A Guide for Planning & Reporting Community Benefit

Supplemental Chapter: Social Accountability and the Long-Term Care Continuum

A supplement to *A Guide for Planning and Reporting Community Benefit*

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This is an online only resource.

CHA
Catholic Health Association of the United States

This electronic supplement is free of charge.

CHA's *Guide for Planning and Reporting Community Benefit* is available in hardcopy or PDF formats. CHA members can access a free PDF of the entire guide by logging in to the member side of the CHA website and going to www.chausa.org/guideresources/.

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Supplemental Chapter Photograph:
Diane Ryan (page 2), a Resurrection Home Health Services long-term care program participant walks with Ben Moran, one of 40 volunteers who through this program provides companionship and emotional support to socially isolated seniors in the greater Chicago area so that they may live independently, in their own homes, for as long as possible.

The Catholic Health Association (CHA), the national organization representing the Catholic health ministry, has been a leader in community benefit for over 20 years. Visit CHA's website at www.chausa.org/communitybenefit for the latest community benefit news and resources that not-for-profit health care organizations can use to develop and deliver more effective community benefit programs.

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To obtain ordering information, please contact the CHA Service Center at (800) 230-7823.

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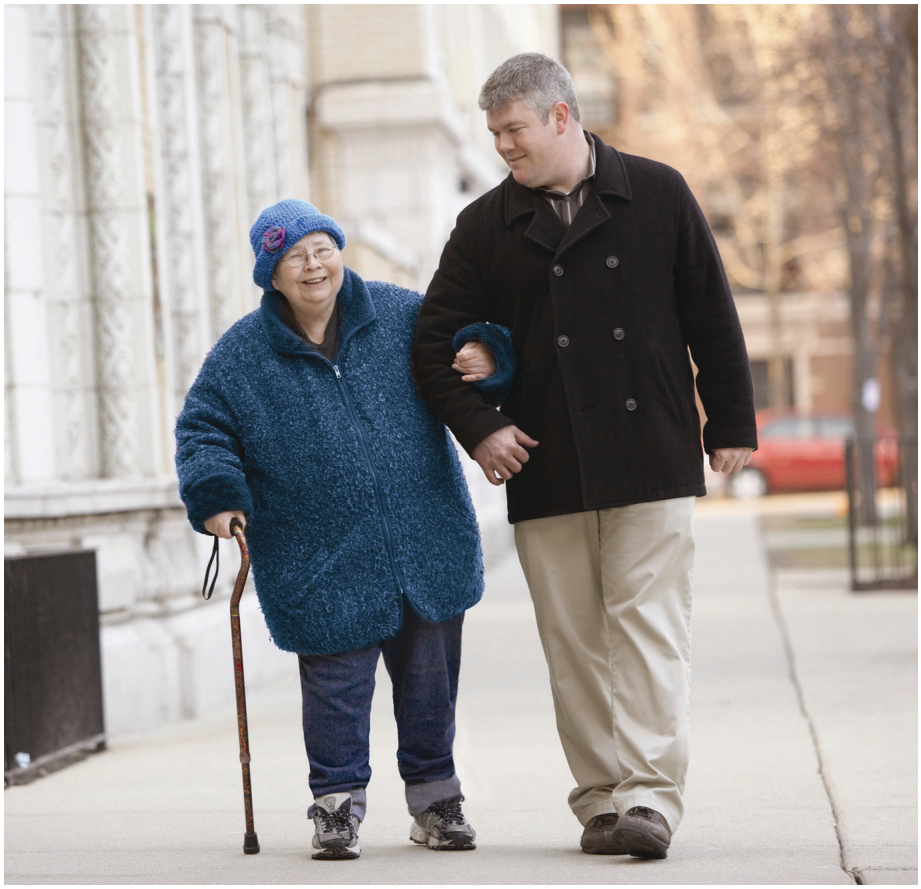
Social Accountability and the Long-Term Care Continuum

A community benefit framework for long-term care, assisted and independent living facilities, housing programs and other non-acute care providers across the continuum.



See page 1 to learn more about the community benefit program shown above.

Introduction

Long-term care organizations may not need to implement all aspects of the community benefit framework outlined in the Catholic Health Association's *A Guide for Planning & Reporting Community Benefit.* As an alternative, the Catholic Health Association has worked with LeadingAge, a national association of not-for-profit organizations that serve seniors, to create a streamlined process, which is documented in this resource.

