Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. ## Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Adventist Healthcare Rehabilitation	◉	○	
Your hospital's ID is: 3029	◉	○	
Your hospital is part of the hospital system called Adventist HealthCare.	◉	○	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. ## Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☑ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☑ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County

☐ Cecil County   ☑ Montgomery County   ☐ Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

☐ 20842	☐ 21719	☐ 21775
☐ 20871	☐ 21727	☐ 21776
☑ 21701	☐ 21754	☐ 21777
☑ 21702	☐ 21755	☐ 21778
☑ 21703	☐ 21757	☐ 21780
☐ 21704	☐ 21758	☐ 21783
☐ 21705	☐ 21759	☐ 21787
☐ 21710	☐ 21762	☐ 21788
☐ 21713	☐ 21769	☐ 21790
☐ 21714	☐ 21770	☐ 21791
☐ 21716	☑ 21771	☐ 21793
☐ 21717	☐ 21773	☐ 21798
☐ 21718	☐ 21774	

☐ Cecil County   ☑ Montgomery County   ☐ Worcester County

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

☐ 20058	☐ 20824	☑ 20850	☑ 20872	☐ 20891	☐ 20907
☐ 20207	☐ 20825	☑ 20851	☑ 20874	☐ 20892	☑ 20910
☐ 20707	☐ 20827	☑ 20852	☐ 20875	☐ 20894	☐ 20911
☐ 20777	☐ 20830	☑ 20853	☑ 20876	☑ 20895	☑ 20912
☑ 20783	☑ 20832	☑ 20854	☑ 20877	☐ 20896	☐ 20913
☐ 20787	☑ 20833	☑ 20855	☑ 20878	☐ 20898	☐ 20914
☐ 20810	☑ 20837	☐ 20857	☑ 20879	☐ 20899	☐ 20915
☐ 20811	☐ 20838	☐ 20859	☐ 20880	☑ 20901	☐ 20916
☐ 20812	☐ 20839	☐ 20860	☑ 20882	☑ 20902	☐ 20918
☑ 20814	☑ 20841	☐ 20861	☐ 20883	☑ 20903	☐ 20993
☑ 20815	☐ 20842	☐ 20862	☐ 20884	☑ 20904	☐ 21770
☑ 20816	☐ 20847	☑ 20866	☐ 20885	☑ 20905	☐ 21771
☑ 20817	☐ 20848	☐ 20868	☑ 20886	☑ 20906	☐ 21797
☐ 20818	☐ 20849	☑ 20871	☐ 20889		

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

☐ 20233	☐ 20710	☐ 20742	☑ 20772
☐ 20389	☑ 20712	☐ 20743	☐ 20773
☐ 20395	☐ 20715	☑ 20744	☑ 20774
☐ 20588	☐ 20716	☐ 20745	☐ 20775
☐ 20599	☐ 20717	☑ 20746	☑ 20781
☐ 20601	☐ 20718	☑ 20747	☑ 20782
☐ 20607	☐ 20720	☑ 20748	☑ 20783
☐ 20608	☑ 20721	☐ 20749	☑ 20784
☐ 20613	☐ 20722	☐ 20750	☑ 20785
☐ 20616	☐ 20724	☐ 20752	☐ 20790
☐ 20623	☐ 20725	☐ 20753	☐ 20791
☐ 20703	☐ 20726	☐ 20757	☐ 20792
☐ 20704	☐ 20731	☐ 20762	☐ 20799
☑ 20705	☐ 20735	☐ 20768	☐ 20866
☑ 20706	☑ 20737	☐ 20769	☐ 20903
☑ 20707	☐ 20738	☑ 20770	☐ 20904
☑ 20708	☑ 20740	☐ 20771	☐ 20912
☐ 20709	☐ 20741		

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

☐ Based on ZIP codes in your Financial Assistance Policy. Please describe.

☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☑ Based on patterns of utilization. Please describe.

> The hospitals total service area is approximately 85.0 percent of total discharges for years 2016-2018. The first 60.0 percent of discharges account for the primary service area and the remaining 25.0 percent account for the secondary service area.

☐ Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.adventisthealthcare.com/about/mission/

Q37. Is your hospital an academic medical center?

○ Yes
◉ No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

12/30/2019

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.adventisthealthcare.com/app/files/public/c2371c88-1fb4-4ea9-8b44-757fd9f99d7b/2020-chna-rehab.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q46. Please describe the other formats in which you made your CHNA available.

A hard copy is available at Rehabilitation Hospital and at the Adventist HealthCare corporate office located in Gaithersburg, MD.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your expla below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	✔	✔	✔	✔	✔	✔	☐	✔	Chair of the Community Benefit Steering Committee
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	✔	✔	☐	☐	☐	✔	☐	☐	Member of the Community Benefit Steering Committee
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	✔	✔	☐	☐	✔	✔	☐	☐	Member of the Community Benefit Steering Committee
Board of Directors or Board Committee (facility level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	Reviewed and approved final reports
Clinical Leadership (facility level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☐	☐	☐	✔	☐	☐	✔	✔	☐	✔	Member of Community Benefit Steering Committee

Participant	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)		✔									
Community Benefit staff (system level)			✔	✔	✔	✔	✔	✔	✔	✔	Member of Community Benefit Steering Committee
Physician(s)						✔					
Nurse(s)	✔										
Social Workers	✔										
Community Benefit Task Force			✔	✔	✔	✔	✔	✔		✔	Known as the Community Benefit Steering Committee
Hospital Advisory Board		✔									
Other (specify)											

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

CHNA Activities

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: MedStar Montgomery, Holy Cross Health, Suburban Hospital	☐	☐	☐	☐	☐	☑	☑	☐	☑	These hospitals are part of Healthy Montgomery which leads the prioritization of health needs for Montgomery County and also provides a significant amount of data publicly as well as for the hospitals. These hospitals are also part of a Hospital Workgroup that meets regularly regarding Community Benefit efforts.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	☐	☐	☐	☐	☑	☑	☑	☑	☑	Montgomery County DOH leads and organizes Healthy Montgomery (LHIC)
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Asian American Health Initiative, African American Health Program, Latino Health Initiative	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and in focus groups
School - K-12 -- Please list the schools here: Greencastle Elementary School, Montgomery County Public Schools	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and in focus groups
School - Colleges and/or Universities -- Please list the schools here: University of Maryland, College Park	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informant
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: EveryMind, Inc and Lourie Center	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as a key informant
Social Service Organizations -- Please list the organizations here: Manna, Montgomery County Coalition for the Homeless, Thriving Germantown, Vietnamese American Services, WorkSource Montgomery, and Adventist Community Services of Greater Washington	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and in focus groups
Post-Acute Care Facilities -- please list the facilities here: Adventist Rehabilitation Patient Advisory Group	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and in focus groups
Community/Neighborhood Organizations -- Please list the organizations here: Healthcare Initiative Foundation, Lollipop Kids Foundation, Spirit Club Foundation	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and in focus groups
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Montgomery County Police, Montgomery County Fire and Rescue, and Montgomery County Crisis Intervention Team	☐	☐	☐	☐	☑	☑	☑	☐	☐	Participated as key informants and in focus groups

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

July 13, 2020

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://www.adventisthealthcare.com/app/files/public/af087e4a-4571-420a-8caf-c0b4166ea484/2020-CHNA-AHC-ImplementationStrategy.pdf

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☑ Access to Health Services: Health Insurance	☐ Environmental Health	☐ Oral Health
☐ Access to Health Services: Practicing PCPs	☐ Family Planning	☑ Physical Activity
☐ Access to Health Services: Regular PCP Visits	☐ Food Safety	☐ Respiratory Diseases
☐ Access to Health Services: ED Wait Times	☐ Global Health	☐ Sexually Transmitted Diseases
☐ Access to Health Services: Outpatient Services	☐ Health Communication and Health Information Technology	☐ Sleep Health
☑ Adolescent Health	☐ Health Literacy	☐ Telehealth
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Health-Related Quality of Life & Well-Being	☑ Tobacco Use
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☑ Heart Disease and Stroke	☐ Violence Prevention
☑ Cancer	☐ HIV	☐ Vision
☐ Children's Health	☐ Immunization and Infectious Diseases	☐ Wound Care
☐ Chronic Kidney Disease	☑ Injury Prevention	☑ Housing & Homelessness
☐ Community Unity	☐ Lesbian, Gay, Bisexual, and Transgender Health	☑ Transportation
☐ Dementias, Including Alzheimer's Disease	☐ Maternal & Infant Health	☑ Unemployment & Poverty
☑ Diabetes	☑ Nutrition and Weight Status	☑ Other Social Determinants of Health
☐ Disability and Health	☑ Older Adults	☑ Other (specify) disability and rehabilitative services
☑ Educational and Community-Based Programs		

