

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: Carroll Hospital Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210033	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called LifeBridge Health.	<input checked="" type="radio"/>	<input type="radio"/>	

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.

Health Disparities Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Older Adults & Aging, Other Chronic Diseases, Respiratory Diseases, Substance Abuse, Housing Affordability & Supply, and Wellness & Lifestyle. For a complete and updated list with data sources, visit our Disparities Dashboard powered by Healthy Communities Institute at: <http://www.healthycarroll.org/assessments-data/our-community-dashboard/?hcn=DisparitiesDashboard> Our Community Dashboard: <http://www.healthycarroll.org/assessments-data/ourcommunity-dashboard/> Also obtain data from: -The Robert Wood Johnson Foundation's County Health Rankings and Roadmaps (<https://www.countyhealthrankings.org/>) - Maryland Department of Health's Vital Statistics and Reports (<https://health.maryland.gov/vsa/Pages/reports.aspx>) - The University of Wisconsin School of Medicine and Public Health's Neighborhood Atlas/Area Deprivation Index Map (<https://www.neighborhoodatlas.medicine.wisc.edu/>)

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

[Carroll County Population Summary.xlsx](#)

12.6KB

application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> 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.

21048

21757

21074

21771

21102

21776

21104

21784

21136

21787

21155

21791

21157

21797

21158

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.

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

Carroll Hospital primarily defines its community benefit service area as Carroll County. The hospital further defines primary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary
Finksburg (21048)
Keymar (21757)
Hampstead (21074)
Manchester (21102)
Mount Airy (21771)
New Windsor (21776)
Sykesville (21784)
Taneytown (21787)
Union Bridge (21791)
Upperco (21155)
Westminster (21157 & 21158)
Woodbine (21797)

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

Based on patterns of utilization. Please describe.

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.

<http://www.lifebridgehealth.org/Carroll/MissionVision.aspx>

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)

05/09/2018

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

<https://healthycarroll.org/community-health-needs-assessment/>

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.

Created printed copies and posted online at the link above. Also, developed an executive summary for key stakeholders.

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 explanation 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:

Maryland Department of Natural Resources

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:

Maryland Department of the Environment

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:

Maryland Department of Transportation

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:

Maryland Department of Education

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:
Carroll County Bureau of Aging and Disabilities

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:

Local Govt. Organizations -- Please list the organizations here:
Carroll County Commissioners; City of Taneytown

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:

Faith-Based Organizations

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 - K-12 -- Please list the schools here:
Carroll County Public Schools; Gerstell Academy

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 - Colleges and/or Universities -- Please list the schools here:
McDaniel College; Carroll Community College

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 of Public Health -- Please list the schools here:

School - Medical School -- Please list the schools here:

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:
Behavioral Health Advisory Board

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
Community Services Council, includes community nonprofits

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:
Carroll Lutheran Village, Long View Healthcare Center, Right at Home

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
PFLAG - Carroll County; NAACP - Carroll County

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:
Department of Citizen Services

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:
 Access Carroll; Public Safety (EMS, fire, police)

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

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.

04/03/2018

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

<https://healthycarroll.org/cb-hip/>

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
- 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
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- 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
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

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

The needs identified in the previous CHNA overlap considerably and are nearly identical with the exception of more specific needs identified in the 2018 CHNA around prescription drug abuse and the addition of sexually transmitted diseases. There are obvious cross-relationships among several of the priority needs identified. Behavioral health, diabetes, cancer, and heart health all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

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.

	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:
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:

Q62. Section III - CB Administration Part 1 - Participants (continued)

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: LifeBridge Health Hospitals (Sinai, Northwest, Levindale and Grace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Discuss best practices and process improvement
Local Health Department -- Please list the Local Health Departments here: Carroll County Health Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Health Improvement Coalition -- Please list the LHICs here: Carroll County LHIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Agency on Aging -- Please list the agencies here: Carroll County Bureau of Aging and Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Local Govt. Organizations -- Please list the organizations here:
 Carroll County Government

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Collaborate on community benefit programs

School - K-12 -- Please list the schools here:
 Carroll County Public Schools

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Collaborate on community benefit programs, education for CCPS staff

School - Colleges and/or Universities -- Please list the schools here:
 Carroll Community College, McDaniel College

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Collaborate on community benefit programs

School of Public Health -- Please list the schools 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Medical School -- Please list the schools 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:
 Access Carroll, Behavioral Health Advisory Board

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
 Department of Citizen Services

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:
 Carroll Lutheran Village, Right at Home, Long View Healthcare Center, Brinton Woods Nursing Home

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

Collaborate on community benefit programs

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:

Consumer/Public Advocacy Organizations - Please list the organizations here:

Other -- If any other people or organizations were involved, please list them here:

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.

The Community Benefit Committee reviews the community benefit narrative

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

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

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.

The Carroll Hospital Board of Directors and senior leadership used results from the 2012 CHNA to inform the hospital's strategic plan, Vision 2020. With each subsequent CHNA, the hospital revises the strategic plan to ensure that the top identified needs —diabetes, heart health, cancer and behavioral health — were considered when determining strategies for service lines, facility planning and medical staff development. An example is the continued growth of our community health navigation services, free programs to help individuals better manage their chronic health conditions, including outpatient palliative care services and medication management. For more details on the hospital's strategic plan visit: <http://www.carrollhospitalcenter.org/vision2020>

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

<http://www.carrollhospitalcenter.org/vision2020>

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

The hospital has enjoyed a longstanding close relationship with the Carroll County Health Department, which resulted in the establishment of The Partnership for a Healthier Carroll County nearly 20 years ago, and the development of Access Carroll in 2005. Our Community Benefit Committee has representatives from the Carroll County Health Department, Access Carroll and The Partnership to ensure coordination of efforts and alignment with the LHIP and SHIP efforts.

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.

Access Carroll

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:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use
Other:

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
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- 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
- 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
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q82. When did this initiative begin?

2005 for Primary Care Services and 2015 for Behavioral Health Services

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 if there is no longer a need for medical care for low income, at risk population

- 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.).

Low income residents of Carroll County who need primary care, dental care and behavioral health services

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

8500

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

18,570 Encounters

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.

Carroll County Health Department

- No.

Q89. Please describe the primary objective of the initiative.

To provide primary care, dental and behavioral health services to low-income residents of Carroll County. To reduce the number of emergency department visits related to mental health and addiction related services.

Q90. Please describe how the initiative is delivered.

Access Carroll – A Patient-Centered and Integrated Health Care Home for Low-Income Residents of Carroll County, Maryland Primary medical care, dental and behavioral health services are provided by volunteer physicians, nurses and other medical professionals. By removing traditional barriers to quality health care, Access Carroll strives to help patients maintain good health and learn to manage any acute or chronic illnesses.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- 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

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

FISCAL YEAR 2020: Medical Encounters = 6,339 (New Patients = 323); Behavioral Health Encounters = 9,317 (New Patients = 161); Dental Encounters = 2,914 (New Patients = 403); Care Coordination/Navigation Individuals Served = 778; Care Coordination includes specialty care (Specialists, High End Diagnostics, Surgeries), SSI/SSDI Applications, Homelessness Services (SOAR), Individualized Case Management Sessions, "Bills and Pills Case Management", Public Assistance Applications (Medical Assistance, SNAP, SAIL, Housing/Shelter, Food Resources), Transportation Services. TOTAL Encounters = 18,570. Carroll Hospital referred 506 patients for primary care and case management services after an emergency department visit or 30-day readmission to connect patient with insurance, health services, and follow up care.

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

Access Carroll's patient encounters have continued to grow each year for medical, behavioral and dental services as well as comprehensive care management for these individuals.

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

Access Carroll staff, 24/7 behavioral health services, medical and dental care, hospital resources, etc. \$1,094,976.00

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Community Health and Wellness Education

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:

Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use
Other:

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- 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
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q100. When did this initiative begin?

Ongoing-we have provided community education services for many years.

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.

- 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.

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

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

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

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.
- No.

Carroll County Health Department
Carroll County Bureau of Aging and
Disabilities
Various other community based
organizations that we partner with for
disease specific education.1

Q107. Please describe the primary objective of the initiative.

The Tevis Center for Wellness at Carroll Hospital provides a full range of programs including educational classes on a variety of topics, CPR instruction, support groups, health screenings and more. All programs are led by specially trained and certified instructors with various areas of expertise. In Carroll County: Depressive Disorder Prevalence (doctor diagnosed, age-adjusted) is 21.2% with the state average being 18.4% Cancer Prevalence (doctor diagnosed, age-adjusted) is 11.9% with the state average being 10.6% Adult Obesity 33% with the state average being 31%

Q108. Please describe how the initiative is delivered.

A variety of professional providers, nurses, nutritionists and others provide disease specific educational services offering: Community Health Education Support Groups Self-Help Screenings Health Care Support Services

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- 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).

OF STAFF HOURS # OF ENCOUNTERS COMMUNITY HEALTH SERVICES Community Health Education 40,893 66,547 Support Groups 70 1,249 Self-Help 1,151 3,675 Screenings 1,310 Health Care Support Services 2,157 2,108

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

The program focuses on reaching individuals with high incidence of heart disease, behavioral health issues, cancer and diabetes as well as a number of other health conditions.

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

\$2,402,830 with offsetting revenue of \$163,929 = Net Community Benefit of \$2,256,903

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

The Partnership for a Healthier Carroll County

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:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use
Other:

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

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

- 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

- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q118. When did this initiative begin?

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.).

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

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

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.
- No.

In partnership with the Carroll County Health Department and Carroll Hospital, the Partnership for a Healthier Carroll County works with more than 100 community partners including but not limited to: Carroll County Public Schools, Carroll Community College, McDaniel College, Carroll County Sherriff's Department, Carroll County Library, Carroll County Bureau of Aging and Disabilities and many other community based organizations.

- No.

