COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 01/01/2017

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

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Metro Health Foundation of NH, Inc

d/b/a Golden View Health Care Center and The Inn at Golden View

Street Address 19 NH Route 104

City Meredith   **County 01 - Belknap**   **State NH Zip Code 03253**

Federal ID # -020502466   **State Registration # 15242**

Website Address: www.goldenview.org

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

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:	Jeanne Sanders, CEO	6032798111	jeanne@goldenview.org
Board Chair:	Dr. Craig Markert, MD	6032798111	info@goldenview.org
Community Benefits			
Plan Contact:	Jeanne Sanders	6032798111	jeanne@goldenview.org

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: 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.
Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? 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):
Geographically our catchment area includes the towns of Meredith, Center Harbor, Moultonborough, Sandwich, New Hampton, Bristol, Hebron, Laconia, Holderness, Ashland, Plymouth, Campton and Thornton. Residents from these towns are given priority access; however this geographical area is not an inclusive demographic characteristic of the population served by the Golden View Health Care Center. More specifcally, individuals from other communities also seek the distinctive and quality services available, particularly those with local family members that are able to provide additional emotional and social support.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):
The majority of individuals receiving health care and support services at our Golden View Community are seniors, older adults and their families 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, but depend on assistance and/or health care services. Furthermore, for over 40 years Golden View Health Care Center has been facilitating community connections and building relationships with other local community based organizations. Golden View currently collaborates with over 110 local organizations ranging from spiritual and religious, arts and entertainment, children and educational, health, wellness and support, and social and general community organizations. Lastly, or continuing effort to cultivate relationships with government and leaders at the local and state level has enabled our leadership staff to advocate for quality health care initiatives on behalf of current and future residents, and in turn for the well-being of the community-at-large.

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?
2017 *(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	101
2	125
3	507
4	603
5	372
6	120
7	126
8	999
9	330

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	341
B	522
C	321
D	530
E	300
F	601
G	322

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

Through the needs assessment and community engagement process, Golden View Health Care Center has outlined the priority needs and health concerns determined by our fellow community members. In addition, our local Board of Directors and leadership staff have identified seven (7) essential needs and services, listed above, deserving attention and resource allocation. In the recent fiscal year, Golden View has purposefully allocated resources and provided new services

in the areas of : Community Health Education and Other via free seminars on a variety of health related topics and monthly Alzheimer's Support Group meetings. Golden View also expanded hospice options by offering residents the choice between three providers -- NANA, Compassus, and Central NH VNA & Hospice. Golden View addressed Educational Attainment via free and subsidized educational seminars designed for health care professionals, ongoing CEUs for current staff, hosting LNA classes, and establishing nursing education scholarships; Local Emergency Response via in-house practice drills, collaboration with local and regional emergency response teams; Availability of Physical/Occupational Therapy via an expanded short term post-hospital rehabilitation program. In 2014, Golden View addressed the community's need for Availability of Long Term Care or Assisted Living by renovating part of the traditional nursing home facility and adding 26 brand new private assisted living suites featuring enhanced amenities and services for our more independent residents.

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).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	E F 5	$2,000.00	$2,000.00
Community-based Clinical Services	E 8 --	$0.00	$0.00
Health Care Support Services	8 F 9	$9,000.00	$13,000.00
Other:	-- -- --		

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training	D C 2	$7,500.00	$8,000.00
Intern/Residency Education	D C 2	$1,500.00	$0.00
Scholarships/Funding for Health Professions Ed.	D 5 C	$3,500.00	$3,500.00
Other:	D E 8	$2,500.00	$2,500.00

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Type of Service:	-- -- --		
Type of Service:	-- -- --		
Type of Service:	-- -- --		
Type of Service:	-- -- --		
Type of Service:	-- -- --		

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research	-- -- --	$0.00	$0.00
Community Health Research	-- -- --	$0.00	$0.00
Other:	-- -- --	$0.00	$0.00

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations	C 5 Other	$5,850.00	$8,000.00
Grants	-- -- --	$0.00	$0.00
In-Kind Assistance	-- -- --	$9,000.00	$9,000.00
Resource Development Assistance	2 G Other	$0.00	$0.00

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure Improvement	-- F --	$0.00	$500,000.00
Economic Development	D F Other	$1,500.00	$1,500.00
Support Systems Enhancement	B 4 7	$5,000.00	$5,000.00
Environmental Improvements	F Other --	$15,000.00	$50,000.00
Leadership Development; Training for Community Members	D F C	$13,500.00	$17,000
Coalition Building	F 5 C	$7,500.00	$7,500.00
Community Health Advocacy	9 E F	$88,979.00	$90,000

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs	2　E　5	$72,540.00	$72,540.00
Community Needs/Asset Assessment	--　--　--	$0.00	$0.00
Other Operations	--　--　--	$1,000.00	$1,000.00

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	--　--　--	$0.00	$0.00

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs exceeding reimbursement	G　9　--	$0.00	$0.00
Medicaid Costs exceeding reimbursement	G　9　--	$2,433,753.00	$2,600,000.00
Other Publicly-funded health care costs exceeding reimbursement	--　--　--	$0.00	$0.00

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount
Gross Receipts from Operations	$13,047,253.00
Net Revenue from Patient Services	$12,986,483.00
Total Operating Expenses	$12,370,791.00
Net Medicare Revenue	$5,413,400.00
Medicare Costs	$3,451,600.00
Net Medicaid Revenue	$2,974,000.00
Medicaid Costs	$4,930,858.00
Unreimbursed Charity Care Expenses	
Unreimbursed Expenses of Other Community Benefits	
Total Unreimbursed Community Benefit Expenses	
Leveraged Revenue for Community Benefit Activities	
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