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

During the 2017-2019 CHNA cycle, the Adventist HealthCare prioritization process was done by entity. Adventist HealthCare Rehabilitation Hospital focused initiatives on needs such as traumatic brain injury, stroke, spinal cord injuries, and amputee. For the current 2020-2022 CHNA cycle, Adventist HealthCare system used a more wholistic approach and selected several priority areas which included improving access to care: behavioral health, chronic disease, maternal and child health, disability and rehabilitation services; and addressing social determinants of health: food access, housing and homelessness, education, transportation.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	
Board of Directors or Board Committee (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐	
Clinical Leadership (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Community Benefit staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Physician(s)	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Nurse(s)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		
Other Hospitals -- Please list the hospitals here: Holy Cross Health System, Suburban Hospital, MedStar Montgomery	☐	☑	☑	☑	☐	☐	☑	☑	☐		Through the hospital workgroup, we have worked with these hospitals to compare the work that we are doing and identify opportunities for collaboration in order to address health needs and gaps in our service area.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health and Human Services	☐	☑	☑	☑	☐	☐	☑	☑	☐		

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Montgomery County Department of Health and Human Services Office of Aging	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here: Washington Adventist University, Chamberlain College of Nursing, Montgomery College, Ana Mendez University System, Chatham University, Georgetown University, Howard University, Walden University, and many more	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School of Public Health -- Please list the schools here: University of Maryland and Towson University	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Medical School -- Please list the schools here: American University of Caribbean	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Nursing School -- Please list the schools here: Chatham University, Georgetown University, Grand Canyon University, Howard University, Walden University, and many more	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: EveryMind, Inc.	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Social Service Organizations -- Please list the organizations here: Primary Care Coalition, Manna, Hungry Harvest, WISH, Casa de Maryland, Interfaith Works, and Rebuilding Together	☐	☑	☑	☑	☑	☐	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here: Montgomery Hospice	☐	☑	☑	☑	☑	☐	☑	☑	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Community Centers (Long Branch, Takoma Park, White Oak, Mid-County, Benjamin Gaither, Damascus, Rockville, Shady Grove, Plum Gar, Bender JCC), Housing Units (Victory Tower, Ridge House, Green Ridge), CHEER, Crossroads Community Farmers Markets	☐	☑	☑	☑	☑	☐	☑	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations - - Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Clinics (Mobile Med, Mary's Center, Mercy Health Clinic), Leadership Montgomery	☐	☑	☑	☑	☑	☐	☑	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- ☑ Yes, by the hospital's staff
- ☑ Yes, by the hospital system's staff
- ☐ Yes, by a third-party auditor
- ☐ No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ◯ Yes
- ⦿ No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◯ Yes
- ⦿ No

Q69. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ◯ Yes
- ⦿ No

Q71. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- ◉ Yes
- ○ No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

As part of Adventist HealthCare (AHC), the Rehabilitation Hospital (Rehab) is dedicated to Community Benefit which aligns with the systems core mission and values. The Strategic Plan for Rehab as well as all of Adventist HealthCare is based on our pillars of success: Bigger, Better (People; Quality and Safety; Experience; Finance), and Beyond. Each of the pillars are centered on measurable objectives and targets and is led by an overarching council with several committees reporting up to it. Population Health and community benefit efforts are all included within the Beyond pillar. The Community Benefit Steering Committee which oversees the CHNA and Implementation Strategy process as well as community benefit system-wide, reports to the Population Health Division Council. The strategic plan also outlines system-wide community benefit infrastructure and the areas of focus as determined by the CHNA process.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

The strategic plan is not a publicly available document.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Athletic Training & Concussion Program

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: disability and rehabilitative services

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☑ Adolescent Health

- ☐ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☑ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions   ☐ Nutrition and Weight Status

☐ Behavioral Health, including Mental Health and/or Substance Abuse   ☐ Older Adults

☐ Cancer   ☐ Oral Health

☐ Children's Health   ☐ Physical Activity

☐ Chronic Kidney Disease   ☐ Respiratory Diseases

☐ Community Unity   ☐ Sexually Transmitted Diseases

☐ Dementias, including Alzheimer's Disease   ☐ Sleep Health

☐ Diabetes   ☐ Telehealth

☐ Disability and Health   ☐ Tobacco Use

☐ Educational and Community-Based Programs   ☐ Violence Prevention

☐ Environmental Health   ☐ Vision

☐ Family Planning   ☐ Wound Care

☐ Food Safety   ☐ Housing & Homelessness

☐ Global Health   ☐ Transportation

☐ Health Communication and Health Information Technology   ☐ Unemployment & Poverty

☐ Health Literacy   ☐ Other Social Determinants of Health

☐ Health-Related Quality of Life & Well-Being   ☑ Other (specify) | Traumatic Brain Injury, Injury Management |

Q82. When did this initiative begin?

> This initiative began in Fall 2013

Q83. Does this initiative have an anticipated end date?

🔘 No, the initiative has no anticipated end date.

⚪ The initiative will end on a specific end date. Please specify the date. [_____]

⚪ The initiative will end when a community or population health measure reaches a target value. Please describe.

⚪ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

⚪ The initiative will end when external grant money to support the initiative runs out. Please explain.

⚪ The initiative will end when a contract or agreement with a partner expires. Please explain.

⚪ Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The primary target audience for the current initiative includes all student athletes ages 14 to 18 that attend one of the 14 schools Adventist HealthCare Rehabilitation Hospital partner with. These high schools include Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, Wootton, and The Heights School (private school).

Q85. Enter the estimated number of people this initiative targets.

11,581

Q86. How many people did this initiative reach during the fiscal year?

A total of 16 concussions were diagnosed/suspected and treated; 168 injuries were assessed and diagnosed; 27 American Heart Association Heart saver certifications were completed

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☑ Acute condition-based intervention: treatment intervention

☑ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☐ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

⦿ Yes. Please describe who was involved in this initiative.

```
Adventist HealthCare partnered with
Montgomery County Public Schools to
deliver this initiative (i.e.
Churchill, Clarksburg, Einstein,
Kennedy, Richard Montgomery,
Northwest, Paint Branch, Poolesville,
Rockville, Springbrook, Watkins Mill,
Wheaton, Wootton, and the Heights
School (private school).
```

○ No.

Q89. Please describe the primary objective of the initiative.

Specific objectives for this initiative include: 1. reduce the number of injuries among student-athletes at the participating Montgomery County Schools 2. Increase knowledge and awareness of concussion symptoms and care as well as self-efficacy for identifying and reporting concussion symptoms among student-athletes at the participating Montgomery County Schools.

Q90. Please describe how the initiative is delivered.