Q125. Please describe the primary objective of the initiative.

The Partnership for a Healthier Carroll County, Inc. an affiliate of Carroll Hospital and the Carroll County Health Department is a private nonprofit organization working to improve health by connecting people, inspiring action and strengthening community. We work to: Promote healthy lifestyles Inspire Leadership Track emerging health issues Influence policies that impact health Oversee community health assessments and Monitor health data to regularly check the pulse of our community

Q126. Please describe how the initiative is delivered.

The Partnership sponsors several programs that focus on key priority areas of the CHNA. Addressing Alzheimer's, Skin Cancer, Heart Health, Diabetes, Falls and Immunizations the Healthy Aging Leadership team targets older adults in Carroll County who are experiencing or are at risk for these conditions. The Advancing Health and Wellness Leadership Team leads initiatives to inspire Carroll County residents to adopt healthier behaviors and reduce the incidence of chronic disease. The Access to Health leadership team leads initiatives to reduce issues around access to care in the Carroll County Community.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- 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).

Please refer to the Healthy Carroll Vital signs using this link: <https://healthycarroll.org/wp-content/uploads/2019/12/fy2019-fy2021-hcvs-dec-2019-revised-2.pdf> (pdf posted in Supplemental information)

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

The Partnership for a Healthier Carroll County is an integral part of our ability to reach the residents of Carroll County around the top health priorities. In partnership with the Carroll County Health Department, the Partnership has allowed us to focus on those top priorities through over 100 community partners. Every agency in the county is working on these top health priorities.

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

\$601,714.5 reflects the salary of the Executive Director and direct funding from Carroll hospital for Partnership Activities.

Q131. (Optional) Supplemental information for this initiative.

[Healthy_Carroll_Vital_Signs.pdf](#)
1MB
application/pdf

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.

[CommunityBenefitPlan_2019-2021-FINAL_9-May-2018.pdf](#)
8.8MB
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: **Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use**
Other:

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

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
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	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

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	Physician subsidies have become necessary to ensure that all patient requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patient requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First the hospital contracts with 10 medical specialists to ensure 24/7 coverage in the ED. These specialists include neurosurgery, general plastic, vascular and oral surgery, orthopaedics, urology, podiatry, ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital.
Physician Provision of Financial Assistance	Hospital employed physicians are required to see medically underserved, uninsured Medicare and Medicaid patients
Physician Recruitment to Meet Community Need	To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients.
Other (provide detail of any subsidy not listed above)	<input style="width: 100%;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 100%;" type="text"/>

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)

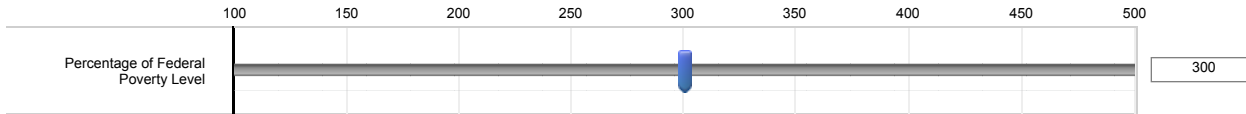
Q146. Upload a copy of your hospital's financial assistance policy.

[LBH Financial Assistance Policy English 012821.pdf](#)
277.4KB
application/pdf

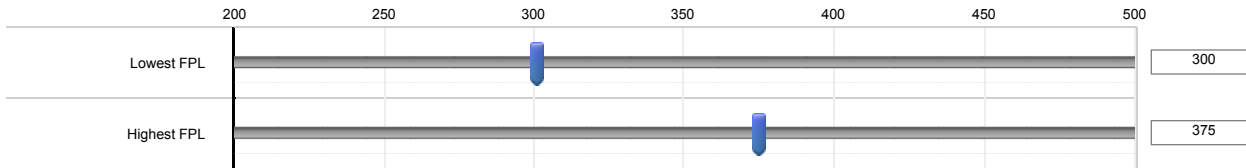
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Plain Language Summary English.pdf](#)
46.2KB
application/pdf

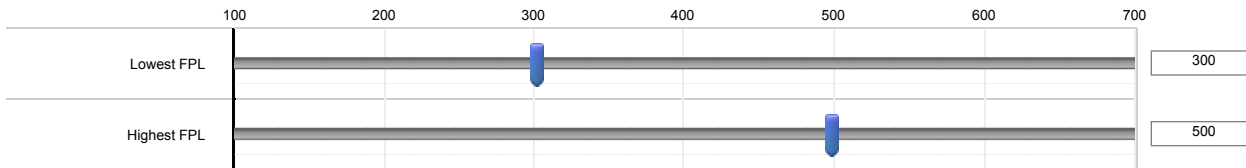
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



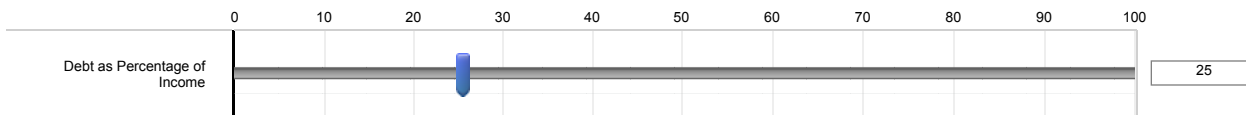
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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.



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



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

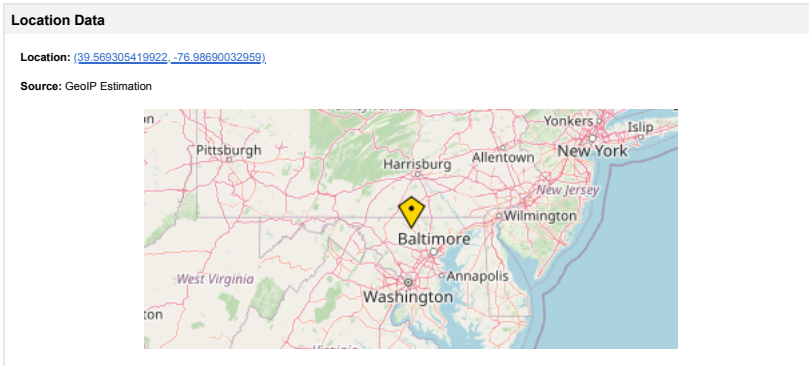
Q156.

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.



From: [Hilltop HCB Help Account](#)
To: [Sharon McClernan](#); [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - Carroll Hospital Center
Date: Wednesday, June 9, 2021 3:59:04 PM
Attachments: [image001.png](#)

Thank you for your clarifications. They will be included along with your original submission and all attachments in the complete official report.

From: Sharon McClernan <smcclernan@lifebridgehealth.org>
Sent: Tuesday, June 8, 2021 1:47 PM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: RE: Clarification Required - Carroll Hospital Center

See Responses Below.

Sharon McClernan, RN, BSN, MBA/MHA
Vice President for Population Health
LifeBridge Health
Office- 410-871-6776
Mobile- 410-259-9724

Assistant- Cheryl Ebaugh



From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:10 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Sharon McClernan <smcclernan@lifebridgehealth.org>
Subject: Clarification Required - Carroll Hospital Center

LBH SECURITY ALERT: This email is from an external source. Do not click on any links or open attachments unless you recognize the sender and know the content is safe. Never provide your username or password.

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

- In Question 81 on page 16 of the attached, where you selected the CHNA-identified needs addressed by the Access Carroll initiative, a number of those needs were not selected in

Question 56 on page 10. Please confirm whether these needs should have been selected for question 56:

- Access to Health Services: Health Insurance
- Access to Health Services: Regular PCP Visits
- Access to Health Services: Outpatient Services
- Health Literacy

Yes!

- In question 91 on page 19, please provide an explanation of what “Effects on healthcare utilization or cost” are used to evaluate the effectiveness of the Access Carroll initiative.

With Access Carroll managing our highest risk patients in the community, we have seen a reduction in both ED visits and overall utilization of more expensive healthcare services. We look at ED utilization, Readmissions to the hospital and Hospital utilization for this population.

- In Question 99 on page 19, where you selected the CHNA-identified needs addressed by the Community Health and Wellness Education initiative, a number of those needs were not selected in Question 56 on page 10. Please confirm whether these needs should have been selected for question 56
 - Adolescent Health- no
 - Arthritis, Osteoporosis, and Chronic Back Conditions- Yes
- Please provide a response to question 100 on page 20 with at least a year when the initiative began.-2005
- Please provide a response to the following questions: 102 on page 21, Q 103 on page 21, and Q 104 on page 21. The program targets people in the community with priority health conditions of arthritis, cancer, diabetes, heart disease and dementia. Target 50,000 people. Reached 40,893
- For question 110 on page 22, please clarify which numbers correspond to number of staff hours and which to number of encounters.
Community Health Education 40,893 total encounters (Not sure why this copied and pasted this way)
- In question 111 on page 22, reviewers felt this answer belonged in question 102. This question did not ask about what population is targeted. Rather, this question asks the hospital to tie the outcomes of the initiative to community health needs. Please provide a response to this question. This intervention targets the community health priority areas of heart disease, behavioral health, cancer and diabetes
- In Question 117 on page 22, where you selected the CHNA-identified needs addressed by the Partnership for a Healthier Carroll County initiative, one of those needs was not selected in Question 56 on page 10. Please confirm whether this need should have been selected for question 56
 - Access to Health Services: Health Insurance -Yes There is an access to care leadership team for the Partnership for a Healthier Carroll County.