In this resource you will learn how to:

- Get started.
- Develop a plan.
- Provide and monitor services.
- Evaluate community benefit services.
- Tell your story.

Long-term care, assisted and independent living communities, housing programs and other non-acute care providers across the continuum should engage in community benefit programs because:

- They are community benefit organizations, with origins rooted in community need.
- Communities need the contributions these organizations can make.
- Facilities that are part of hospitals or long-term care health care systems need to provide information for system-wide community benefit summaries.
- Organizations need to demonstrate their eligibility for preferential tax status.

IRS NOTE

The basis of long-term care facility federal tax-exemption is found in IRS Revenue Ruling 72-124, which calls for the organization to satisfy three primary needs of older people: the need for housing, the need for health care and the need for financial assistance.

Guideline 1
Get started

Engage the board

The organization's board leaders should support the community benefit program. The CEO should consider:

- Discussing community benefits with the board chair.
- Developing a board of trustees' agenda to orient the board, and briefing members on plans to address community benefit.
- Exploring a social accountability mission statement.

Engage senior staff and residents

The program will also need the support and participation of the senior staff. Schedule a meeting with the administrator/CEO and senior staff to:

- Raise awareness of the need for a community benefit program.
- Review mission statements, charity care and discounting policies, strategic plans and any written information available on community need.
- Discuss knowledge of unmet community needs.
- Form a community benefit team and identify a team leader.

Residents may also be interested in the social accountability program and how they can contribute to the organization's community services role. Consider:

- Meeting with resident or family councils to discuss the plans and activities.
- Keeping residents and families informed about plans and activity.
- Exploring with residents how they can participate, including exploring opportunities for community services.

Budget for community benefit activities

Community benefit programs and services will require some human and financial resources. The community benefit team should:

- Estimate the financial resources that will be needed and are available.
- Estimate staffing and volunteer needs.

ENGAGE LEADERSHIP
A faith-based long term care organizations asks each senior staff member to lead one community benefit activity each year to demonstrate commitment to mission.

Guideline 2
Develop a plan

Integrate the community benefit plan into the organization's strategic and operational plan. As the community benefit plan is developed, be sure to have ongoing interaction with those responsible for other organizational plans. To develop the community benefit plan, the community benefit team should:

Define the community or population

In defining the community for the community plan, your organization may focus on:

- The entire town/city.
- The neighborhood.
- Only older persons in the geographic area.
- Persons living with disabilities.

This resource uses the word "community" to mean the geographic area and the population served where the organization is located. It does not refer to the campus or the residents served by the long-term care organization, which in other contexts may be considered the organization's community.

Identify community need

- Collect information from local agencies on aging, the United Way and the local health department. Also hold discussions with staff, particularly those involved with admissions and discharge.
- Consult with community leaders, members and groups.
- Invite staff members to suggest programs that would address community need.
- Invite residents and their families to suggest programs that would address a community need they have observed or experienced.

Set priorities

Among the needs uncovered, decide which to recommend for action. Consider:

- Tie-in with the organization's mission and values.
    - For example, older persons are a priority for most senior living communities. Organizations with a value related to hospitality may make rooms available for the use of community groups. Those whose mission includes innovation could collaborate with a university research program.
- Experience and expertise.
    - Build on an existing service or area of expertise. For example, an organization with an outstanding memory care unit could hold community education programs on Alzheimer's disease.
- Strategic priorities of the organization.
    - Examine the organization's strategic plan for suggested community activity. For example, if the facility is developing a dementia unit, its community benefit could be to offer educational sessions for community caregivers on approaches for this population.
- Concern for low-income or vulnerable persons.
    - At least one community benefit program should target or include low-income persons or those particularly vulnerable because of frailty, disability or mental health needs.
- Programs that address a particular concern of the community.
    - In discussions with community members, assess and respond to those needs of greatest concern.

Present the plan to executive and board leadership

Describe:

- Community being served.
- Community needs.
- Activities to be continued or planned to address needs.

- Collaborative efforts planned with community.
- The community benefit program budget.
- How the program's effectiveness will be evaluated.

Guideline 3
Provide, monitor and report services

See Definitions of Community Benefit Services at the end of this resource for a comprehensive list of services.

