Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPS-3XGA-1653T, version 1)

Details

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Form Input

Section 1: Entity Information

Entity Name
Metro Health Foundation of NH, Inc.

State Registration #
15242

Federal ID #
020502466

Fiscal Year Beginning
01/01/2023

Entity Address

19 NH Route 104

Meredith, NH 03253

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

Chief Executive Officer (first, last name)

First Name	**Last Name**	
Jeanne	*Sanders*	
Phone Type	**Number**	**Extension**
Business	▇▇▇▇	
Email		
▇▇▇▇▇▇▇		

Board Chair (first, last name)

First Name	**Last Name**	
Mary	*Flynn*	
Phone Type	**Number**	**Extension**
Business	▇▇▇▇	
Email		
▇▇▇▇▇▇▇		

Community Benefits Plan - Contact (first, last name)

First Name   **Last Name**
Rosemary   *Simino*

Title
Nursing Home Administrator

Phone Type   **Number**   **Extension**
Business   ███████████

Email
██████████████████

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

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

Section 2: Mission & Community Served

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

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
Belknap
Carroll
Coos
Grafton
Hillsborough
Merrimack
Rockingham
Sullivan

Please select service area municipalities (NH), if applicable
ALEXANDRIA
ALLENSTOWN
ALTON
BARNSTEAD
BELMONT
BRISTOL
CAMPTON
CENTER HARBOR
CLAREMONT
CONCORD
CONWAY
DEERFIELD
FRANKLIN
GILFORD
GILMANTON
HOLDERNESS
LACONIA
MEREDITH
MOULTONBOROUGH
NEW HAMPTON
NORTHFIELD
OSSIPEE
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

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)
2022

Please attach a copy of the needs assessment if completed in the past year
NONE PROVIDED
Comment
NONE PROVIDED

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 4)

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.
2.1: Medicaid
2.3: Medicare

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 4)

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.
A5: Dedicated Staff costs
F1: Physical Infrastructure Improvement
F3: Support Systems Enhancement
F4: Environmental Improvements

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 4)

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.
A1: Community Health Education
A5: Dedicated Staff costs
B1: Provision of Clinical Setting for Undergraduate Education
B3: Scholarships/Funding for Health Professions Education
B4: Other Health Professions Education Support
F8: Workforce Development
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 4)

3. Area of Community Need / Concern
23. Dementia, including Alzheimer�s Disease

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.
A3: Health Care Support Services
C9: Palliative Care
A2: Community-Based Clinical Services
A5: Dedicated Staff costs

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 ($)
12832830

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
0	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%	5133132

(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%	5133132

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%	105000

(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%	35000

(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%	6000

(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%	146000

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%	$5279132

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
12832830

(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	75000	0	75000	0.6%

(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	5000	0	5000	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	50000	0	50000	0.4%

(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	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	50000	0	50000	0.4%

(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	30000	0	30000	0.2%

(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	215000	0	215000	1.9%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
3030287

2. Medicare allowable costs of care relating to payments specified above ($)
2566566

3. Medicare surplus (shortfall)
$463721

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 ($)
12516338

2. Net operating costs ($)
12832830

3. Ratio of gross receipts from operations to net operating costs
0.975

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
0

5. Other Community Benefit Costs ($)
0

6. Community Building Activities ($)
215000

7. Total Unreimbursed Community Benefit Expenses ($)
215000

8. Net community benefit costs as a percent of net operating costs (%)
1.68%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
0

2. Medicare Shortfall ($)
$463721

Section 8: Community Engagement in the Community Benefits Process

1. 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
Meredith Area Chamber of Commerce and Lakes Region Chamber of Commerce	Yes	Yes	No	No
Local churches	Yes	Yes	No	No
Meredith Rotary Club	Yes	Yes	No	No
Meredith Altrusa	Yes	Yes	No	No
Historical societies	Yes	Yes	No	No
Greater Meredith business leaders	Yes	Yes	No	No
GVHCC Facebook followers	Yes	Yes	No	No
Family and friends of current GVHCC residents and guests	Yes	Yes	No	No
Local selectmen	Yes	Yes	No	No
Local Visiting Nurse Associations and Home Health agencies	Yes	Yes	No	No
Hospital care managers	Yes	Yes	No	No
GVHCC attending physicians and other health care professionals	Yes	Yes	No	No
GVHCC Board of Directors	Yes	Yes	No	No
Community Action Program Belknap-Merrimack Counties	Yes	Yes	No	No
Local senior centers	Yes	Yes	No	No
Inter-Lakes School Board	Yes	Yes	No	No

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

Community input was solicited through a formal review conducted to identify the community needs currently being served by Golden View Health Care Center and by data analysis derived from survey questionnaire responses provided by local government officials, key leaders, community-based organizations, service providers, resident family members and other stakeholders. This survey was available in paper and internet based formats and was distributed widely.

Section 9: Charity Care Compliance

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

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

3. Any individual can apply for charity care.
N/A

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

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**
Rebecca	*McKeown*

Title
Case Manager

Email
████████████████████

NHCT-31 (September 2022)