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.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Meredith Area Chamber of Commerce and Lakes Region Chamber of Commerce	☒	☒	☐	☐
2) Area churches and temples	☒	☒	☐	☐
3) Meredith Rotary Club	☒	☒	☐	☐
4) Meredith Altrusa	☒	☒	☐	☐
5) Historical societies	☒	☒	☐	☐
6) Greater Meredith business leaders	☒	☒	☐	☐
7) GVHCC Facebook followers	☒	☒	☐	☐
8) GVHCC email newsletter subscribers	☒	☒	☐	☐
9) Current residents of GVHCC	☒	☒	☐	☐
10) Family and friend of current GVHCC residents and guests	☒	☒	☐	☐
11) Previous GVHCC short-stay rehabilitation guests	☒	☒	☐	☐
12) Selectmen: Meredith, New Hampton	☒	☒	☐	☐
13) Visiting Nurse Association: Lakes Region, Central NH VNA & Hospice, Pemi Baker Community Health & Hospice, Newfound Area Nursing Association	☒	☒	☐	☐
14) Hospital care managers	☒	☒	☐	☐
15) GVHCC attending physicians, consulting specialists, other health care professionals	☒	☒	☒	☒
16) Members of GVHCC Board of Directors	☒	☒	☒	☒
17)	☐	☐	☐	☐
18)	☐	☐	☐	☐
19)	☐	☐	☐	☐
20)	☐	☐	☐	☐
21)	☐	☐	☐	☐
22)	☐	☐	☐	☐
23)	☐	☐	☐	☐
24)	☐	☐	☐	☐
25)	☐	☐	☐	☐

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Our most current community needs assessment was conducted in 2017. For this assessment community input was solicied in three (3) ways: (1) A formal review was conducted to identify the community needs currently being served by Golden View Health Care Center; (2) data analysis derived from a series of oral interviews with selected community representatives; (3) data analysis derived from survey questionaire reponses 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.

Golden View Health Care Center understands that the demographics and needs that loosely define the resident population and the community we serve may change over time. Through ongoing solicited input from a variety of local, state and federal sources, Golden View Health Care Center continually monitors the community's current health care needs and forecasts to prepare for future needs when possible. Furthermore, the longstanding partnerships Golden View Health Care Center has built with community based organizations and other local charitable trusts serves as another source for information important to the health and well being of our residents and the community at large. Specifically, the exchange of information related to observed shifts in trending data related to health care and professional support service needs, allows us to be responsive and offers the opportunity to re-evaluate the services we currently provide and determine if these needs can be met by Golden View Health Care Center or in partnership with another organization offering complementary services. Lastly, Golden View Health Care Center is governed by a Board of Directors composed of local community members, health care and financial professionals, guiding the organization in accordance to its mission and its fiduciary responsibility as a community based not-for-profit organization.

Section 7: <u>**CHARITY CARE COMPLIANCE**</u>

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

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General
101 - Access to Care; Financial Barriers
102 - Access to Care; Geographic Barriers
103 - Access to Care; Language/Cultural Barriers to Care
120 - Availability of Primary Care
121 - Availability of Dental/Oral Health Care
122 - Availability of Behavioral Health Care
123 - Availability of Other Medical Specialties
124 - Availability of Home Health Care
125 - Availability of Long Term Care or Assisted Living
126 - Availability of Physical/Occupational Therapy
127 - Availability of Other Health Professionals/Services
128 - Availability of Prescription Medications

200 - Maternal & Child Health; General
201 - Perinatal Care Access
202 - Infant Mortality
203 - Teen Pregnancy
204 - Access/Availability of Family Planning Services
206 - Infant & Child Nutrition
220 - School Health Services

300 - Chronic Disease – Prevention and Care; General
301 - Breast Cancer
302 - Cervical Cancer
303 - Colorectal Cancer
304 - Lung Cancer
305 - Prostate Cancer
319 - Other Cancer
320 - Hypertension/HBP
321 - Coronary Heart Disease
322 - Cerebrovascular Disease/Stroke
330 - Diabetes
340 - Asthma
341 - Chronic Obstructive Pulmonary Disease
350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General
361 - Immunization Rates
362 - STDs/HIV
363 - Influenza/Pneumonia
364 - Food borne disease
365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General
371 - Suicide Prevention
372 - Child and adolescent mental health
372 - Alzheimer's/Dementia
373 - Depression
374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues
401 - Youth Alcohol Use
402 - Adult Alcohol Use
403 - Youth Drug Use
404 - Adult Drug Use
405 - Youth Tobacco Use
406 - Adult Tobacco Use
407 - Access/Availability of Alcohol/Drug Treatment

420 - Obesity
421 - Physical Activity
422 - Nutrition Education
430 - Family/Parent Support Services

500 – Socioeconomic Issues; General
501 - Aging Population
502 - Immigrants/Refugees
503 - Poverty
504 - Unemployment
505 - Homelessness
506 - Economic Development
507 - Educational Attainment
508 - High School Completion
509 - Housing Adequacy

520 - Community Safety & Injury; General
521 - Availability of Emergency Medical Services
522 - Local Emergency Readiness & Response
523 - Motor Vehicle-related Injury/Mortality
524 - Driving Under Influence
525 - Vandalism/Crime
526 - Domestic Abuse
527 - Child Abuse/Neglect
528 - Lead Poisoning
529 - Work-related injury
530 - Fall Injuries
531 - Brain Injury
532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need