Categories of services include:

- Free and discounted care to persons who are unable to pay.
- Subsidized care of Medicaid beneficiaries.
- Community health activities, including:
    - Health education, such as workshops and health fairs.
    - Community health activities, such as free clinics and screening programs.
    - Community support activities, such as home-delivered meals and pastoral care outreach.
    - Support groups and self-help programs, such as bereavement services and smoking cessation clinics for community members.
    - Health professional education for nursing, medical, social work or other students.
    - Educational support, such as offering internships, scholarships and financial assistance to community members. Note: Educational assistance to staff members is not considered a community benefit. However, assistance to their family members may be if opened to the full community.
    - Subsidizing services, such as offering needed services despite a financial loss because they are needed. An example would be initiating and continuing an adult day-care program.
    - Research and innovation such as assisting university-affiliated research projects or internal studies to find new and better ways of delivering care. These become community benefits when institutions teach others what they have learned.

- Cash, grants and in-kind donations to community groups for activities with a health or aging focus. Examples include donating used medical equipment, running a food pantry or helping to organize a charity community race/walk.
- Community-building activities that are designed to make improvements in the community, such as creating jobs for persons living with disabilities, selecting a community service organization to support residents, executives and staff who serve on community boards, and providing volunteer opportunities for community members.

Ways to monitor services:

- Ask the planning group to submit a summary of community benefit activities either monthly or quarterly. It should include information on the purpose, budget, activities, numbers served or encountered, impact and recommendation for future activity.
- Summarize all community benefit activities, at least annually. Include a list of all activities, finances utilized and numbers served or encountered.
- Present community benefit information to the board, at least annually. Include:
  - Summary of community benefit plan.
  - How plan is being implemented.
  - Obstacles and successes.
  - Financial implications.

REPORTING AND ACCOUNTING PRINCIPLES

- Report community benefits in terms of actual cost – not what would have been charged.
- Report only those programs and services that respond to community need.
- Do not include programs and services provided primarily for marketing or public relations reasons.
- Apply clear and uniform criteria to determine which residents receive financial assistance.
- Take care not to double-count.
- Do not report time spent by residents or staff in community service.

*See Chapter 4, Accounting for Community Benefit, of **A Guide for Planning & Reporting Community Benefit** for more information. CHA members can access an online version of this resource at http://www.chausa.org/communitybenefitguide/*

Guideline 4
Evaluate community benefit services

Periodically step back and reassess the community benefit program. Use the results to make changes to individual programs and to the overall community benefit plan.

- Are you engaged in the right programs?
- Do the programs achieve the intended results?
- Which programs should be changed or discontinued?
- Are efforts being made to serve low-income or vulnerable persons?
- Is the community benefit program integrated into other functions of the organization, including planning and communications?
- Is the organization collaborating with others? Could this be improved?
- Is the organization telling the community benefit story?

Guideline 5
Tell your story

Determine what story the organization wants to tell and the goal in telling that story. Include in the message the ways that the organization is providing a crucial service and how its absence in the community would be negatively felt.

One method is to develop an annual community benefit report that describes the organization's mission and tradition, summarizes activities, highlights a few activities with human-interest stories and reports key financial information, such as the value of the services you provided. The report should include both quantifiable and qualitative narrative information. Distribute the community benefit report to internal and external groups.

Internal groups:

- The board.
- Staff members.
- Prospective and new residents and their families.
- Attending physicians.
- Donors.
- Vendors (who can be invited to contribute or participate).

External groups:

- Legislators and other policy makers.
- Local newspapers.
- Social and human service organizations.
- Churches and church-sponsored organizations.
- Personal and organizational partners.

Use effective communications tools, such as:

- A published community benefit report.
- A newspaper ad summarizing the organization's contribution.
- Presentations to board and staff.
- Presentations to community groups.
- Facility communications vehicles, including newsletters, orientation materials, brochures and the organization's website.

*See Chapter 7 of A **Guide for Planning & Reporting Community Benefit** for more information on how to communicate the organization's community benefit story. CHA members can access an online version of this resource at http://www.chausa.org/communitybenefitguide/*

DEFINITIONS OF COMMUNITY BENEFIT SERVICES FOR THE LONG-TERM CARE CONTINUUM

Community Benefit Categories

Category 1: Financial Assistance

Category 2: Government-Sponsored Means-Tested Health Care

Category 3: Other Community Benefit Programs and Activities

FINANCIAL ASSISTANCE

For the purposes of Social Accountability financial accounting, Financial Assistance is measured in cost, not charges.