Adventist HealthCare Rehabilitation has assisted with implementing an athletic trainer program at each of the 14 high schools. This has included training and placing an athletic trainer in each of the schools to assist with timely on-site injury prevention and management. Trainers attend all 'home' athletic events as well as 'away' varsity football games; Trainers perform functions within the six domains of athletic trainers as established by the National Athletic Trainers Association: prevention; clinical evaluation and diagnosis; immediate care; treatment, rehabilitation, and reconditioning; organization and administration; and professional responsibilities. In addition, trainers assist in implementing school and system-wide responsibilities related to the health and safety of student athletes. Provide American Heart Association CPR/AED recertification and Basic Life Support for athletic staff at the 14 Montgomery County high schools.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | The total number of student athletes who get screened and evaluated by an Athletic Trainer, number of individuals certified/recertified in BLS, the total number of student-athletes baseline tested

☐ Other process/implementation measures (e.g. number of items distributed)

☐ Surveys of participants

☑ Biophysical health indicators | Concussions diagnosed, number of injuries evaluated

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☐ Other [   ]

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

14 certified athletics trainers were present for the 2020 athletic seasons in 14 Montgomery County High Schools. During the 2020 athletic school year a total of 16 concussions were diagnosed/suspected and treated, 168 injuries were assessed and diagnosed, 27 American Heart Association Heart saver certifications were completed.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

The Centers for Disease Control and Prevention estimated that recreational activities and sports account for an estimated 3.2 million visits to the emergency room each year for children 5-14 years. Sports related injuries are the leading causes of emergency room visits in 12-17 year old's. Adventist HealthCare Rehabilitation Hospital's partnership with Montgomery County high schools provides 13 athletic trainers at different high schools in the county. Findings from the 2020-2022 CHNA cycle indicate that sports-related injuries such as brain injuries and concussions are a major concern in the community. This initiative has provided student-athletes and their parents direct contact with trained and seasoned athletic trainers who can evaluate and treat injuries and as they occur, manage return to play, and help prevent future injuries through education and awareness.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Cost: $324,196 Revenue/Funding from County: $72,221.67 Net Community Benefit: $251,974.33

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Disability Partnership - Adaptive Health and Wellness

Q98. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes
○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: disability and rehabilitative services

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance
☑ Access to Health Services: Practicing PCPs
☐ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☐ Access to Health Services: Outpatient Services
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions

☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal and Infant Health
☐ Nutrition and Weight Status

☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☑ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q100. When did this initiative begin?

> 2020

Q101. Does this initiative have an anticipated end date?

- ⦿ No, the initiative does not have an anticipated end date.
- ○ The initiative will end on a specific end date. Please specify the date. [_____]
- ○ The initiative will end when a community or population health measure reaches a target value. Please describe.

  [text box]

- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

  [text box]

- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.

  [text box]

- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.

  [text box]

- ○ Other. Please explain.

  [text box]

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The target population for this initiative are children and adults with physical disabilities specifically those with limited to no mobility in Montgomery County, Maryland. The secondary target audience is physical and occupational therapist who would like to utilize the class for training purposes. Of the 8.2 percent of individuals living with a disability in Montgomery County, 3.4 percent have a cognitive disability; 4.1 percent have an ambulatory disability; 1.8 percent have a self-care disability; and 4.3 percent have an independent living disability. Most individuals living with a disability are female (8.7 percent); White (9.4%), Black (8.7%), and Asian (7.1%); 40.3% are 75 years and over, 15.5% are 65 to 74 years, and 5.8% are 35 to 64 years.

Q103. Enter the estimated number of people this initiative targets.

450

Q104. How many people did this initiative reach during the fiscal year?

840

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

☑ Chronic condition-based intervention: treatment intervention

☑ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☐ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

This was a joint effort between Adventist HealthCare Rehabilitation and Disability Partnership.

◯ No.

Q107. Please describe the primary objective of the initiative.

The primary objective for this initiative is to promote safe, engaging, effective, fun, and adaptive aerobic fitness classes for children and adults with limited to no mobility. Additionally, this initiative will help participants: - Learn how to properly and safely execute a variety of exercises with various equipment that can practiced at home or in another facility. - Be more motivated to pursue more challenging fitness goals - Network and develop a community that engages one another to prioritize exercise and healthy living

Q108. Please describe how the initiative is delivered.

The Adaptive Health and Wellness Program promotes safe, engaging, effective and fun adaptive aerobic fitness classes for children and adults with limited to no mobility. The program aims to improve the quality of life and self-esteem for participants through weight loss; enhanced muscular strength; flexibility and range of motion. All participants must receive medical clearance from a physician and sign a medical waiver before starting a group exercise session. The program is offered in 6-week series. Classes are two times per week for 1 hour, providing a total of 12 classes per series. Classes are held at the Adventist HealthCare Rockville Outpatient Rehabilitation gym. An example of what a class may include: Warm up (5 – 15 mins) • Examples include arm raises, forward/backward arm rows, standing/seated high knees, standing/seated hip abductions, neck and shoulder rolls, and walking Work out (30 – 35 mins) • Squats, bicep curls, calf raises/extensions, oblique twists, crunches/chair sit ups, lateral and front arm raises Cool down (5-10 mins) • Static stretching

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | number of participants and class attendance

☑ Other process/implementation measures (e.g. number of items distributed) | number of 6 week series offered

☐ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost [_____]

☐ Assessment of workforce development [_____]

☐ Other [_____]

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> During CY2020 there were 2 cohorts with a third still in progress. In the first cohort there were 75 individuals on the roster with an average of 25 participants per class. During the second cohort there were 104 individuals on the roster with an average of 30 people per class. There was an increase in participation due to word of mouth advertising from participants.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

> In Montgomery County, over 85,000 people are living with a disability. People with disabilities are more likely to experience difficulties or delays in getting health care, not engage in fitness activities, use tobacco, be overweight or obese, have high blood pressure, and experience symptoms of psychological distress. This program not only address the physical needs but also incorporates the mental and social connection needs of individuals living with a disability in Montgomery County.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $5,000

Q113. (Optional) Supplemental information for this initiative.

Q114. ## Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

> Brain Injury Support Groups

Q116. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes

◯ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: disability and rehabilitative services

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases

☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☑ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q118. When did this initiative begin?

> 2016

Q119. Does this initiative have an anticipated end date?

- ◉ No, the initiative does not have an anticipated end date.
- ○ The initiative will end on a specific end date. Please specify the date. [_____]
- ○ The initiative will end when a community or population health measure reaches a target value. Please describe.

- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.

- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.

- ○ Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

> This initiative primarily targets individuals who have been diagnosed with a traumatic brain injury and their loved ones who serve as their support person and/or caretaker. The support groups are also open to community members who are interested in learning about traumatic brain injuries.

Q121. Enter the estimated number of people this initiative targets.

> 4,235

Q122. How many people did this initiative reach during the fiscal year?

185

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☑ Chronic condition-based intervention: treatment intervention
- ☐ Chronic condition-based intervention: prevention intervention
- ☑ Acute condition-based intervention: treatment intervention
- ☐ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☐ Social determinants of health intervention
- ☐ Community engagement intervention
- ☐ Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ◉ Yes. Please describe who was involved in this initiative.

  Brain Injury Association of Maryland

- ○ No.

Q125. Please describe the primary objective of the initiative.

The primary objective of this initiative is to provide support and education to individuals living with both traumatic and non-traumatic brain injuries, as well as their family members and friends in Montgomery County.

Q126. Please describe how the initiative is delivered.

Brain Injury Support Group This support group, which meets once a month, is for those with both traumatic and non-traumatic brain injuries. The group provides support and education, as well as guidance around available community resources. Participants are encouraged to bring family members and friends. Grupo de Apoyo para Personas con una Lesión Cerebral This support group meets every third Tuesday of the month for two hours in the evenings. The growing Hispanic population in Montgomery County prompted the creation of the support group. The group is conducted in Spanish and is targeted to Spanish speaking individuals. All sessions are moderated by a therapist and cultural diversity liaison and focus on common themes which include traumatic brain injury or stroke, community resources, back to work, mental health, memory loss, and recreational activities. Guest speakers from local community-based organizations occasionally attend and present on resources their organizations are able to offer. Both support groups transitioned to be offered virtually post COVID-19.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters | number of participants
- ☑ Other process/implementation measures (e.g. number of items distributed) | number of support groups held
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☐ Effects on healthcare utilization or cost
- ☐ Assessment of workforce development
- ☐ Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Grupo de Apoyo para Personas con una Lesión Cerebral • 6 sessions were held in Spanish with a total of 21 participants Brain Injury Support Group • 9 sessions were held in English with a total of 164 participants

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

> During the latest 2020-2022 Community Health Needs Assessment cycle, disability and rehabilitation services were identified as a primary health concern. The initiatives provide community members with the opportunity to learn about different resources in the community, connect with families who share similar stories and offer a safe space to have an open dialogue on their experience with TBI or supporting someone with a TBI diagnosis.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $2,100

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

[Rehab 2020 Table III - Additional Programs - DONE.pdf](#)
190.2KB
application/pdf

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

○ Yes
◉ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: disability and rehabilitative services

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☑ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☑ Diabetes	☐ Telehealth

Disability and Health	☐	Tobacco Use
Educational and Community-Based Programs	☐	Violence Prevention
Environmental Health	☐	Vision
Family Planning	☐	Wound Care
Food Safety	☐	Housing & Homelessness
Global Health	☐	Transportation
Health Communication and Health Information Technology	☐	Unemployment & Poverty
Health Literacy	☐	Other Social Determinants of Health
Health-Related Quality of Life & Well-Being	☐	Other (specify)

☐ Disability and Health
☐ Educational and Community-Based Programs
☐ Environmental Health
☐ Family Planning
☐ Food Safety
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health Literacy
☐ Health-Related Quality of Life & Well-Being

☐ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care
☐ Housing & Homelessness
☐ Transportation
☐ Unemployment & Poverty
☐ Other Social Determinants of Health
☐ Other (specify) [_____]

Q137. Why were these needs unaddressed?

> Adventist HealthCare Rehabilitation does not currently provide ongoing community outreach or programs specific to behavioral health and chronic diseases (cancer and diabetes) because they are being addressed by other organizations in the community including Shady Grove Medical Center and White Oak Medical Center, both of which are part of the Adventist HealthCare system.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	○	●
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	●	○
Healthy Communities - includes measures such as domestic violence and suicide rate	●	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	●	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	●	○

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. ## Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

☐ No gaps
☐ Primary care
☑ Mental health
☑ Substance abuse/detoxification
☐ Internal medicine
☐ Dermatology
☐ Dental
☐ Neurosurgery/neurology
☐ General surgery
☐ Orthopedic specialties
☐ Obstetrics
☐ Otolaryngology
☐ Other. Please specify. [_____]

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	
Non-Resident House Staff and Hospitalists	This includes physician coverage outside of Rehab's employed physicians, including additional weekend and service-specific coverage.
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	Our recruitment of quality physicians is in direct response to patient need for our therapy services, both on the inpatient and outpatient spectrum. We actively recruit physicians who specialize in Physical Medicine & Rehabilitation (Physiatry). This relates to our employed physician group. This furthers our mission of extending God's care through the ministry of physical, mental and spiritual healing.
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. # Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

AHC 3.19 - Financial Assistance 12.2020.pdf
625.4KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Financial Assistance_Rehab.pdf
399.1KB
application/pdf

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level			●							200
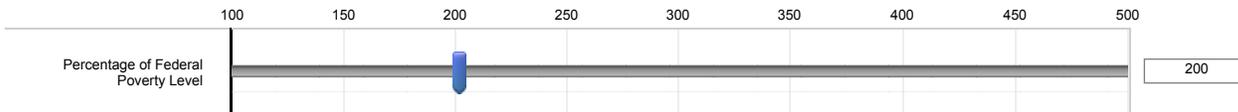
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL	●							200
Highest FPL							●	500
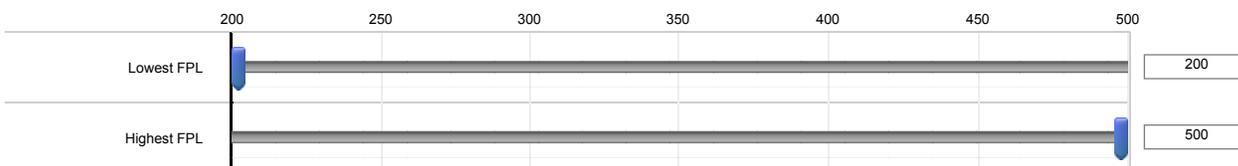
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								201
Highest FPL								600

Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25
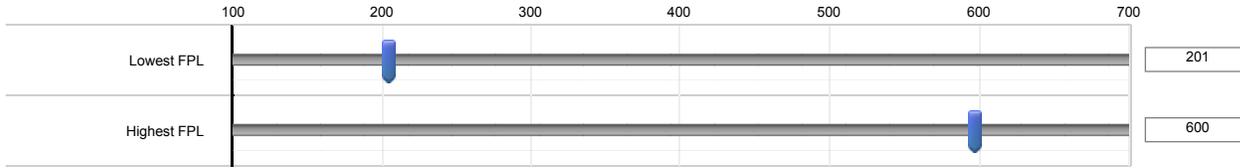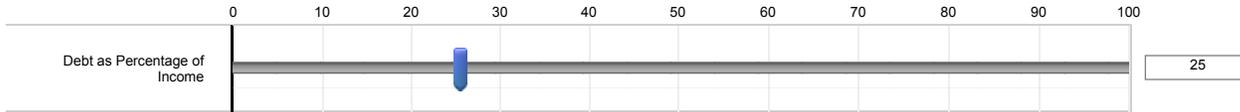
Q152. Has your FAP changed within the last year? If so, please describe the change.

⦿ No, the FAP has not changed.

◯ Yes, the FAP has changed. Please describe: [_____]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[   ]

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.037002563477, -77.041198730469)

Source: GeoIP Estimation

Good Afternoon,

Please see responses below in red.

Regards,
Gina

Gina Maxham, MPH
Director, Community Benefit & Engagement
Adventist HealthCare
820 West Diamond Ave., Suite 400, Gaithersburg, MD 20878
Phone: 301-315-3436
E-Mail: GMaxham@adventisthealthcare.com

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Wednesday, May 26, 2021 8:48 AM
To: Gina Maxham <GMaxham@adventisthealthcare.com>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: HCB Narrative Clarification - Adventist Rehab

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Adventist Rehabilitation Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- The response to question 48 indicates that Population Health staff (facility level) do not exist. However, the response to question 60 indicates that Population Health staff (facility level) are involved in CB activities. Please clarify the status of this department.

  Question 60 should also be **"N/A - Position or Department does not exist".**

- In response to the needs addressed by Initiative 1, you selected needs that were not previously identified in question 56 – "traumatic brain injury, injury management." Should these be added to the overall list of CHNA-identified needs?

  Yes, please add to the overall list of CHNA-identified needs.

Please provide your clarifying answers as a response to this message.

Adventist HealthCare Rehabilitation: Additional Programs addressing Identified Community Health Needs	
Stroke	**Stroke Support Group:** This support group meets on the second Wednesday of the month. The topics discussed include surviving change, building a new future with support, and coping with loss. The group is facilitated by an Adventist HealthCare Rehabilitation social worker and volunteer from the Stroke Association. For CY2020 there was **one** support group hosted with **12** participants before COVID-19 halted programming.
Amputee	**Amputee Support Group:** This group focuses on the emotions and challenges of living life as an amputee. It is the groups focus to be positive, creative and resourceful in examining an amputee's experiences. Many topics are discussed including prosthetic development, therapeutic devices and training, as well as emotional counseling and support. For CY2020 there were **12** monthly support groups held with a total of **164** encounters.
Spanish Spinal Cord Injury	**Spanish Spinal Cord Injury:** The spinal cord injury support group serves the Spanish speaking population post injury. We have members who are both former patients of our facility as well as members of the community who have heard of our program. We meet once a month on a first Thursday for 60 - 90 minutes. For CY2020 there were **9** monthly support groups held with a total of **56** encounters. Due to the COVID-19 pandemic, the class began as a virtual support group.

Community Partnership Fund	Adventist HealthCare is committed to providing financial support to improve the health and wellbeing of our community through the Community Partnership Fund. The Adventist HealthCare Community Partnership fund provides funding for 501(c)(3) non-profit organizations whose activities align with our mission and the following funding objectives:
	• **HEALTH AND WELLNESS:** Support community health services, education, and prevention and wellness programs
	• **PARTNERSHIPS:** Leverage partnerships to address socioeconomic disadvantages that affect health
	• **CAPACITY BUILDING:** Improve community health through collaborative partnerships, economic and workforce development, and advocacy
	• When reviewing applications, the priorities for the Community Partnership Fund include:
	o Activities that address a priority area of need identified in our hospitals' Community Health Needs Assessments
	o Activities that target populations in Adventist HealthCare's service area that are socially and economically disadvantaged or medically underserved
	o Activities that align with Adventist HealthCare's community-based mission
	o Activities that have a measurable impact on the community being served
	In CY2020, the Adventist HealthCare Community Partnership Fund held **2** funding cycles. There were **7** sponsorships and **38** grants for a total of **$617,000** to community partners and organizations addressing needs identified in our CHNA.
	(*The Community Partnership Fund is a system wide effort. The description and outcomes have been listed on the reports for each of our three hospitals.*)

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Corporate Policy Manual

Financial Assistance
(Formerly "Charity Care")

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Cross Referenced: Previously: Financial Assistance Policy	Origin:	PFS / FC
(see AHC 3.19.1 for Decision Rules / Application)		
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FINANCIAL ASSISTANCE POLICY SUMMARY

SCOPE:

This policy applies to the following Adventist HealthCare facilities: Shady Grove Medical Center, Germantown Emergency Center, White Oak Medical Center, Adventist Rehabilitation Hospital of Maryland, and Fort Washington Medical Center collectively referred to as AHC.

PURPOSE:

In keeping with AHC's mission to demonstrate God's care by improving the health of people and communities Adventist HealthCare provides financial assistance to low to mid income patients in need of our services. AHC's Financial Assistance Plan provides a systematic and equitable way to ensure that patients who are uninsured, underinsured, have experienced a catastrophic event, and/or and lack adequate resources to pay for services can access the medical care they need.

Adventist HealthCare provides emergency and other non-elective medically necessary care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that third-party coverage is not available, a determination of potential eligibility for Financial Assistance will be initiated prior to, or at the time of admission. This policy identifies those circumstances when AHC may provide care without charge or at a discount based on the financial need of the individual.

Printed public notification regarding the program will be made annually in Montgomery County, Maryland and Prince George's County, Maryland newspapers and will be posted in the Emergency Departments, the Business Offices and Registration areas of the above named facilities.

This policy has been adopted by the governing body of AHC in accordance with the regulations and requirements of the State of Maryland and with the regulations under Section 501(r) of the Internal Revenue Code.

This financial assistance policy provides guidelines for:

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- prompt-pay discounts (%) that may be charged to self-pay patients who receive medically necessary services that are not considered emergent or non-elective.
- special consideration, where appropriate, for those individuals who might gain special consideration due to catastrophic care.

BENEFITS:

Enhance community service by providing quality medical services regardless of a patient's (or their guarantors') ability to pay. Decrease the unnecessary or inappropriate placement of accounts with collection agencies when a charity care designation is more appropriate.

DEFINITIONS:
- **Medically Necessary:** health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine
- **Emergency Medical Services**: treatment of individuals in crisis health situations that may be life threatening with or without treatment
- **Non-elective services:** a medical condition that without immediate attention:
    o Places the health of the individual in serious jeopardy
    o Causes serious impairment to bodily functions or serious dysfunction to a bodily organ.
    o And may include, but are not limited to:
        ▪ Emergency Department Outpatients
        ▪ Emergency Department Admissions
        ▪ IP/OP follow-up related to previous Emergency visit
- **Catastrophic Care**: a severe illness requiring prolonged hospitalization or recovery. Examples would include coma, cancer, leukemia, heart attack or stroke. These illnesses usually involve high costs for hospitals, doctors and medicines and may incapacitate the person from working, creating a financial hardship
- **Prompt Pay Discount**: The state of Maryland allows a 1% prompt-pay discount for those patients who pay for medical services at the time the service is rendered.

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- **FPL** (Federal Poverty Level): is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services.
- **Uninsured Patient**: Person not enrolled in a healthcare service coverage insurance plan. May or may not be eligible for charitable care.
- **Self-pay Patient**: an Uninsured Patient who does not qualify for AHC Financial Assistance due to income falling above the covered FPL income guidelines

POLICY

1. General Eligibility

1.1. All patients, regardless of race, creed, gender, age, sexual orientation, national origin or financial status, may apply for Financial Assistance.

1.2. It is part of Adventist HealthCare's mission to provide necessary medical care to those who are unable to pay for that care. The Financial Assistance program provides for care to be either free or rendered at a reduced charge to:

    1.2.1. those most in need based upon the current Federal Poverty Level (FPL) assessment, (i.e., individuals who have income that is less than or equal to 200% of the federal poverty level (See current FPL).

    1.2.2. those in some need based upon the current FPL, (i.e., individuals who have income that is between 201% and 600% of the current FPL guidelines

    1.2.3. patients experiencing a financial hardship (medical debt incurred over the course of the previous 12 months that constitutes more than 25% of the family's income), and/or

    1.2.4. absence of other available financial resources to pay for urgent or emergent medical care

1.3. This policy requires that a patient or their guarantor to cooperate with, and avail themselves of all available programs (including those offered by AHC, Medicaid, workers compensation, and other state and local programs) which

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might provide coverage for services, prior to final approval of Adventist HealthCare Financial Assistance.

1.4. **Eligibility for Emergency Medical Care:** Patients may be eligible for financial assistance for Emergency Medical Care under this Policy if:

    1.4.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

    1.4.2. Their annual family income does not exceed 200% of the current Federal Poverty Guidelines to qualify for full financial assistance or 600% of the current Federal Poverty Guidelines for partial financial assistance; and

    1.4.3. They apply for financial assistance within the Financial Assistance Application Period (i.e. within the period ending on the 240th day after the first post-discharge billing statement is provided to a patient).

1.5. **Eligibility for non-emergency Medically Necessary Care:** Patients may be eligible for financial assistance for non-emergency Medically Necessary Care under this Policy if:

    1.5.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

    1.5.2. Their annual family income does not exceed 200% of the current Federal Poverty Guidelines to qualify for full financial assistance or 600% of the current Federal Poverty Guidelines for partial financial assistance; and

    1.5.3. They apply for financial assistance within the Financial Assistance Application Period (i.e. within the period ending on the 240th day after the first post-discharge billing statement is provided to a patient) and

    1.5.4. The treatment plan was developed and provided by an AHC care team

1.6. **Considerations:**

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1.6.1. Insured Patients who incur high out of pocket expenses (deductibles, co-insurance, etc.) may be eligible for financial assistance applied to the patient payment liability portion of their medically necessary services

1.6.2. Pre-approved financial assistance for medical services scheduled past the 2nd midnight post an ER admission are reviewed by the appropriate staff based on medical necessity criteria established in this policy and may or may not be approved for financial assistance.

1.7. **Exclusions:** Patients are INELIGIBLE for financial assistance for Emergency Medical Care or other non-emergency Medically Necessary Care under this policy if:

1.7.1. Purposely providing false or misleading information by the patient or responsible party; or

1.7.2. Providing information gained through fraudulent methods in order to qualify for financial assistance (EXAMPLE: using misappropriated identification and/or financial information, etc.)

1.7.3. The patient or responsible party refuses to cooperate with any of the terms of this Policy; or

1.7.4. The patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs; or

1.7.5. The patient or responsible party refuses to adhere to their primary insurance requirements where applicable.

1.8. **Special Considerations (Presumptive Eligibility)**: Adventist Healthcare makes available financial assistance to patients based upon their "assumed eligibility" if they meet one of the following criteria:

1.8.1. Patients, unless otherwise eligible for Medicaid or CHIP, who receive benefits from a social security program as determined by the Department and the Commission, including but not limited to those listed below are eligible for

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free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below

> 1.8.1.1. Households with children in the free or reduced lunch program;
>
> 1.8.1.2. Supplemental Nutritional Assistance Program (SNAP);
>
> 1.8.1.3. Low-income-household energy assistance program;
>
> 1.8.1.4. Women, Infants and Children (WIC)

1.8.2. Patients who are beneficiaries of the Montgomery County programs listed below are eligible for financial assistance after meeting the copay requirements mandated by the program, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:

> 1.8.2.1. Montgomery Cares;
>
> 1.8.2.2. Project Access;
>
> 1.8.2.3. Care for Kids

1.8.3. Additionally, patients who fit one or more of the following criteria may be eligible for financial assistance for emergency or nonemergency Medically Necessary Care under this policy with or without a completed application, and regardless of financial ability. IF the patient is:

> 1.8.3.1. categorized as homeless or indigent
>
> 1.8.3.2. unable to provide the necessary financial assistance eligibility information due to mental status or capacity
>
> 1.8.3.3. unresponsive during care and is discharged due to expiration

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1.8.3.4. individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;

1.8.3.5. a victim of a crime or abuse (other requirements will apply)

1.8.3.6. Elderly <u>and</u> a victim of abuse

1.8.3.7. an unaccompanied minor

1.8.3.8. is currently eligible for Medicaid, but was not at the date of service

For any individual presumed to be eligible for financial assistance in accordance with this policy, all actions described in the "Eligibility" Section and throughout this policy would apply as if the individual had submitted a completed Financial Assistance Application form and will be communicated to them within two business days of the request for assistance.

1.9. **Amount Generally Billed:** An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay) with the exception of Adventist Rehabilitation Hospital of Maryland which charges for patients eligible for assistance under this policy will be set at the most recent Maryland Medicaid interim rate at the time of service as set by the Department of Health and Mental Hygiene.

2. **Policy Transparency:** Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum in the primary languages that are appropriate for the Adventist HealthCare service area.

   2.1. As a standard process, Adventist HealthCare will provide Plain Language Summaries of the Financial Assistance Policy

      2.1.1. During ED registration

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    2.1.2.   During financial counseling sessions

    2.1.3.   Upon request

2.2.   Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the Plain Language Summary of the Financial Assistance policy

    2.2.1.   At all registrations sites

    2.2.2.   In specialty area waiting rooms

    2.2.3.   In specialty area patient rooms

2.3.   Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the following on their respective websites in English and in the primary languages that are appropriate for the Adventist HealthCare service area:

    2.3.1.   Financial Assistance Policy (FAP)

    2.3.2.   Financial Assistance Application Form (FAA Form)

    2.3.3.   Plain Language Summary of the Financial Assistance Policy (PLS)

3. Policy Application and Determination Period

3.1.   The Financial Assistance Policy applies to charges for medically necessary patient services that are rendered by one of the referenced Adventist HealthCare facilities. A patient (or guarantor) may apply for Financial Assistance at any time within **240 days after the date it is determined that the patient owes a balance.**

3.2.   Probable eligibility will be communicated to the patient within 2 business days of the request for assistance

3.3.   Each application for Financial Assistance will be reviewed, and a determination made based upon an assessment of the patient's (or guarantor's) ability to pay. This could include, without limitations the needs of the patient and/or guarantor, available income and/or other financial resources. Final Financial Assistance decisions and awards will be communicated to the patient

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within 10 business days of the submission of a completed application for Financial Assistance.

3.4. Pre-approved financial assistance for scheduled medical services is approved by the appropriate staff based on criteria established in this policy

3.5. **Policy Eligibility Period:** If a patient is approved for financial assistance under this Policy, their financial assistance under this policy **shall not exceed past 12 months from the date of the eligibility award letter**. Patients requiring financial assistance past this time must reapply and complete the application process in total.

4. **POLICY EXCLUSIONS:** Services not covered by the AHC Financial Assistance Policy include, but are not limited to:

4.1. Services deemed not medically necessary by AHC clinical team

4.2. Services not charged and billed by an Adventist HealthCare facility listed within this policy are not covered by this policy. Examples include, but at are not limited to; charges from physicians, anesthesiologists, emergency department physicians, radiologists, cardiologists, pathologists, and consulting physicians requested by the admitting and attending physicians.

4.3. Cosmetic, other elective procedures, convenience and/or other Adventist HealthCare facility services which are not medically necessary, are excluded from consideration as a free or discounted service.

4.4. Patients or their guarantors who are eligible for County, State, Federal or other assistance programs will not be eligible for Financial Assistance for services covered under those programs.

4.5. Services Rendered by Physicians who provide services at one of the AHC locations are NOT covered under this policy.

4.5.1. Physician charges are billed **separately** from hospital charges. **Roles and Responsibilities**

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Effective Date: 01/08	Policy No: AHC 3.19
Cross Referenced: Previously: Financial Assistance Policy	Origin: PFS / FC
(see AHC 3.19.1 for Decision Rules / Application)	
Reviewed: 02/09, 9/19/13, 10/10/17	Authority: EC
Revised: 05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13,	Page: 10 of 14
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4.6.   **Adventist HealthCare responsibilities**

4.6.1.   AHC has a financial assistance policy to evaluate and determine an individual's eligibility for financial assistance.

4.6.2.   AHC has a means of communicating the availability of financial assistance to all individuals in a manner that promotes full participation by the individual.

4.6.3.   AHC workforce members in Patient Financial Services and Registration areas understand the AHC financial assistance policy and are able to direct questions regarding the policy to the proper hospital representatives.

4.6.4.   AHC requires all contracts with third party agents who collect bills on behalf of AHC to include provisions that these agents will follow AHC financial assistance policies.

4.6.5.   The AHC Revenue Cycle Function provides organizational oversight for the provision of financial assistance and the policies/processes that govern the financial assistance process.

4.6.6.   After receiving the individual's request for financial assistance, AHC notifies the individual of the eligibility determination within two business days

4.6.7.   AHC provides options for payment arrangements.

4.6.8.   AHC upholds and honors individuals' right to appeal decisions and seek reconsideration.

4.6.9.   AHC maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.

4.6.10. AHC will periodically review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

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4.7. **Individual Patient's Responsibilities**

4.7.1. To be considered for a discount under the financial assistance policy, the individual must cooperate with AHC to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, etc.

4.7.2. To be considered for a discount under the financial assistance policy, the individual must provide AHC with financial and other information needed to determine eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).

4.7.3. An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan.

4.7.4. An individual who qualifies for partial discounts must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify AHC of any change in financial situation so that the impact of this change may be evaluated against financial assistance policies governing the provision of financial assistance.

5. Identification Of Potentially Eligible Individuals

5.1. Identification through socialization and outreach

5.1.1. Registration and pre-registration processes promote identification of individuals in need of financial assistance.

5.1.2. Financial counselors will make best efforts to contact all self-pay inpatients during the course of their stay or within 4 days of discharge.

5.1.3. The AHC hospital facility's PLS will be distributed along with the FAA Form to every individual before discharge from the hospital facility.

5.1.4. Information on how to obtain a copy of the PLS will be included with billing statements that are sent to the individuals

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5.1.5. An individual will be informed about the AHC hospital facility's FAP in oral communications regarding the amount due for his or her care.

5.1.6. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital may take action to report adverse information about the individual to consumer credit reporting agencies/credit bureaus if the individual does not submit a FAA Form or pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the individual at least 30 days before the deadline specified in the notice.

5.2. **Requests for Financial Assistance**: Requests for financial assistance may be received from multiple sources (including the patient, a family member, a community organization, a church, a collection agency, caregiver, Administration, etc.).

5.2.1. Requests received from third parties will be directed to a financial counselor.

5.2.2. The financial counselor will work with the third party to provide resources available to assist the individual in the application process.

5.2.3. If available, an estimated charges letter will be provided to individuals who request it.

5.2.4. **AUTOMATED CHARITY PROCESS** for Accounts sent to outsourced agencies: Adventist HealthCare recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required

information is not provided by the patient, Adventist HealthCare may employ an automated, predictive scoring tool to qualify patients for financial assistance. The Payment Predictability Score (PPS) predicts the likelihood of a patient to qualify for Financial Assistance based on publicly available data sources. PPS provides an estimate of the patient's likely socio-economic standing, as well as, the patient's

ADVENTIST HEALTH CARE, INC.
Corporate Policy Manual
Financial Assistance
(Formerly "Charity Care")

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household income size. Approval used with PPS applies only to accounts being reviewed by Patient Financial Services. All other dates of services for the same patient or guarantor will follow the standard Adventist HealthCare collection process.

6. **Executive Approval Board:** Financial assistance award considerations that fall outside the scope of this policy must be reviewed and approved by AHC CFO of facility rendering services, AHC Vice President of Revenue Management, and AHC VP of Patient Safety/Quality.

7. **POLICY REVIEW AND MAINTAINENCE:**

   7.1. This policy will be reviewed on a bi-annual basis

   7.2. The review team includes Adventist HealthCare entity CFOs and VP of Revenue Management for Adventist HealthCare.

   7.3. Updates, edits, and/or additions to this policy must be reviewed and agreed upon, by the review team and then by the governing committee designated by the Board prior to adoption by AHC.

   7.4. Updated policies will be communicated and posted as outlined in section 2- Policy Transparency of this document.

CONTACT INFORMATION AND ADDITIONAL RESOURCES

Adventist HealthCare Patient Financial Services Department
820 W Diamond Ave, Suite 500
Gaithersburg, MD 20878
(301) 315-3660

ADVENTIST HEALTH CARE, INC.
Corporate Policy Manual
Financial Assistance
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The following information can be found at [Adventist HealthCare's Public Notice of Financial Assistance & Charity Care](#):

Document Title
AHC Financial Assistance Plain Language Summary - English
AHC Financial Assistance Plain Language Summary - Spanish
AHC Federal Poverty Guidelines
AHC Financial Assistant Application - English
AHC Financial Assistant Application - Spanish
List of Providers not covered under AHC's Financial Assistance Policy

PLAIN LANGUAGE SUMMARY
Financial Assistance Policy

Adventist HealthCare is committed to meeting the health care needs of our community through the ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance.

Availability of Financial Assistance: You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full your expected out-of-pocket expenses for emergency and other medically necessary care that Adventist HealthCare provides.

Eligibility: Adventist HealthCare provides financial assistance based upon need. To determine need, we review your household income and compare it to the Federal Poverty Level guidelines set by the U.S. Department of Health and Human Services. We also review the amount of charges for which you are responsible.

If you and/or the party responsible for payment has combined income equal to or below 200 percent of the federal poverty guidelines, you will have no financial responsibility for the care that Adventist HealthCare provides. If you fall between 200 percent and 600 percent of the guidelines, you may qualify for discounted rates for our care.

If you are eligible for financial assistance under this policy, Adventist HealthCare will not charge more for your emergency or other medically necessary care than the amounts we generally bill to individuals who have insurance for such care. In certain cases, we may presume you are eligible for financial assistance if you already qualify for certain types of governmental aid.

You may be ineligible for financial assistance if you have sufficient insurance coverage or we determine your income is enough to pay for care. Please see the links below for our full policy, which provides more explanation and details.

How to Apply for Aid

📄 **Obtain a free copy of our application:**

- Call our Patient Financial Services Department (PFS) at **301-315-3660**

- Visit PFS at: **Adventist HealthCare**
  PFS Department, 5ᵗʰ Floor
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

- Download at AdventistHealthcare.com/FinancialAssistance

PLAIN LANGUAGE SUMMARY
Financial Assistance Policy

☎ **If you need help with the application or have questions:**

- Call PFS at **301-315-3660**

- Visit us at: **Adventist HealthCare**
  PFS Department, 5th Floor
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

✉ **Mail or drop off your application** with the required documentation to**:**
  Adventist HealthCare
  PFS Department, 5th Floor
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

Translation Services: The Financial Assistance Policy, application form and this plain language summary is available in English or Spanish. Adventist HealthCare can provide assistance through a qualified bilingual interpreter upon request.

Additional Resources

HHS FPL Guidelines

RESUMEN EN LENGUAJE SENCILLO
Política de Asistencia financiera

Adventist HealthCare asume el compromiso de satisfacer las necesidades de atención médica de nuestra comunidad a través del ministerio de curación física, mental y espiritual. Todos los pacientes, independientemente de su raza, credo, sexo, edad, nacionalidad o situación financiera, pueden solicitar asistencia financiera.

Disponibilidad de la Asistencia financiera: Usted podría recibir asistencia financiera si no tiene seguro, si su seguro es insuficiente, o si pagar la totalidad de sus gastos de bolsillo por atención de emergencia y otra atención médicamente necesaria que Adventist HealthCare brinde le causaría dificultades económicas.

Elegibilidad: Adventist HealthCare proporciona asistencia financiera en base a la necesidad. Para determinar la necesidad, analizamos los ingresos de su hogar y los comparamos con las pautas del Nivel Federal de Pobreza establecido por el Departamento de Salud y Servicios Humanos de los EE. UU. También analizamos el monto de los cargos por los que es responsable.

Si usted o el responsable de realizar el pago tiene un ingreso combinado igual o menor que el 200 por ciento de las pautas federales de pobreza, no tendrá responsabilidad financiera por la atención que Adventist HealthCare proporciona. Si usted se encuentra entre el 200 por ciento y el 600 por ciento de lo establecido por las pautas, podría calificar para acceder a tarifas con descuento por nuestra atención.

Si usted es elegible para recibir asistencia financiera bajo esta política, Adventist HealthCare no le cobrará más por su atención de emergencia u otra atención médicamente necesaria que los montos que generalmente le facturamos a las personas que tienen seguro para dicha atención. En algunos casos, asumiremos que usted es elegible para recibir asistencia financiera si ya califica para recibir ciertos tipos de ayuda gubernamental.

Es posible que no sea elegible para recibir asistencia financiera si tiene cobertura de seguro suficiente o determinamos que sus ingresos son suficientes para pagar la atención. Visite los siguientes enlaces para consultar nuestra política completa, que tiene una explicación más detallada.

Cómo solicitar ayuda

📄 **Obtenga una copia gratuita de nuestra solicitud:**

- Llame a nuestro Departamento de Servicios Financieros para Pacientes (PFS) al **301-315-3660**

- Visite PFS en: **Adventist HealthCare**
  Departamento de PFS, 5to piso
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

RESUMEN EN LENGUAJE SENCILLO
Política de Asistencia financiera

- Descárguela en AdventistHealthcare.com/FinancialAssistance

☎ **Si necesita ayuda con la solicitud o tiene preguntas:**

- Llame a PFS al **301-315-3660**

- Visítenos en: **Adventist HealthCare**
  Departamento de PFS, 5to piso
  810 W. Diamond Avenue
  Gaithersburg, MD 20878

✉ **Envíe su solicitud por correo o entréguela** con la documentación requerida a:
Adventist HealthCare
Departamento de PFS, 5to piso
810 W. Diamond Avenue
Gaithersburg, MD 20878

Servicios de traducción: La Política de Asistencia financiera, el formulario de solicitud y el resumen en lenguaje sencillo están disponibles en inglés y español. Adventist HealthCare puede brindarle asistencia mediante un intérprete bilingüe calificado si lo solicita.

Recursos adicionales

Pautas del Nivel federal de pobreza de HHS

ADVENTIST HEALTHCARE FINANCIAL ASSISTANCE APPLICATION

Shady Grove Medical Center, Adventist Behavioral Health & Wellness Services, Washington Adventist Hospital, Adventist HealthCare Rehabilitation and Adventist HealthCare Germantown Emergency Center will make available a reasonable amount of health care without charge to persons eligible under community services administration guidelines. Financial Assistance is available to patients whose family income does not exceed the limits designed by the income poverty guidelines established by the Community Services Administration.

Financial Assistance may only be granted based on the receipt of the signed and completed Maryland State Uniform Financial Assistance application. Please provide copies only of the following documents.

Proof of income can be provided in the forms listed below:
- Three recent months' worth of paystubs
- Official letter from your employer that includes hourly wage and hours worked. Letter must have date, employer's name, address and phone number.
- If you are providing bank statements as your proof of income, please provide copies of 3 months' worth of bank statements
- If you are self-employed, please provide a letter explaining your monthly gross income. Letter must include your name, address, phone number and copy of last year's taxes.

If you are receiving state, county or personal assistance, please provide a letter of support or award letter from program in which you are enrolled.
- Letter of support must indicate the name of the person's name who is providing the support and what support is being provided.
- Food-stamp letter from county or state
- Housing assistance letter

Any missing documents may result in a delay in processing or denial of your application. Thank you for your cooperation.

Please mail your application to:

Adventist HealthCare

Patient Financial Services

820 West Diamond Ave. Suite 500

Gaithersburg, MD 20878

❑ *Washington Adventist Hospital*   ❑ *Behavioral Health & Wellness Services*   ❑ *Shady Grove Medical Center*

❑ *Germantown Emergency Center*   ❑ *Adventist Rehabilitation*

Maryland State Uniform Financial Assistance Application

Information About You

Name: _____
       First   *Middle Initial*   *Last*

Social Security Number ☐-☐-☐   Marital Status: ☐ Single ☐ Married ☐ Separated

US Citizen: ☐ Yes   ☐ No   Permanent Resident: ☐ Yes   ☐ No

Home
Address: _____
         Street Address

_____ _____ _____ _____
   City   *State*   *Zip code* *Country*

Home Phone:

(☐) ☐ - ☐
(Area Code) ### - ####

Employer
Name &
Address: _____
         Employer Name

         _____
         Street Address

_____ _____ _____
   City   *State*   *Zip code*

Work Phone:

(☐) ☐ - ☐
(Area Code) ### - ####

Household Members:

Name	Age	Relationship

Have you applied for Medical Assistance   ☐ Yes   ☐ No

   If yes, what was the date you applied?   ☐/☐/☐   *(MM/DD/YYYY)*

   If yes, what was the determination?