Please provide an answer to question 121 on page 23. Estimated 20,000 individuals

- In question 127 on page 24, please provide an explanation of what “Biophysical health indicators” and “Impacts on policy change” the hospital uses to evaluate the success or effectiveness of the initiative Biophysical Health indicators should not have been checked. Impacts on policy change- The Partnership for a Healthier Carroll County works to address local policy related to behavioral health access, access to care, healthy aging and other key areas of local policy concern.
- In question 142 on page 26, please provide an explanation of “why the services would not otherwise be available to meet patient demand” for the “Physician Provision of Financial Assistance” subsidy. There are patients in our community who do not have insurance, are underinsured or do not have access to insurance (non-US citizens) that we provide subsidies to as well as if Carroll Hospital did not subsidize some of these services, they would not be available locally in our community.
- In question 152 on page 27, please clarify whether the hospital’s FAP has changed. No significant changes to the FA policy.

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

CONFIDENTIALITY NOTICE This e-mail transmission, and any documents, files, or previous e-mail messages attached to it, may contain information that is confidential. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that you must not read this transmission and that any disclosure, copying, printing, distribution or use of any of the information contained in or attached to this transmission is **STRICTLY PROHIBITED!** If you have received this transmission in error, please immediately notify the sender by telephone or return e-mail and delete the original transmission and its attachments without reading or saving in any manner.

Population Health Status	Carroll County	Maryland	Source
DEMOGRAPHICS			
Total Population	168,429	6,042,718	County Health Rankings (RWJF)
% Black/African-American	3.6%	29.8%	County Health Rankings (RWJF)
% White/Caucasian	88.7%	50.5%	County Health Rankings (RWJF)
% Hispanic	3.7%	10.4%	County Health Rankings (RWJF)
% Population 65 Years and Over	16.8%	15.4%	County Health Rankings (RWJF)
Life Expectancy	78.6	79.2	Maryland Department of Health, 2018
Premature Death Rate (Years of Potential Life Lost)	6,700	7,200	County Health Rankings (RWJF)
Low Birthweight	6%	9%	County Health Rankings (RWJF)
AREAS OF CONCERN			
Ranking Compared to Other Maryland Counties	3 out of 24	-	County Health Rankings (RWJF)
Chronic Conditions:			
Heart Failure Prevalence (Medicare Population, 2017)	14.5%	12.6%	Conduent
Diabetes Prevalence (doctor diagnosed, age-adjusted, excluding gestational)	8.2%	12.0%	Maryland Department of Health BRFSS, 2018
Cardiovascular Disease Prevalence (doctor diagnosed, age-adjusted)	7.8%	8.4%	Maryland Department of Health BRFSS, 2018
Asthma Prevalence (doctor diagnosed, age-adjusted)	5.6%	10.8%	Maryland Department of Health BRFSS, 2018
COPD Prevalence (doctor diagnosed, age-adjusted)	3.8%	6.0%	Maryland Department of Health BRFSS, 2018
Kidney Disease Prevalence (doctor diagnosed, age-adjusted)	N/A	3.2%	Maryland Department of Health BRFSS, 2018
Depressive Disorder Prevalence (doctor diagnosed, age-adjusted)	21.2%	18.4%	Maryland Department of Health BRFSS, 2018
Cancer Prevalence (doctor diagnosed, age-adjusted)	11.9%	10.6%	Maryland Department of Health BRFSS, 2018
Adult Obesity	33%	31%	County Health Rankings (RWJF)
HIV Prevalence (rate per 100,000)	84	643	County Health Rankings (RWJF)
Health Behaviors:			
Adult Smoking	13%	14%	County Health Rankings (RWJF)
Teen Births (per 1,000 female population ages 15-19)	9	17	County Health Rankings (RWJF)
Preventable Hospital Stays (per 100,000 Medicare enrollees, 2017)	4,066	4,550	County Health Rankings (RWJF)
Social Determinants:			
Households without a vehicle	4.6%	9.0%	Conduent
Food Insecurity	5%	11%	County Health Rankings (RWJF)
Severe Housing Problems	11.1%	16.5%	Conduent
High School Graduation	98%	88%	County Health Rankings (RWJF)
Social and Economic Factors:			
Median Household Income	\$96,000	\$83,100	County Health Rankings (RWJF)
Children in Poverty	6%	12%	County Health Rankings (RWJF)
Children Eligible for Free/Reduced Price Lunch	19%	46%	County Health Rankings (RWJF)
Violent Crime Rate (per 100,000 population)	188	459	County Health Rankings (RWJF)

Healthy Carroll Vital Signs™ are the *measures of health* (health indicators) for our community of Carroll County, MD

INDICATOR (WITH DATA SOURCE) Each indicator is for the entire population of Carroll County, MD unless otherwise stated.		Most recent available DATA FY 2019 – FY 2021 (with year data collected)						TREND	DESIRED TREND	AT TARGET or better?	TARGET & Target Source	
		July 2018 BASE-LINE	Dec. 2018	Jun. 2019	Dec. 2019	Jun. 2020	Dec. 2020					Jun. 2021
Priority: BEHAVIORAL HEALTH												
1.	# of BH patients admitted to CH inpatient unit 3+ times / year for behavioral health diagnosis (CH)	18 (2017)	18 (2017)	15 (2018)	8 (2019)				↓	↓	✓	a) 50
2.	Age-adjusted suicide mortality rate per 100,000 (MVS)	14.3 (2016)	13.1 (2017)	13.1 (2017)	14.1 (2018)				↑	↓	✗	b) 9
3.	Emergency department visits related to mental health conditions, rate per 100,000 (MHCRC)	2949.5 (2015)	4058.0 (2016)	4216.0 (2017)	4216.0 (2017)				↑	↓	✗	b) 3156.2
4.	Age-adjusted drug-induced mortality rate: deaths caused by prescription or illicit drugs, rate per 100,000 (MVS)	30.2 (2016)	30.2 (2016)	30.2 (2016)	36.1 (2017)				↑	↓	✗	b) 12.6
5.	Emergency department visits for addictions-related conditions, rate per 100,000 (MHCRC)	2315.0 (2015)	1330.2 (2016)	1238.1 (2017)	1238.1 (2017)				↓	↓	✓	b) 1400.9
Priority: DIABETES												
6.	% of adults with diabetes (MD BRFSS)	9.7% (2016)	10.5% (2017)	10.5% (2017)	10.5% (2017)				↑	↓	✗	a) 10.4%
7.	Age-adjusted death rate due to diabetes per 100,000 (MVS)	16.1 (2016)	17.8 (2017)	17.8 (2017)	17.5 (2018)				↓	↓	✗	a) 12.0
8.	Emergency department visit rate due to diabetes, rate per 1,000 (MHCRC)	120.7 (2015)	129.4 (2016)	134.9 (2017)	134.9 (2017)				↑	↓	✓	b) 186.3

Priority: HEART HEALTH

9.	% of adults with high blood pressure (MD BRFSS)	34.0% (2016)	37.9% (2017)	37.9% (2017)	37.9% (2017)				↑	↓	✕	c) 26.9%
10.	% of adults with high cholesterol (MD BRFSS)	32.8% (2015)	39.8% (2017)	39.8% (2017)	42.5% (2017)				↑	↓	✕	c) 13.5%
11.	Age-adjusted death rate due to CVA (stroke), rate per 100,000 (MVS)	46.3 (2016)	46.2 (2017)	46.2 (2017)	46.0 (2018)				↓	↓	✕	c) 34.8
12.	Age-adjusted death rate due to heart disease, rate per 100,000 (MVS)	176.4 (2016)	174.1 (2017)	174.1 (2017)	172.9 (2018)				↓	↓	✕	b) 166.3
13.	Emergency department visit rate due to hypertension, rate per 1,000 (MHCRC)	157.1 (2015)	175.6 (2016)	201.4 (2017)	201.4 (2017)				↑	↓	✓	b) 234
14.	% of adults who engage in regular physical activity, 150 min. moderate or 75 min. vigorous per week (MD BRFSS)	48.7% (2015)	41.6% (2017)	41.6% (2017)	41.6% (2017)				↓	↑	✕	c) 47.9%

Priority: CANCER

15.	Age-adjusted cancer mortality rate per 100,000 (MVS)	156.2 (2016)	147.5 (2017)	147.5 (2017)	151.9 (2018)				↑	↓	✕	b) 147.4
16.	Age-adjusted melanoma incidence rate per 100,000 (Maryland Cancer Registry)	32.1 (2014)	33.2 (2015)	33.2 (2015)	41.5 (2019)				↑	↓	✕	a) 24.8
17.	% of adults who smoke tobacco (MD BRFSS)	15.0% (2016)	15.2% (2017)	15.2% (2017)	15.2% (2017)				↑	↓	✕	c) 12%
18.	% of adolescents who use tobacco products (MD Youth Tobacco Survey)	15.0% (2014)	15.4% (2016)	15.4% (2016)	15.4% (2016)				↑	↓	✕	b) 15.2%

KEY TO ABBREVIATIONS:

CH - Carroll Hospital
 MD BRFSS – Maryland Behavioral Risk Factor Surveillance System
 MVS – Maryland Vital Statistics
 MHCRC - Maryland Health Services Cost Review Commission

Bold outline indicates new data added since the last report.

CVA - Cardiovascular Accident
 CB-HIP - Community Benefit & Health Improvement Plan
 SHIP – Maryland State Health Improvement Plan



COMMUNITY BENEFIT & Health Improvement Plan

Sharing the S.P.I.R.I.T.

FY 2019-2021

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Section 1 — Introduction

Mission, Vision & Values

MISSION

Our communities expect and deserve superior medical treatment, compassionate care and expert guidance in maintaining their health and well-being. At Carroll Hospital, our mission is to offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

VISION

Carroll Hospital is a portal of health and wellness. We take responsibility for improving the health of our populations through care management and delivering high quality, low cost services in the most appropriate settings. We engage our community at all points of care and promise to provide a seamless health care experience.

Carroll Hospital and The Partnership for a Healthier Carroll County (The Partnership) share the same values, which are clearly defined and integrated in our signage, employment applications, community materials and more. Our values characterize all our actions and experience inspired by personal relationships and genuine compassion.

Our S.P.I.R.I.T. Values include:

Service: Exceed customer expectations

Performance: Demonstrate accountability and achieve excellence in all that we do

Innovation: Take the initiative to make it better

Respect: Honor the dignity and worth of all with compassion

Integrity: Uphold the highest standards of ethics and honesty

Teamwork: Work together, win together

Community Benefit Service Area

Carroll Hospital primarily defines its community benefit service area as Carroll County. The hospital further defines primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary

Finksburg (21048)	Keymar (21757)
Hampstead (21074)	Manchester (21102)
Mount Airy (21771)	New Windsor (21776)
Sykesville (21784)	Taneytown (21787)
Union Bridge (21791)	Upperco (21155)
Westminster (21157 & 21158)	Woodbine (21797)

Secondary

Reisterstown (21136)

The Health Services Cost Review Commission (HSCRC) defines a hospital's primary service area as follows for the mandated community benefit report: "The Maryland postal zip code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12-month period available, where the discharges from each zip code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC." (Source: HSCRC FY 2017 Community Benefit Narrative Reporting Instructions).

By that definition, Carroll Hospital's primary service areas include community members living in the following postal zip code areas:

Westminster (21157)	Eldersburg/Sykesville (21784)
Westminster (21158)	Hampstead (21074)
Manchester (21102)	

For the Community Benefit & Health Improvement Plan, we will align the community benefit primary service area definition with the hospital's Financial Assistance Policy definition.

Carroll Hospital Community Benefit Policy

In 2005, the Governing Board of Carroll Hospital established a board-level Community Benefit Policy to clarify and standardize the importance of this element of our mission as a community hospital and as a non-profit organization. Copy is attached in the Appendix.

Section I — Introduction

Community Benefit Planning & Evaluation Committee Membership & Responsibilities

Membership on the Community Benefit Planning and Evaluation Committee is by appointment by the president of Carroll Hospital and includes a diverse group of clinical, financial, compliance, educational and community outreach leaders from the hospital. It also includes representatives from The Partnership, Access Carroll and the Carroll County Health Department.

The committee's charge includes:

1. Developing the Carroll Hospital Community Benefit & Health Improvement Plan for review and approval by the hospital's executive team, the Carroll Hospital Board of Directors and The Partnership's Board of Directors.
 - The plan must be based on information from our recent Community Health Needs Assessment (CHNA) and address verified community needs.
 - The plan must comply with all relevant aspects of the 2010 Affordable Care Act, the HSCRC Community Benefit Guidelines and the IRS 990 guidelines.
 - The Community Benefit & Health Improvement Plan will become an integrated component of the hospital's overall strategic plan and The Partnership's strategic plan.
 - Annual budget projection will include efforts to support Community Benefit & Health Improvement Plan objectives and strategies to address prioritized needs.
2. Reviewing and updating the Carroll Hospital board-approved policy (attached) regarding community benefit fulfillment by our hospital.
3. Providing guidance and assistance regarding the communication of our Community Benefit & Health Improvement Plan either via web, hard copy or other medium.
4. Rolling out and informing the Carroll Hospital Management Forum about the plan.
5. Annually monitoring our organizational compliance with the plan to include the impact we are having on the identified needs and to support required narrative reports to the HSCRC and IRS.
6. Reporting our annual evaluation of our Community Benefit & Health Improvement Plan performance and recommendations to the executive team and board of directors of both Carroll Hospital and The Partnership.

Maryland State Health Services Cost Review Commission

Each year, Carroll Hospital submits a comprehensive community benefit report to the HSCRC, which includes an accounting of community benefit activities conducted by the hospital and a narrative which supplements the financial report. The major categories covered in the report include: community health services, health professionals education, mission-driven health services, research, cash and in-kind contributions, community building activities, community benefit operations and charity care (financial assistance).

The detailed activities and financial data for the report are gathered throughout the year in Lyon Software's CBISA — an online community benefits data and reporting software.

In recognition of the importance of this work, a multi-step review and approval process is incorporated. The Community Benefit Planning & Evaluation Committee members review the preliminary expense report and narrative to consider expenditures in context with activities designed to impact the needs identified. The expense report is then reviewed internally by leaders, including the LifeBridge Health board's community mission committee, the hospital board and, ultimately, submitted to the HSCRC.

A community version of the report is published in the hospital's community newsletter, in its annual report, and on the web sites of the hospital and The Partnership. Progress toward the desired health improvement targets and outcomes of all health improvement efforts will be organized via the evaluation responsibilities of the Community Benefit Planning and Evaluation Committee, who will prepare an annual summary report to the board of directors of Carroll Hospital and The Partnership.

Carroll Hospital Former Community Benefit & Health Improvement Plans

A Community Benefit Planning and Evaluation Committee and formal written plan have been in place at Carroll Hospital and The Partnership for several years. The Community Benefit & Health Improvement Plans FY2014 to FY2016 and FY2017 to FY2018 were the previous plans by the hospital and The Partnership to address the 2012 and 2015 Community Health Needs Assessments, respectively.

See Appendix for a copy of the previous plans.

Section II — Community Health Needs Assessment

In the fall of 2011, the board of directors of The Partnership voted unanimously to undertake responsibility for a Community Health Needs Assessment (CHNA). The process would assure compliance with all requirements as defined by federal or state authorities and assure the hospital's ability to develop a hospital board-approved Community Benefit & Health Improvement Plan.

In previous years, The Partnership's Board of Directors assumed responsibility as the "Community Coalition" required in a separate but somewhat similar State Health Improvement Process (SHIP), and this year they built on this responsibility. In 2018, it was determined with the support of the Carroll Hospital, the Carroll County Health Department and the board of directors that The Partnership will now serve as the backbone organization for community health improvement in Carroll County under the Collective Impact Model. The Community Benefit & Health Improvement Plan as well as the Local Health Improvement Plan will both be components of the Common Agenda.

This coordination of efforts has proven to be an extremely successful process. The 2012 and 2015 Community Health Needs Assessments were used to create seamless plans reaching further than the anticipated Community Benefit and Local Health Improvement Plans. The outcomes were seen in

other organizations' strategic plans throughout the county. Community engagement in the plan has been strong, and measurable progress has been captured via our Healthy Carroll Vital Signs data monitoring system.

We continue this process as we moved forward gathering more information with each assessment, providing longer term trending reports and measurable results and connecting with additional key informants and target populations while we streamline the efforts.

The Partnership integrates bi-annual measurement processes into all of its health improvement work known as "Healthy Carroll Vital Signs (HCVS)." These measures build on national benchmarks and improvement targets and have been nationally recognized for use in community health improvement work. All of this experience enhances The Partnership's ability to lead a process of this importance and exceptional scope.

There continues to be a strong integrated approach by the leaders at the Carroll County Health Department (CCHD) with Carroll Hospital's Sharing the S.P.I.R.I.T. Plan and The Partnership's strategic plan. The creation of a Community Health Plan is underway, which will incorporate both of the previously mentioned Plans as well as a broader community plan that will include local businesses, nonprofits and governmental agencies.

Take the Community Health Survey

And Help Us Fast-Forward to a Healthier Carroll County

How can we build a healthier Carroll County now? You are the answer. Take the online Community Health Survey between July 1 and August 31, and tell us what you need to live healthier today and every day.

1. Go to HealthyCarroll.org/Survey
2. Complete the quick online survey.
3. Be honest. Your answers will help decide what health priorities need to be addressed by health care leaders in Carroll County.

Don't wait.
Rush to HealthyCarroll.org/Survey to help us build a healthier community now.

Conducted by:

- The Partnership for a Healthier Carroll County
- Carroll County Health Department
- CARROLL HOSPITAL a LifeBridge Health center
- Public Health

Go to HealthyCarroll.org/Survey to accelerate change in Carroll County now.

Fast-forward to a healthier Carroll County.

FOCUS GROUPS

Conducted by:

- The Partnership for a Healthier Carroll County
- Carroll County Health Department
- CARROLL HOSPITAL a LifeBridge Health center
- Public Health

Fast-forward to a healthier Carroll County.

KEY INFORMANT

Conducted by:

- The Partnership for a Healthier Carroll County
- Carroll County Health Department
- CARROLL HOSPITAL a LifeBridge Health center
- Public Health

Advertising for online Community Health Survey

Section II — Community Health Needs Assessment

Assessment Overview

To assure compliance with all regulatory requirements, a multi-component process was determined necessary.

Components include:

Primary Data:

- An online **Community Health Needs Survey** was conducted with Carroll County residents between July 1 and August 31, 2017. The survey was designed to assess their health status, health risk behaviors, preventive health practices and health care access primarily related to chronic diseases and injury. A total of 1,254 resident surveys were completed. Additionally, this same survey was promoted to randomly selected residents at community events during this same timeframe, and an additional 46 surveys were completed.
- **Three Key Informant Survey sessions** were held with community leaders and partners. Key informants represented a variety of sectors, including public health and medical services, nonprofit and social organizations, children and youth agencies, and the business community. An additional and separate key informant session was held with mid-level, nonprofit direct service providers. The respondents were asked to complete the survey using their professional knowledge with the populations they serve. A total of 93 key informant surveys were completed.
- Five sessions of **Targeted Populations Research** were conducted using a survey tool that was aligned with the key informants. Focus groups included African American, Hispanic/Latino, LGBT, low income and older adult community members. We asked the respondents to complete the survey as it related to their identified population. A total of 92 surveys were completed.

Secondary data was collected and reviewed to reinforce and possibly identify any additional needs that may have been uncaptured in our primary data components. This extensive data includes:

- **County/Community Demographics:** This information was collected from the Carroll County Department of Economic Development. A good understanding of the ethnic diversity, age distribution, education and employment status, poverty status and more is the necessary context for considering all of this information.
- **Our Community Dashboard:** 100+ indicators were selected from a Maryland-specific list of core measures.
- **Healthy Carroll Vital Signs:** Data indicators are updated twice annually to report on the trending patterns of the plan's priority issues.

- **State of Maryland Health Improvement Process and Local Health Improvement Plan:** 38 high impact objectives were identified with a per-county profile serving as the baseline document.
- **Carroll Hospital Data:** Using the Horizon Performance Manager, readmission rates were tracked using nine recurring categories.
- **Maryland Rural Health Plan:** This Maryland Rural Health Association document gives life to the health care status of rural Marylanders.
- **Healthy Community Vision Project:** This project employed innovative methods to get community involvement in determining the key health issues facing Carroll County.
- **Other Data**
 - County Health Ranking, which is collected by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
 - *ALICE Study of Financial Hardship*, which is a United Way project. Alice stands for Asset Limited, Income Constrained, Employed.
 - *Summary of the Self-Sufficiency for Maryland 2016*, which is published by the Maryland Action Partnership and calculates how much income a family must earn to meet basic needs.

Information Gaps

While every attempt was made to design a comprehensive assessment, it may not measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. For example, undocumented residents and members of all minority groups might not be represented in sufficient numbers.

It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature and may not necessarily represent the entire population within Carroll County.



Summary

Details and findings from each component were combined for a “Consolidated Report,” and an executive summary was created for a high level overview of the assessment results. A great deal of information is available for future reference and online at HealthyCarroll.org.

Then, working collaboratively, The Partnership’s board, Carroll Hospital’s board and executive team, local officials, representatives from the Needs Assessment Committee and the hospital’s Community Benefit Planning and Evaluation Committee took the next critical step of prioritizing our focus for action in the next three years. A joint strategies meeting was then convened on December 15, 2017, and was facilitated by Teresa Shattuck, of Shattuck and Associates, after a thorough review of the assessment process, documentation and results.

During the survey process, the key informants and the focus groups were asked questions regarding social determinants of health. This year’s process included nine social determinants of health in the presentation and discussion. Listed in alphabetical order:

1. Affordable housing
2. Early childhood education
3. Economic success
4. Educational attainment
5. Employment opportunities
6. Food security
7. Job skills
8. Quality health access
9. Social support

Social determinants listed below are in order of most identified:

1. Employment opportunities
2. Affordable housing
3. Quality health access
4. Job skills

The top 20 health issues identified through survey collection, County data, and moderated session were included in the prioritization process.

The 20 issues listed here in alphabetical order:

1. Alcohol abuse
2. Alzheimer’s disease/dementia
3. Asthma
4. Cancer
5. Chronic respiratory disease/COPD
6. Congestive heart failure
7. Dental health
8. Diabetes
9. E-cigarettes/vaping
10. Heart health
11. Immunization/vaccination
12. Injury
13. Illegal substance abuse
14. Mental health
15. Obesity
16. Prescription drug abuse
17. Physical inactivity
18. Sexually transmitted diseases and infection
19. Stroke
20. Tobacco use

Section II — Community Health Needs Assessment

To narrow the topic areas for that prioritization process, we requested active input from attendees into determining the priority needs for the focus of the Community Benefit & Health Improvement Plan from among the list of the 20 items on previous page.

We used interactive electronic technology to capture the confidential votes of all attendees. The criteria for prioritization was on a 6-point scale. We had two criteria:

Seriousness

- How significant is the consequence if we do not address this issue?
- How pervasive is the scope of this issue? Does it affect the majority of our population or only a small fraction?
- Is it getting worse? Negative trend?

Ability to Impact

- Can we make a meaningful difference with this issue?
- What is our ability to truly make an impact?
- Are there known proven interventions with this issue?

Using the natural breaks that occurred during the prioritization, we were able to rule in 13 of the health areas as we continued in the planning process. Identifying and bringing together our community leaders and stakeholders for each of the 13 health areas afforded us the opportunity to dig deeper into the concentration of efforts, gaps and needs relative to the area. We were then able to systemize and establish roles and responsibilities. The results are as follows:

- Substance abuse disorders: illegal drug use, prescription drug abuse, alcohol, tobacco
- Dental health
- Primary and secondary prevention of chronic conditions: Physical inactivity, obesity, diabetes, cancer, heart disease, stroke
- Mental health

Identified Needs Not Addressed

Immunization/ Vaccination

It was determined that Carroll County's primary immunization concern is the Influenza immunization, which currently is being managed through a collaborative and cooperative process. Additionally, Carroll Hospital offers flu resource information to everyone who uses services as the hospital, as well as in outpatient settings to encourage individuals to get their vaccine. The resources list locations throughout the county where flu vaccines are offered. This information is also listed on the hospital's website and promoted via social media. Flu clinics are held every fall at senior centers as a collaborative initiative led by The Partnership's Healthy Aging Leadership Team with senior centers and a private pharmacy.

Dental Health/ Oral Hygiene

Access Carroll expanded on its primary care medical services to add dental care in fiscal year 2014. In addition, oral health screenings are offered as part of the hospital's annual health fair each year and throughout the county at community events. Additionally, the Partnership's Healthy Aging Leadership Team will evaluate possible roles for improving oral health. The Carroll County Health Department has a dental clinic for children and pregnant women who have medical assistance.

Key Community Benefit Issues

FY 2019 – 2021

During fiscal years 2019 to 2021, the hospital and partners will focus internal and external strategies with anticipated primary outcomes in the following top key issues. These were determined in collaboration with our community and local public health experts via the Community Health Needs Assessment process described above.

In priority order they are:

1. Behavioral health
2. Diabetes
3. Cancer
4. Heart health

These same four areas will simultaneously be addressed collaboratively with other community partners under the leadership of The Partnership.

Section III — Key Community Benefit Issues

Implementation Strategies

Meeting the Need

The three-year plan will allow us to focus on the prevalent and high impact issues identified via our FY2018 Community Health Needs Assessment. We are interested in results, and this plan includes our proposed ideas on how to accomplish positive progress in the prioritized need areas.

To identify the priorities, several values were defined and applied via varied group efforts with key community involvement. Because improving community health requires varied intervention strategies, some identified needs will be met by collaborative strategies addressing not only the community external to Carroll Hospital, but also by focusing on hospital staff, volunteers and both patients and families (a.k.a. internal constituents). By addressing internal constituents alongside those external to the hospital, there is a consistency of message and an increased ability to positively impact the community.

As this is not Carroll Hospital's first Community Health Needs Assessment or our first Community Benefit & Health Improvement planning process, it was affirming to note the alignment of multiple strategic initiatives already underway by various departments in Carroll Hospital and also by our affiliates, The Partnership and Access Carroll.

Working closely with partners has been a hallmark of this community hospital that will continue. *Connecting people, inspiring action and strengthening community* are the distinguishing characteristics of The Partnership, which builds the engagement and active involvement of individuals and organizations toward measurable health improvement results. The Partnership's vision is to be a leader in implementing healthy community strategies.

The Partnership's Board of Directors has assumed the Collective Impact Model for Community Health Improvement. With this action, The Partnership will serve as the backbone organization for Carroll County, and a Common Agenda among our member organizations will be used. This is a very exciting endeavor for our community as we are able to move beyond collaboration and further the ability of the collective. The Partnership also will create a Community-level Health Plan that will not only include

the Community Benefit & Health Improvement Plan and the Local Health Improvement Plan, the Rural Health Plan but also our partner organizations' and municipalities' efforts in addressing the prioritized community health needs.

All initiatives identified will be advanced under the accountability of Carroll Hospital except those specifically identified as accountable to The Partnership, Access Carroll or the Carroll County Health Department. All actions identified are expected to require the full three years of implementation to accomplish the desired health improvement impact and the targeted results.

There are obvious cross-relationships among several of the priority needs identified. Behavioral health, diabetes, cancer, and heart health all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

Despite a still relatively homogeneous population, we recognize the importance of ethnic and cultural awareness as well as linguistic sensitivity in all outreach activities.

The following outline arranges the needs, in the priority order determined with our community, and describes the need/key finding, objectives, strategies and anticipated outcomes associated with each priority.

We have also included indicators relative to each need area for use in measuring impact and results. The indicators will be tracked by The Partnership and Carroll Hospital. All will be reported publicly on The Partnership's website, HealthyCarroll.org.

Note: The Partnership will address health and wellness with complementary programming specifically for the growing older adult population. Initiatives will be in place to address the needs of this population. Access to health care will be addressed in continuity with The Partnership's Access Leadership Team, which also serves as the Local Health Improvement Coalition. In addition, the Coalition oversees the Local Health Improvement Plan, a component of the Maryland State Health Improvement Plan.

Section III — Key Community Benefit Issues Implementation Strategies



Behavioral Health

Mental Health, Substance Abuse and Alcohol Abuse

The pattern of co-occurrence among behavioral health issues and substance abuse is well documented. Thus, our plan to improve health status in these areas requires acceptance of that relationship and a dual diagnosis approach.

Carroll County has a reported 3,140.8 per 100,000 population age-adjusted emergency room visit rate due to mental health. This number has been on a downward trend since 2011 when it was 3,812.2 (2014, MDH).

Objective:

People across the lifespan are free of addiction and abuse of illegal substances and their effects. Carroll residents have access to integrated, principle-driven mental health systems of care providing recovery/resiliency-oriented services.

Strategies:

1. Continue current programming:

- a) Partnership with Maryland Department of Health (MDH), Youth Services Bureau, the Carroll County Health Department (CCHD) and others to improve communication and improved resources for mental health.
- b) Mental health provider education and outreach—radio talks on WTRR regarding depression and other top mental health issues.

- c) Promote availability of The Partnership's Substance Abuse and Mental Health Resource Directory for the community.
- d) Annual *Risky Business* educational conference produced in coordination with other partners including CCHD, The Partnership and others. The goal is to increase awareness of specific local issues related to substance abuse and/or mental health; to build collaborative opportunities for action, and to bring best practices or new ideas to the forefront. Target audience is school teachers, guidance counselors and mental health professionals, family members of persons receiving services related to substance abuse or mental health.
- e) Collaborate with the CCHD to expand variety and availability of best-practice tobacco-quit assistance programs; expand participation in those programs.
- f) Access Carroll in partnership with the CCHD will continue to be a site for tobacco cessation classes, services and supplies.

- g) Continue to offer complementary health treatments such as acupuncture to use as an adjunct in managing behavioral health issues.
- h) In collaboration with the CCHD, continue Peer Support Specialist program within many areas of the hospital, including the emergency department (ED), as well as Access Carroll. Hospital social work staff and Access Carroll staff have oversight of the program.
- i) 22/7 coverage for case management in the ED.
- j) Continue relationship with and access to Shoemaker Center and other local providers.
- k) Participation in community fairs related to substance abuse issues and resources.
- l) Active participation with the Criminal Justice Diversion program.
- m) Continue with guidelines/hospital policy regarding controlled dangerous substances availability from Carroll Hospital's emergency department.
- n) Continue active participation with the Opioid Overdose Prevention Coalition and Local Overdose Fatality Review Team and other related community groups.
- o) Work with the CCHD-funded mobile crisis services for mental health and addiction.
- p) Collaborate with the CCHD and The Partnership to use consistent messaging, including MDH messaging, to promote an anti-stigma campaign for mental health and substance use.
- q) Continue naloxone education program and distribution of naloxone from ED in collaboration with the CCHD.
- r) Hospital employs full-time behavioral health navigator who focuses on the outpatient population and sees individual patients in person, telephonically and also runs the outpatient adult and adolescent addiction education groups for psychiatric day programs.
- s) Offer Accountable Care Organization (ACO) provider training on how prescriptions can lead to opiate addiction and the connection to heroin abuse. An ACO-wide pain contract will be offered for their use in their offices.
- t) Access Carroll and the CCHD continue to offer behavioral health services for low-income and at-risk Medicare recipients, directly addressing the provider shortage in the community.
- u) Continue working with the CCHD and local law enforcement in a collaborative effort between the behavioral health system, behavioral health consumers, family advocates and community services to provide Crisis Intervention Training (CIT).

2. Potential future programming:

- a) Explore adding tele-psychiatry for behavioral health services within the LifeBridge Health system.
- b) Evaluate implementing depression screening into Carroll Health Group primary care offices with the use of the PHQ9 and implanting social work into those offices.
- c) Recruit behavioral health providers to staff outpatient services for patients.
- d) Explore pilot to utilize Battlefield Acupuncture in the emergency department to manage pain while reducing the use of opioids.
- e) Explore future training and distribution of naloxone to Carroll Health Group provider offices to be administered in the case of an overdose emergency within their offices.

Anticipated Outcome:

Reduction of avoidable readmissions for patients having high utilization (greater than three annually) of behavioral health unit services related to substance abuse and/or co-occurring mental health diagnoses.

Reduction of avoidable emergency department visits for patient having high utilization (greater than three annually) related to behavioral health diagnoses.

Indicators:

- Number of patients re-admitted to Carroll Hospital inpatient unit 3+ times/year for behavioral health diagnosis (Carroll Hospital)
- Suicide mortality—rate per 100,000 (MD Vital Statistics) — SHIP (MD Vital Statistics)
- ED visits related to mental health conditions—SHIP (Maryland Health Services Cost Review Commission)
- Drug-induced mortality rate (deaths caused by prescription or illicit drugs—rate per 100,000 SHIP (Maryland Vital Statistics)
- ED visits for addictions-related conditions—SHIP (Maryland Health Services Cost Review Commission)

Section III — Key Community Benefit Issues

Implementation Strategies

Diabetes

9.7% of Carroll County adults have been diagnosed with diabetes (2016, MD BRFSS) and 28.5% of Carroll County Medicare beneficiaries were treated for diabetes in 2015, according to the Centers for Medicare & Medicaid Services.

Objective:

Through increased participation in diabetes education and screening opportunities, community residents with diabetes or prediabetes will achieve increased disease awareness, compliance and self-management education to prevent associated complications. Thus, there will be an improved health status for residents of Carroll County.

Strategies:

1. Continue current programming:

- a) Diabetes self-management education
- b) Diabetes and prediabetes education programs in outreach markets, including Mt. Airy
- c) Diabetes workshop annually
- d) Total Health Expo annually
- e) Senior expo annually
- f) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus on health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing diabetes and prediabetes. Existing programming, such as Walk Carroll and Stay Strong, can be expanded or modified to best address issues of exercise and nutrition in this population.
- g) The Partnership will offer support to municipalities for increased physical activities with a focus on park development and work with the county to support the planning and implementation of the county-wide bicycle-pedestrian master plan.
- h) The Partnership and hospital collaborative Carroll's Cooking for Wellness™ classes including sessions directed at a variety of population and potentially held at sites throughout the community.
- i) Offer a free Diabetes Basics Class 6x/year for patients referred to the Diabetes Program that cannot meet their cost obligation.

- j) Continue to offer staff support to the Diabetes Prevention Program recognized through the CCHD.
- k) Offer no-cost diabetes and prediabetes screening to the community at scheduled dates and times throughout the year.

2. Potential future programming:

- a) Develop automatic referral process from Carroll Health Group practices to Diabetes Program for anyone with diabetes.
- b) Explore possibility of offering supplemental diabetes education and support in physician offices.
- c) Explore additional opportunities for diabetes education outreach and screening with the faith community.
- d) Assess current diabetes program and explore updates
- e) Collaborate with the CCHD to offer and refer patients and staff to the evidence-based, CDC-supported National Diabetes Prevention Program for people with prediabetes.
- f) Collaborate with the Bureau of Aging and Disabilities to promote the evidence-based *Living Healthy, Living Well with Diabetes* program for people with diabetes and prediabetes.

Anticipated Outcome:

Compliance with best practice standards for self-management of diabetes will be increased through education. Progression rate from pre-diabetes to diabetes will slow.

Indicators:

- Percentage of adults with diabetes (MD BRFSS)
- Age-adjusted death rate due to diabetes/rate per 100,000 (MD Vital Statistics/OCD)
- Emergency department visit rate due to diabetes—SHIP (Maryland Health Services Cost Review Commission)

Heart Health

Heart disease is the leading cause of death in our community. Carroll County is reporting 176.4 deaths per 100,000 population due to heart disease (Maryland Vital Statistics (MVA), 2016) and 46.3 deaths per 100,000 population due to cerebrovascular disease and stroke (MVA, 2016). The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000. Additionally, 32.8% of Carroll County adults have high cholesterol and 9.9% of Medicare beneficiaries in Carroll County have atrial fibrillation (2015, MD BRFSS; 2014, CMS).

Objective:

Increase focus on improving and maintaining cardiovascular health with an emphasis on addressing stroke and heart disease risk factors, recognition, early intervention and prevention.

Strategies:

1. Continue current programming:

- a) Offer monthly blood pressure screenings at multiple locations throughout Carroll County, reaching all outreach markets, providing education and referrals as appropriate.
- b) Provide education and blood pressure screening as requested to local businesses and organizations.
- c) Promotion of Heart Month in February with education and awareness programs.
- d) Increase risk awareness via promotion of Stroke Month in May to include educational programs and marketing.
- e) Offer monthly stroke survivors support group.
- f) Outpatient health navigators are made aware of every patient who is discharged from the hospital with a diagnosis of congestive heart failure and follow them as appropriate.
- g) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus of health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing cardiovascular health. Existing programming, such as stroke awareness, can be expanded or modified, while new initiatives can be implemented in response to community need.
- h) *Lose to Win* – nutrition and weight loss program.
- i) The Partnership and hospital collaborative *Carroll's Cooking for Wellness™* classes including sessions directed at a variety of population and potentially held at sites throughout the community.

- j) Telemonitoring services at home are offered to patients with heart failure after hospital discharge or referral from physician or staff.

2. Potential future programming:

- a) Explore opportunities for heart and stroke education outreach with the faith community.
- b) Explore development of web linked videos on heart healthy eating.
- c) The Partnership is currently exploring community gardens.

Anticipated Outcomes:

The community will maintain a continued downward trend in the death rate per 100,000 populations in Carroll County due to cardiovascular disease and stroke.

Indicators:

- Percentage of adults with high blood pressure (MD BRFSS)
- Percentage of adults with high cholesterol (MD BRFSS)
- Age-adjusted death rate due to CVA (stroke)—rate per 100,000 (MD Vital Statistics)
- Age-adjusted death rate due to heart disease—rate per 100,000 (MD Vital Statistics)
- Emergency department visit rate due to hypertension—SHIP (Maryland Health Services Cost Review Commission)
- Percentage of adults who engage in regular physical activity (150 min. moderate or 75 min. vigorous) (MD BRFSS)

Section III — Key Community Benefit Issues Implementation Strategies



Cancer

Cancer continues to be a leading cause of death in our community. The incidence of breast cancer and melanoma are greater in Carroll County than the Maryland State averages; early detection screening compliance rates for breast and colon are below the American Cancer Society recommended targets. A total of 71.3% of adults aged 50 and older have ever had a sigmoidoscopy or colonoscopy exam, and 78.1% of women aged 50 and older have had a mammogram in the past two years (2014, MD BRFSS).

Objective:

Decrease the burden of cancer in Carroll County by providing cancer education and screening opportunities with a focus on risk factors, prevention, early detection, and access to appropriate treatment and support.

Strategies:

1. Continue current programming:

- a) Promote cancer awareness months: write articles on cancer awareness and screenings in various media. Awareness marketed on hospital's social media channels, marquees and digital signage.
- b) Provide cancer education at health fairs, businesses and organizations, local events and Relay For Life.

- c) Provide sun safety programs to elementary schools, Head Start, community pools, summer camps, 4-H Fair, The Boys & Girls Club, vacation bible schools, area colleges and health fairs. The Partnership will support skin cancer awareness and prevention programming with an emphasis on children and youth. Current programs include tree plantings to increase awareness of needed shade areas (*Safer in the Shade*) and use of protective measures for sun exposure (*Fun in the Sun*). Collaborative efforts with local child serving agencies and community pools.

The Partnership will support skin cancer awareness as it affects the Healthy Aging Population. Skin cancer prevention, education and identification are the focus.

- d) Offer free, one-on-one informational consultation and clinical breast exam screenings with Carroll Hospital's Center for Breast Health physicians to targeted areas of the community.
- e) Offer skin cancer screenings onsite and at outreach locations.
- f) Offer *Embrace to Win Weight Management Survivorship* program to cancer survivors (all cancer types) to improve health and decrease obesity, which could impact recurrence rates.
- g) Offer cancer support group and breast cancer support group monthly. Offer prostate cancer support group every other month in partnership with local urology practice.
- h) *Pink Fling* – a breast cancer awareness, education and fundraising event. Provides a fun afternoon with educational and inspirational speakers, breast cancer survivors and a silent auction.
- i) Hold multidisciplinary breast conference every week.
- j) Studio YOU, a special area in the Wellness Boutique on hospital campus, offering wigs, hats, breast prostheses, mastectomy bras custom order for a fee.
- k) Center for Breast Health, a collaborative, team-based approach to breast care.

- l) Referrals to Patient Assistance Funds.
- m) Offer monthly "After Cancer" Survivorship e-newsletter.
- n) Offer genetic counseling referrals.
- o) Collaborate with Carroll County Health Department's Breast and Cervical Cancer Program (BCCP) and colorectal cancer program to increase awareness of cancer screening and services for low-income county residents.
- p) Collaborate with Carroll County Health Department's Cigarette Restitution Fund to raise awareness of and offer a range of services to help people quit using tobacco.

2. Potential future programming:

- a) Increase awareness and provide education on HPV and the HPV vaccination to the school systems in collaboration with the CCHD.
- b) Coordinate with a provider practice to identify and refer patients who meet the criteria for lung cancer screening.

Anticipated Outcome:

Increase awareness and education of screening guidelines and recommendations as well as prevention for skin, breast, cervical and colon cancers.

Indicators:

- Age-adjusted mortality rate from cancer per 100,000—SHIP (MD Vital Statistics)
- Melanoma incidence—rate per 100,000 (MD Cancer Registry)
- Percentage of adults who smoke tobacco (MD BRFSS)
- Adolescents who use tobacco products – SHIP (Maryland Youth Risk Behavior Survey)

Section IV — Financial Assistance



Carroll Hospital is committed to ensuring that financial resources are not a barrier to anyone seeking health care in our community. Every effort is made to find a payment method that is fair and equitable to the patient. Flexible and individualized approaches are used to obtain services that are provided without discrimination on the grounds of race, color, sex, national origin or creed.

Through education and financial counseling, the underinsured and uninsured, and those who have declared a medical hardship, are directed to the most appropriate place to receive a reduced cost for medically necessary care.

This is accomplished by providing the following services:

- Screening for all federal/state programs as well as local funding and charitable programs. Payment options are communicated by signage, the patient information sheet, uniformed summary bill and the hospital website.
- Assistance with the application process for Medicaid, Medicare and Social Security Disability Insurance; every patient is assigned an advocate to ensure all necessary requirements are met in a timely manner, removing any barriers to the process such as documentation procurement. All associated fees are paid by the hospital.
- Our financial counselors are Maryland State Certified and recognized as advocates to many programs such as Qualified Medicare Beneficiary (QMB), and the SOAR (SSI/SSDI Outreach, Access and Recovery for people who are homeless) Program, which has an immediate impact and relief for homelessness. As advocates, we are able to complete the application process without the patient having to travel for interviews.
- Provide necessary interpreter services to eliminate any language barrier at no cost to our patients.
- Provide outpatient services through our affiliation with Access Carroll such as unlimited labs, a limited number of high-cost diagnostic studies and many other outpatient services (See Appendix for the matrix in Financial Assistance Policy for additional information).
- Education is provided on pharmacy assistance programs for either drastically reduced or free drug enrollment and provide assistance with completing the application.
- Assist patients with the COBRA insurance process and when appropriate, provide initial payment for COBRA coverage.
- Financial assistance is provided for either a total reduction of the bill or a sliding scale percentage based on yearly poverty guidelines. Carroll Hospital exceeds the Maryland State requirement of providing a reduction up to 150% of the Federal Poverty Guidelines by offering a reduction up to 375%. Once financial assistance is granted, the patient is covered for reduced-cost care for a 12-month period. The financial assistance policy (see Appendix) is reviewed and updated annually.
- Financial assistance is offered to a patient within the service area who qualifies for any means tested Federal or State program, waiving the application process.
- In conjunction with our local health department, community needs are identified and, through a collaborative effort, programs are developed to address the need. As an example, the *Best Beginnings* program addresses the large population of uninsured and ineligible for insurance community members in need of prenatal care. A sliding scale fee is offered based on income and used for all services necessary, including physician visits, to ensure a healthy pregnancy and ultimately a healthy baby.
- Our financial counselors are trained and updated on the many agencies within our community that potentially provide access to care for services such as drug addictions programs, shelters, etc. As part of a multi-agency collaboration, a yearly educational session is mandatory to ensure an understanding of the many options available to patients.
- The financial counselors work with many different entities on the patient's behalf in an effort to not only take care of the immediate need for services, but also to establish a plan for a continuation of care and remove the barriers that obstruct access.

Section V — Evaluation

Carroll Hospital’s mission is to be the heart of health care in the community by committing to offer the highest quality health care experience for people in all stages of life. The hospital’s board of directors recognizes the hospital’s charitable mission to the community and governs the organization in a manner that assures that the hospital fulfills that commitment.

Management has sought input from key community stakeholders and the community by conducting a comprehensive health survey. Taking into account the findings of that survey, management has defined key health priorities, objectives and measures of success to advance the health of the community. The board of directors has ratified those priorities.

The president and executive council will assure that the identified priorities are incorporated into the yearly tactical/operational plan and long-range strategic plan of the organization. The board of directors will assume oversight to assure that the hospital carries out the overall strategies identified in the Community Benefit & Health Improvement Plan.

An annual evaluation of the Community Benefit & Health Improvement Plan will be conducted. This evaluation will assess:

- Resources: The sufficiency and allocation of resources available to operate the planned programs
- Activities: Progress toward completion of the proposed strategies
- Outcomes: To the extent an outcome has been established, benchmark progress toward achievement of the desired outcome

Using a standard format for evaluation, the Community Benefit Planning and Evaluation Committee (Committee) will conduct

the detailed evaluation by reviewing both qualitative and quantitative information provided by the hospital, The Partnership and other applicable external resources/agencies. Based on the review of progress toward the achievement of Community Benefit & Health Improvement Plan objectives and outcomes, the Committee will make recommendations to continue, discontinue, modify or expand the program.

Additionally, The Partnership conducts a semi-annual review of the indicator measurements, which are then presented to The Partnership board twice a year.

Annually, the Committee will review the report of community benefit expenditures and accompanying narratives related to the Community Benefit & Health Improvement Plan. This report will be submitted to the HSCRC subsequent to that review. The results will also be the basis for information reported on the hospital’s annual form 990 tax filing.

The LifeBridge Health board’s community mission committee will evaluate the adequacy of the processes in place to validate the accuracy of the community benefit-related expenses and reporting of those results to external parties.

The board has the responsibility for monitoring the hospital’s achievement of the individual objectives adopted in the Community Benefit & Health Improvement Plan. As such, the board will receive the results of the annual evaluation performed by the Community Benefit & Health Improvement Plan development team. This report will summarize the hospital’s progress toward achievements of proposed strategies and desired outcomes, as well as any recommendations related to future programs.

Review Process Timeline

October/November	Community Benefit Planning and Evaluation Committee conducts evaluation of plan—Outcomes, Expenditures, and Narrative Support.
November	Community mission committee of the board reviews report of expenses and narrative submitted to the HSCRC.
December	The LifeBridge Health and Carroll Hospital boards approve final report. Plan expenditures and narrative reported to the HSCRC in conjunction with annual reporting requirements.
March-May	990 form filing is approved by the risk, audit and compliance committee. Annual budget process/ goal development.
June	Annual evaluation of Community Benefit & Health Improvement Plan for fiscal year submitted to the Carroll Hospital board.

Section VI — Committed Resources

Hospital-Based Physicians

Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenge in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY17, more than \$8.6 million was spent to ensure care for all patients and recruiting and retaining physicians.

Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but for all patients, especially our growing Baby Boomer population. To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties.

The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY17 included primary care, cardiology, gastroenterology, obstetrics/gynecology, psychiatry, surgery and neurology.

Coverage in the Emergency Department

While Carroll Hospital cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the ED, where many underserved or uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge, not only to the hospital but also to physicians providing care in the hospital and in the ED. Due in part to a lack of or minimal reimbursement, it has become increasingly difficult to find specialists to provide around-the-clock, on-call services for the ED. The more serious issue is that this trend affects not only our uninsured/underinsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the low-income population and the accompanying increased potential for malpractice claims also has contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties, including orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There also has been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled \$854,602 in FY2015.

Access to Care—The At-Risk Population: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, nonprofit health care provider that cares for low-income and uninsured people in the area. Many Carroll Hospital affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY17, Access Carroll had 6,237 medical encounters (464 new patients), 4,231 dental encounters (513 new patients) and 4,800 behavioral health encounters (140 new patients) for a total of 15,268 encounters. This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so that health conditions do not worsen due to their inability to pay for services.