Count:

- The cost for residents who qualify based on the financial assistance policy

Do Not Count:

- Costs associated with the unpaid cost of Medicaid, other means-tested programs (costs counted elsewhere) or bad debt.

GOVERNMENT SPONSORED MEANS-TESTED HEALTHCARE

This category includes losses incurred in providing access to health care for Medicaid recipients and for low-income individuals participating in other government-sponsored means-tested insurance programs. Losses (net social accountability) are reported as the difference between net patient revenue recorded by the organization and the cost of providing health care services.

Count:

Net patient revenues and costs related to:

- Medicaid (fee for service and managed care, from all states).
- Other means-tested government programs, including state or local programs

OTHER COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES

A. Community Health Improvement Services

Community benefit services provided by homes and services for the aging are organized to be consistent with the Community Benefit Categories and Definitions in A Guide for Planning and Reporting Community Benefit. Throughout the community benefit report, be careful not to double-count.

Note: This reference uses the word "community" to mean the geographic area and the population served where the organization is located. It does not refer to the campus or the residents served by the long-term care organization, which in other contexts may be considered the organization's community.

A1. Community Health Education

Count:

- Participation in community-wide health promotion programs.
- Health fairs (except when primarily used for marketing).
- Lectures or workshops by staff to community groups.
- Education for community members on special topics, such as how to care for elderly family members or how to manage certain chronic conditions, e.g., Alzheimer's disease.
- Other education and outreach, such as CPR training or nutrition classes.

Support groups

Count:

- Education, counseling, and support for resident family members (but not family and resident councils).
- Support groups for persons with certain diseases.
- Bereavement groups.

Self-help programs

Count:

- Smoking cessation clinics.
- Weight loss programs.
- Exercise classes.

A2. Community-Based Clinical Services

Count:

- General screening programs.
- Blood pressure clinics.
- Eye and hearing exams.
- Flu and immunization clinics.

A3. Health Care Support Services

Count:

- Information and referral services.
- Transportation for elders in the community.
- Overnight arrangements and meals for family members.
- Non-paid chore services.
- Recreation services.
- Family caregiver support.

Resident community service activities

Include in a financial report:

- Facility costs of resident services activities (including supplies and assigned staff time).

Do not include in a financial report:

- Time spent by residents.
- Time spent by staff on non-working hours and other volunteers.

These activities should not be included in a quantitative community benefit report because resident activities, such as volunteer activities, are not an organization expense.

Include in a narrative report such resident community benefit activities as:

- Programs to help other residents.
- Telephone reassurance.
- Needlework and crafts to benefit others.
- Oral history programs.
- RSVP or Foster Grandparent programs.
- Work with local schools.

A4. Social and Environmental Improvement Activities

Count:

- Removal of harmful materials (such as asbestos, lead) in public housing.
- Violence prevention.

B. Health Professions Education

B1. Graduate and Undergraduate Medical Education and Continuing Medical Education for Physicians

Count:

- Expenses attributable to training and precepting medical students when training is needed to practice.

Do Not Count:

- Expenses for the organization's physician and medical student in-service training.

B2. Nurses/Nursing Students

Count:

- Additional compensation, if any, paid to nurses to serve as preceptors and other cost associated with having student nurses in the facility

Do not count:

- Expenses for standard in-service education or nurse aide training

B3. Other Health Professions Education

Count:

- Expenses borne by the organization to train other allied health professionals when training is needed to practice. These professions may include: Social workers, Pastoral care, Administrators, Therapists (such as PT, OT and speech), Dieticians and others

B4. Scholarships/Funding for Health Professions Education

Count:

- Scholarships or tuition payments for nursing and other health professions education to nonemployees with no requirement to work for the organization as a condition of the scholarship.

Do Not Count:

- Cost for staff travel to conferences or staff tuition reimbursement as an employee benefit.

C. Subsidized Health Services

These are services offered despite a financial loss because they are needed in the community and would otherwise not be available in sufficient amounts.

C1. Special Services

Count:

- Psychiatric and mental health programs.
- Hospice services.
- AIDS care programs.
- Adult day care.
- Assessment and referral services.
- Spinal cord and head injury services.