Do you receive any type of state or county assistance?   ☐ Yes   ☐ No

I. *Family Income*

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount

Employment _____

Retirement/pension benefits _____

Social security benefits _____

Public assistance benefits _____

Disability benefits _____

Unemployment benefits _____

Veterans benefits _____

Alimony _____

Rental property income _____

Strike benefits _____

Military allotment _____

Farm or self employment _____

Other income source: _____

Total _____

II. *Liquid Assets*

Current Balance

Checking account _____

Savings account _____

Stocks, bonds, CD, or money market _____

Other accounts _____

Total _____

III. *Other Assets*

If you own any of the following items, please list the type and approximate value.

Home :   Loan Balance: _____   Approximate value: _____

Automobile: Make: _____   Year: _____   Approximate value: _____

Additional vehicle: Make : _____   Year: _____   Approximate value: _____

Additional vehicle: Make: _____   Year: _____   Approximate value: _____

Other property: _____   Approximate value: _____

Total _____

IV. *Monthly Expenses*

Amount

Rent or Mortgage _____

Utilities _____

Car payment(s) _____

Credit card(s) _____

Car insurance _____

Health insurance _____

Other medical expenses _____

Other expenses _____

Total _____

Do you have any other unpaid medical bills?   ☐ Yes   ☐ No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____   _____   _____
Applicant signature   *Date*   *Relationship to Patient*

820 West Diamond Avenue, Suite 600
Gaithersburg, MD 20878
www.AdventistHealthCare.com

SOLICITUD PARA ASISTENCIA FINANCIERA DE ADVENTIST HEALTHCARE

Shady Grove Medical Center, Adventist Behavioral Health & Wellness Services, Washington Adventist Hospital, Adventist HealthCare Rehabilitation y Adventist HealthCare Germantown Emergency Center pondrán una cantidad razonable de atención médica sin cargo a disposición de personas elegibles de conformidad con las pautas de la Administración de Servicios Comunitarios. La Asistencia financiera está disponible para pacientes cuyos ingresos familiares no superen los límites designados por las pautas de pobreza establecidas por la Administración de Servicios Comunitarios.

Solo se podrá otorgar Asistencia financiera luego de haber recibido la solicitud de Asistencia financiera uniforme del estado de Maryland. Por favor, solo proporcione copias de los siguientes documentos.

La constancia de ingresos puede ser de cualquiera de los siguientes tipos:
- Tres meses de recibos de pago recientes.
- Carta oficial de su empleador que incluya su remuneración por hora y las horas trabajadas. La carta debe incluir la fecha, y el nombre, dirección y número de teléfono del empleador.
- Si proporciona estados de cuenta bancarios como constancia de ingresos, incluya copias de 3 meses de estados de cuenta.
- Si usted es trabajador independiente, proporcione una carta que detalle sus ingresos mensuales brutos. La carta debe incluir su nombre, dirección, número de teléfono y una copia de sus impuestos del año pasado.

Si usted recibe asistencia estatal, personal o del condado, incluya una carta de apoyo o una carta de adjudicación del programa en el que está inscripto.
- La carta de apoyo debe incluir el nombre de la persona que está brindando el apoyo y qué apoyo le está brindando.
- Carta de adjudicación de cupones de comida del condado o estado.
- Carta de asistencia para vivienda.

Cualquier documento faltante podría provocar una demora en el procesamiento de su solicitud o su rechazo. Gracias por su cooperación

Envíe su solicitud a:

Adventist HealthCare

Patient Financial Services

820 West Diamond Ave. Suite 500

Gaithersburg, MD 20878

❑*Washington Adventist Hospital*   ❑*Behavioral Health & Wellness Services*   ❑*Shady Grove Medical Center*

❑*Germantown Emergency Center*   ❑*Adventist Rehabilitation*

Solicitud de Asistencia financiera uniforme del estado de Maryland

Información acerca de usted

Nombre: _____

                  Primer nombre   *Inicial 2do nombre*   *Apellido*

Nro. de seguridad social: ☐☐☐ - ☐☐ - ☐☐☐☐   Estado civil: ☐ Soltero ☐ Casado ☐ Separado

Ciudadano de los EE. UU.: ☐ Sí ☐ No   Residente permanente: ☐ Sí ☐ No

Dirección: _____   Tel. casa:

                              Calle   (   )   -

_____   (Cód. de área) ### - ####

    Ciudad   *Estado*   *Cód. postal*   *País*

Nombre y dirección _____   Tel. trabajo:

del empleador: *Nombre del empleador*   (   )   -

_____   (Cód. de área) ### - ####

                              Dirección

_____

    Ciudad   *Estado*   *Cód. postal*   *País*

Miembros del hogar:

Nombre	Edad	Relación
Nombre	Edad	Relación
Nombre	Edad	Relación
Nombre	Edad	Relación
Nombre	Edad	Relación
Nombre	Edad	Relación
Nombre	Edad	Relación
Nombre	Edad	Relación

¿Ha solicitado Asistencia médica?   ☐ Sí ☐ No

Si la respuesta es sí, ¿en qué fecha la solicitó?   ☐☐ / ☐☐ / ☐☐☐☐   (MM/DD/YYYY)

Si la respuesta es sí, ¿cuál fue la determinación?

¿Recibe algún tipo de asistencia del estado o el condado? ☐ Sí ☐ No

I.   *Ingresos familiares*

Enumere los montos de sus ingresos mensuales de todas las fuentes. Es posible que se le exija que proporcione constancia de ingresos, activos y gastos. Si no tiene ingresos, proporcione una carta de apoyo de la persona que le proporciona su vivienda y comidas.

Monto mensual

Empleo _____

Beneficios de jubilación/pensión _____

Beneficios de seguridad social _____

Beneficios de asistencia pública _____

Beneficios de discapacidad _____

Beneficios de desempleo _____

Beneficios de veteranos _____

Manutención _____

Ingresos por alquiler de propiedades _____

Beneficios de huelgas _____

Asignación militar _____

Agricultura o empleo independiente _____

Otra fuente de ingresos: _____

Total _____

II. *Activos líquidos*

Saldo actual

Cuenta corriente _____

Caja de ahorro _____

Acciones, bonos, certificados de depósito, o mercado monetario _____

Otras cuentas _____

Total _____

III. *Otros activos*

Si posee alguno de los siguientes bienes, enumere el tipo y valor aproximado.

Vivienda: Saldo del préstamo: _____   Valor aproximado: _____

Automóvil: Marca: _____ Año: _____   Valor aproximado: _____

Vehículo adicional: Marca: _____ Año: _____   Valor aproximado: _____

Vehículo adicional: Marca: _____ Año: _____   Valor aproximado: _____

Otra propiedad: _____   Valor aproximado: _____

Total _____

IV. *Gastos mensuales*

Monto

Renta o hipoteca _____

Servicios públicos _____

Pagos de automóvile(s) _____

Tarjeta(s) de crédito _____

Seguro del automóvil _____

Seguro médico _____

Otros gastos médicos _____

Otros gastos _____

Total _____

¿Tiene alguna otra factura médica impaga?   ☐ Sí   ☐ No

¿Por qué servicio?

Si ha acordado un plan de pagos, ¿cuál es el monto mensual?

Si solicita que el hospital le de asistencia financiera adicional, el hospital podría solicitarle información adicional para realizar una determinación suplementaria. Al firmar este formulario, usted certifica que la información proporcionada es verdadera y acepta notificar al hospital de cualquier cambio en la información proporcionada dentro de 10 días del cambio.

_____   _____   _____
Firma del solicitante   *Fecha*   *Relación*