on our own and in concert with others, we seek to take an active role in local, state, regional, and national leadership in geriatric service benefiting the broader society.

**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?**

Yes

**Service Population Description**

Kendal at Hanover serves approximately 397 residents who have life care contracts. Based upon the origin of residents currently residing at Kendal at Hanover, the primary market area can be defined as the Upper Valley Lake Sunapee Region, an area that spans the state line of New Hampshire and Vermont and is situated along the Connecticut River. Approximately 40% of the resident population previously lived within a twenty-mile radius of our community. Other areas of New Hampshire and Vermont are viewed as a secondary market area because an additional 30% of the resident population originated from these locations. Of the remaining residents, approximately 12% came from New York State, 7% from Massachusetts, 5% from Connecticut, 3% from Maine, and 3% from Pennsylvania.

## **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)**

The last community needs assessment was conducted in Calendar Year 2009.

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

NONE PROVIDED

**Comment**

There was no needs assessment that was completed in the past year.

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

Yes

## **Section 3.2: Community Needs Assessment (1 of 5)**

**3. Area of Community Need / Concern**

1. Financial Barriers to Care; Cost of Care / Insurance

**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

E3: In-Kind Assistance

E1: Cash Donations

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

Kendal at Hanover, over the years, has developed philanthropic fund-raising donations from largely residents and their family members for financial assistance to help subsidize residents who demonstrate a financial need for any number of services and amenities that our community offers our residents through our continuum of care.

## **Section 3.2: Community Needs Assessment (2 of 5)**

**3. Area of Community Need / Concern**

17. Access to Home Health Care

**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.**

C7: Subsidized Continuing Care

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

Kendal at Hanover, over the years, has developed philanthropic fund-raising donations from largely residents and their family members for financial assistance to help subsidize residents who demonstrate a financial need for any number of services and amenities that our community offers our residents through our continuum of care.

## **Section 3.2: Community Needs Assessment (3 of 5)**

**3. Area of Community Need / Concern**

16. Aging Population / Senior Services

**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.**

2.3: Medicare

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

Kendal at Hanover is no longer a participant in the Medicare Program as of December 1, 2020.

**Section 3.2: Community Needs Assessment (4 of 5)**

**3. Area of Community Need / Concern**

27. Healthy Eating / Nutrition / Food Insecurity

**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.**

A1: Community Health Education

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (5 of 5)**

**3. Area of Community Need / Concern**

34. Education / Job Training

**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.**

B4: Other Health Professions Education Support

**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 (\$)**

32830836

**(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	96596	0	96596	0.3%	98000

**(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	96596	0	96596	0.3%	98000

**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	18938	0	18938	0.1%	20000

**(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	8000	0	8000	0%	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	5396	0	5396	0%	10000

**(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	41889	0	41889	0.1%	45000

**(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	74223	0	74223	0.2%	85000

**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	170819	0	170819	0.5%	\$183000

**Section 5: Community Building Activities**

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

32830836

**(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	1232315	0	1232315	3.8%

**(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	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	1232315	0	1232315	3.8%

## **Section 6: Medicare**

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

NONE PROVIDED

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

NONE PROVIDED

**3. Medicare surplus (shortfall)**

\$NaN

**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:**

NONE PROVIDED

## **Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**

31980197

**2. Net operating costs (\$)**

32830836

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

0.974

### **Unreimbursed Community Benefit Costs**

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

96596

**5. Other Community Benefit Costs (\$)**

74223

**6. Community Building Activities (\$)**

1232315

**7. Total Unreimbursed Community Benefit Expenses (\$)**

1403134

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

4.27%

### **Other Community Benefits (optional)**

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

NONE PROVIDED

**2. Medicare Shortfall (\$)**

\$NaN

## **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
None	No	No	No	No

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

Kendal at Hanover has not participated directly in a community needs assessment in the wider local community since 2009.

**Section 9: Charity Care Compliance**

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

Yes

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

No

**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.**

N/A

**Section 10: Certification**

**Electronic Signature**

**First Name**    **Last Name**

Brent            *Edgerton*

**Title**

*Chief Financial Officer*

**Email**



**NHCT-31 (September 2022)**