C2. In-Home Services

Count:

- Home health care services.
- Physician, nurse, or other visitation services.
- Hospice services.
- Senior companion programs.
- Lifeline or other phone alert systems.

C3. Other Subsidized Services

D. Research

This group includes the development of programs offered to others for replication, speaking to peers about innovative programs and inviting others to see innovation firsthand.

Do not count programs that are for the improvement of only your organization.

D1. Basic and Applied Clinical Research

Count:

- New approaches to delivery services.
- Staff publication in professional literature.

D2. Community-based Research

Count:

- Research into problems of persons who are aging.
- Research into problems related to chronic disease.

Do Not Count:

- Industry sponsored research

E. Cash and In-Kind Contributions for Community Benefit

This group includes funds and in-kind services donated to community organizations or to the community at large. In-kind services include hours donated by staff to the community while on health care organization work time; overhead expenses of space donated to notfor-profit community groups (such as for meetings); and donation of food, equipment, and supplies. (Note: contributions to individuals should be reported in category A3).

E1. Cash Contributions for Community Benefit

As a general rule, count donations for aging and health-related programs that are restricted to be used for community benefit purposes.

Count:

- Contributions and/or matching funds provided to not-for-profit community organizations.
- Contributions to charity events of not-for-profit organizations, after subtracting the market value of participation by the employees or organization.
- Scholarships to community members not specific to health care professions.

Do not count:

- Employee-donated funds.
- Emergency funds provided to employees.
- Fees for tickets to sporting events.
- Time spent at golf outings or other primarily recreational events.

E2. Grants

Count:

- Grants made by the organization to health care organizations and other community groups.

E3. In-Kind Donations

Count:

- Meeting room overhead and space for not-for-profit organizations and community groups (such as coalitions, neighborhood associations, and social service networks).
- Equipment and medical supplies (needed by the receiving organization).
- Costs of coordinating community events not sponsored by the health care organization, such as the March of Dimes Walk America (report organization-sponsored community events in G1).

- Employee costs associated with board and community involvement on work time.
- Food donations, including Meals on Wheels subsidies and donations to food shelters.
- Laundry services for community organizations.
- Grant writing and other fundraising costs not reported in G that are specific to community programs and resource development assistance.

Do not count:

- Volunteer hours provided by facility employees on their own time for community events (hours belong to the volunteer, not to the health care organization).
- Promotional and marketing costs concerning the health care organization's services and programs.
- Salary expenses paid to employees deployed on military services or jury duty (expenses are considered employee benefit).

F. Community-Building Activities

F1. Physical Improvements and Housing

Count:

- Neighborhood improvement programs, such as graffiti removal.
- Neighborhood and community revitalization.
- Housing rehabilitation, such as Habitat for Humanity projects.

F2. Economic Development

Count:

- Asking contractors to contribute to community services.
- Locating services in economically disadvantaged areas.
- Job creation and job training.

F3. Community Support

Count:

- Disaster preparedness beyond what is legally required.
- Child care for community residents.
- Resident activity programs open to community members.
- Expanding existing services to include more low- and middle-income persons.

F4. Environmental Improvement

Count:

- Efforts to reduce community environmental hazards in the air, water and ground.
- Neighborhood and community improvements, such as toxin removal in parks.
- Safe removal or treatment of garbage and other waste products.

Do not count:

- Costs related to complying with laws and regulations.
- Activities where the primary purpose addresses the health of persons affiliated with the organization, i.e. residents and staff (for example, use of green products).

F5. Leadership Development and Training

Count:

- Language and cultural skills training.
- Life and civic skills training.
- Career development.
- Technical assistance for organizations and groups.

F6. Coalition Building

F7. Advocacy

Count:

- Advocacy to improve crime, transportation or housing.
- Advocacy for needed services for elderly persons.
- Administrator or staff positions on community-service organization boards.
- Testifying on behalf of issues important to the welfare of residents and participants.

Do not count:

- Advocacy specific to facility or organization operations and financing.

F8. Workforce Development

Count:

- Mentoring high school students.
- School partnerships for encouraging careers.
- Lectures by staff at schools.

G. Community Benefit Operations

G1. Assigned Staff

Count

- Staff costs for the management of community benefit programs (not counted elsewhere).
- Staff costs to coordinate community benefit volunteers.

G2. Community Health Needs Assessments

G3. Other Resources

Notes: