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# Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HP7-GFHX-2KTZX, version 1)

## Details

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**Submitted** 3/31/2021 (0 days ago) by Rebecca McKeown

**Alternate Identifier** Metro Health Foundation of NH, Inc

**Submission ID** HP7-GFHX-2KTZX

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

#### For Fiscal Year Beginning

1/1/2021

#### Organization Name

Metro Health Foundation of NH, Inc

#### Street Address

19 NH Route 104  
Meredith, NH 03253

#### Federal ID #

020502466

#### State Registration #

15242

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

http://www.goldenview.org

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

Yes

#### Chief Executive

First Name	Last Name
Jeanne	Sanders

Phone Type	Number	Extension
Business	6032798111	

Email
jeanne@goldenview.org

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Mary	<i>Flynn</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6032798111	
<b>Email</b>		
info@goldenview.org		

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Rosemary	<i>Simino</i>	
<b>Title</b>		
<i>Nursing Home Administrator</i>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6032798111	
<b>Email</b>		
rsimino@goldenview.org		

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

No

**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

**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?**

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  
ASHLAND  
BARNSTEAD  
BELMONT  
BRISTOL  
CAMPTON  
CENTER HARBOR  
CLAREMONT  
CONWAY  
CONCORD  
DEERFIELD  
FRANKLIN  
GILFORD  
GILMANTON  
HOLDERNESS  
LACONIA  
MEREDITH  
MOULTONBOROUGH  
NEW HAMPTON  
NORTHFIELD  
OSS�PEE  
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**

**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)**

2017

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

NONE PROVIDED

**Comment**

NONE PROVIDED

**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)**

**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.**

- 2.1: Medicaid
- A1: Community Health Education
- 2.3: Medicare
- A3: Health Care Support Services
- B3: Scholarships/Funding for Health Professions Education
- B4: Other Health Professions Education Support
- E1: Cash Donations
- C9: Palliative Care
- F1: Physical Infrastructure Improvement
- F3: Support Systems Enhancement
- F4: Environmental Improvements
- F5: Leadership Development; Training for Community Members
- F7: Community Health Advocacy
- F8: Workforce Development

**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 (\$)**

14072576.00

**(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	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%	5066125.00

**(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%	5066125

**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%	92820.00

**(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%	9000.00

**(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	0	0	0	0%	5000.00

**(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%	106820

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%	\$5172945

**Section 5: Community Building Activities**

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

14072576.00

**(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	100000.00	0	100000	0.7%

**(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	1000.00	0	1000	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	150000.00	0	150000	1.1%

**(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	5000.00	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	85000	0	85000	0.6%

**(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	10000.00	0	10000	0.1%

**(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	351000	0	351000	2.6%

**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.

NONE PROVIDED

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**

Gross Receipts from Operations (\$)

12914140.00

Net operating costs (\$)

14072576.00

Ratio of gross receipts from operations to net operating costs

0.918

**Unreimbursed Community Benefit Costs**



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

0

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

0

**Community Building Activities (\$)**

351000

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

351000

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

2.49%

**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**

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Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Board of Directors	Yes	Yes	Yes	Yes
Golden View Leadership Staff	Yes	Yes	Yes	Yes
Local Churches	Yes	Yes	No	No
Local Chambers of Commerce Email Lists	Yes	Yes	No	No
Local Selectmen	Yes	Yes	No	No
Local Home Health Agencies	Yes	Yes	No	No

**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, data analysis derived from a series of oral interviews with selected community representatives, 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**

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

N/A

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

N/A

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

N/A

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

N/A

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.

N/A

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

N/A

## Section 10: Certification Contact

### Name of Person Submitting the Community Benefits Report

**First Name**    **Last Name**

Rebecca        *McKeown*

**Title**

*Case Manager*

**Email**

rmckeown@goldenview.org

## Status History

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	User	Processing Status
3/26/2021 1:27:49 PM	Rebecca McKeown	Draft
3/31/2021 10:40:00 AM	Rebecca McKeown	Submitting
3/31/2021 10:40:16 AM	Rebecca McKeown	Submitted

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Rebecca McKeown	3/31/2021 10:40:16 AM