Since 2005, Access Carroll has been helping its patients manage chronic diseases, including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The practice features seven medical exam rooms, four dental suites, a centralized pharmacy and 4,200 square feet of space dedicated to behavioral health and recovery services.

Accountable Care Organization (ACO) Physician-Hospital Organization (PHO)

The Carroll ACO and Carroll PHO are collaborations among physicians and Carroll Hospital that focus on care coordination and health information sharing and solutions. Led by physicians, the organizations are designed to solve large and complex challenges that frustrate physicians and their offices. ACOs have been found uniquely effective in delivering better care at lower costs in a manner that also improves the economic health of participating physician practices.

Two of the most significant benefits anticipated are better patient care and better outcomes. By providing physicians with evidence-based care plans developed by the physicians of the ACO/PHO and by connecting patients to clinical, educational and support resources, both patients and physicians will have the tools they need to improve the care process.

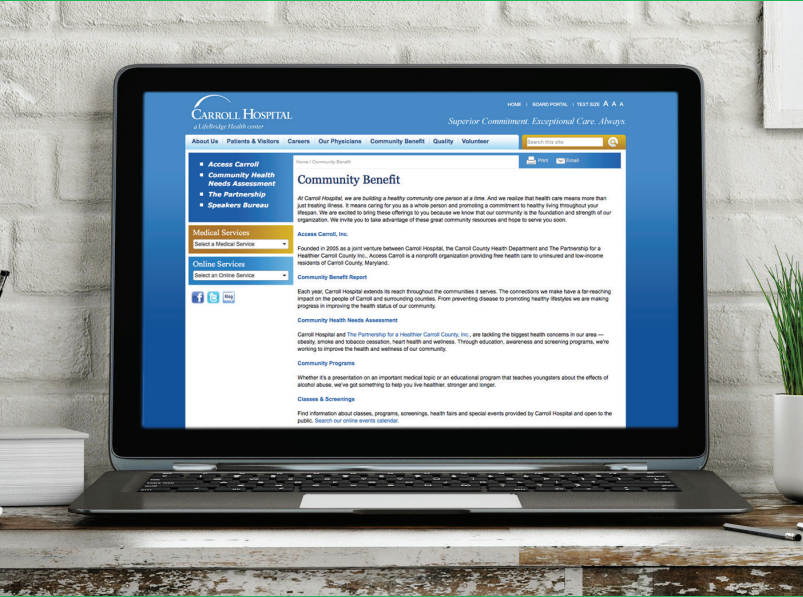
In addition, helping physicians understand and implement the connectivity they need to exchange health care information at a state and national level is crucial. Through its members, the ACO/PHO will have the expertise physicians can draw upon to implement systems that will qualify for Meaningful Use and allow for participation in CRISP, Maryland's Health Information Exchange.

We know that the key to success in the future will be collaboration, efficiency, cost reduction and quality. And, while we can never be certain what challenges health care will face in the future, what we do know is that it's changing rapidly. We also know that the Maryland Health Care Commission and Centers for Medicare and Medical Services will continue to pressure providers across the state and throughout the country to find ways to provide more coordinated care and reduce costs.

Carroll Hospital is making significant progress through its ACO/PHO and will continue to develop the organizations to integrate and improve patient care.



Section VII — Communication



Internal Communication

The Community Benefit & Health Improvement Plan will be shared with the boards of Carroll Hospital and The Partnership. The Community Benefit Report is shared with hospital leadership and the board of directors each year before it is submitted to the HSCRC.

An overview of the final report and progress on community benefit outcomes will be presented to management forum regularly and communicated to hospital staff through internal newsletters.

External Communication

The Community Benefit & Health Improvement Plan implementation strategy will be communicated at The Partnership's annual *We're On Our Way* community event, and will be posted on the hospital's and The Partnership's websites by June 30, 2018.

Carroll Hospital publishes the Community Benefit Report in its annual report to donors, distributed January/February each year, as well as the winter/spring issue of *A Healthy Dose*, the hospital's community magazine mailed to more than 50,000 households.

The report also is made available on the hospital's website (CarrollHospitalCenter.org) after February. The Community Benefit tab on the hospital's home page (CarrollHospitalCenter.org/Community-Benefit) links to a comprehensive overview of our various community benefit initiatives and programs. A link to this community benefit strategic plan also will be included on that page.

The HSCRC Community Benefit Report is submitted to the HSCRC in December and published as part of the state's community benefit report. It also is available on the HSCRC's website (hscrc.state.md.us).

Section VIII — Conclusion

This plan is a result of the collaborative work by the Community Benefit Planning and Evaluation Team. Each member's contributions are greatly appreciated.

Needs not addressed in our plan and what else we will do

- Four of 20 identified needs were selected as the priorities of this Community Benefit & Health Improvement Plan based on:
 - 1) Seriousness
 - 2) Ability to impact
- Information about the other needs, including full copies of all CHNA component results, is included in the Appendix of this plan, posted on the website and communicated to our diverse community partners for their use.
- While impact efforts will target the priorities for results, all of The Partnership's teams and Carroll Hospital will remain aware of the other needs, monitor any changing trends annually and remain open to plan modifications if assessments warrant that action.
- Any opportunity for collateral impact on a need other than the prioritized needs will be explored, measured and celebrated.

Ongoing Commitment to Community Benefit

- Inclusion in Carroll Hospital's and The Partnership's annual goal review and/or strategic planning processes.
- Introduction of Community Benefit & Health Improvement Plan to Carroll Hospital management forum and integration with annual performance review systems for accountability.
- Hardwired system and timeframe for impact expectations, results measurement and accountability.
- Hardwired system for results reporting and accountability to community mission committee of the LifeBridge Health Board, LifeBridge Health and Carroll Hospital boards as well as The Partnership Board.
- Delivery system transformations within Carroll Hospital and its subsidiaries, to address population health including a focus on prevention; continuous improvements in care quality and safety and efforts to advance care quality across the health care continuum have potential ability to impact results outside of the top four priority areas.



Section IX — Appendices

FY2017 – FY2018 Community Benefit Plan

FY2014 – FY2016 Community Benefit Plan

Carroll Hospital Financial Assistance Policy

Carroll Hospital Community Benefit Policy

FY2018 Community Health Needs Assessment



Header Information

Participating Organization's: Sinai Hospital, Northwest Hospital, Carroll Hospital, Levindale Hebrew Geriatric Center and Hospital, Grace Medical Center

Policy Category: Finance

Subject: Hospital Financial Assistance

Department Responsible for Review: Revenue Cycle Division

Policy Owner: Senior Vice President and Chief Revenue Officer

I. POLICY

- A. **Purpose.** The purposes of this Policy are to (a) set forth eligibility criteria for receiving Financial Assistance; (b) outline circumstances and criteria under which each hospital will provide free or discounted care for Eligible Services to eligible patients who are Uninsured, Underinsured, patients ineligible for public or government assistance or who are otherwise unable to pay for Eligible Services, (c) set forth the basis and methods of calculation for charging any discounted amounts to such patients, and (d) state the measures to widely publicize this Policy within the communities to be served by the hospital. LifeBridge Health expects that patients will comply fully with the terms of this Policy in the determination of their eligibility for, and any receipt of, Financial Assistance and discounts. LifeBridge Health further expects its patients to apply for Medicaid and other governmental program assistance when appropriate, and to pursue any payments from third parties who may be liable to pay for the patient's care as the result of personal injury or similar claims. LifeBridge Health also encourage individuals to obtain health insurance to the extent such individuals are financially able to do so.
- B. **Scope.** This policy applies to LifeBridge Health State of Maryland regulated hospital affiliates specifically Carroll Hospital, Grace Medical Center, Levindale Hebrew Geriatric Center and Hospital, Northwest Hospital and Sinai Hospital (collectively known for this policy as "LifeBridge Health")
- C. **Policy.** It is the policy of LifeBridge Health to provide medically necessary health care services to all patient's without regard to the patient's ability of pay or Protected Class as defined in MD Code, Health-General §19-214.1, at each applicable hospital location (as defined below). Each hospital also provides, without discrimination, care for Emergency Medical Conditions (as defined below) to individuals without regard to such individual's eligibility for Financial Assistance, as more specifically set forth in LifeBridge Health's separate Emergency Medical Treatment & Labor Act (EMTALA) Policy, a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. of this Policy.
- D. **Adoption of Policy.** The Board of Directors of LifeBridge Health and each of its applicable tax-exempt affiliates that provides medically necessary hospital services, has adopted the following policies and procedures for the provision of Financial Assistance.
- E. **Frequency of Review.** This policy is to be reviewed and approved every two years.

II. DEFINITIONS

For purposes of this Policy, the terms below shall be defined as follows:

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- A. **“AGB”** means the amounts generally billed as defined by IRS Section 501(r)(5) for hospital emergency and other Medically Necessary care to individuals who have insurance covering that care, and calculated in accordance to the State of Maryland Health Services Cost Review Commission (HSCRC).
- B. **“Application”** has the meaning set forth in Section III. B. below which shall comply with the HSCRC uniform financial assistance application requirements.
- C. **“Assets”** means assets and resources (and the values thereof) of an individual, that would be taken into account and valued in accordance with the Code of Maryland Regulations in determining eligibility specifically excluding such individual’s (a) primary personal residence not to exceed an assessed value of \$150,000, (b) retirement assets or plans as qualified or nonqualified by the Internal Revenue Service including one or more retirement plans which shall include, without limitation, an individual retirement account (traditional or Roth), profit-sharing plan, defined benefit pension plan, 401(k) plan, 403(b) plan, nonqualified deferred compensation plan, money purchase pension plan, or other retirement plan equivalent to any of the foregoing, (c) one motor vehicle owned by the patient or any family member used for necessary transportation needed, (d) prepaid education assets or plans as defined by the State of Maryland or Internal Revenue Service which include, without limitation, Education Savings Account or 529 plans, (e) any assets expressly excluded in determining eligibility for a Federal or State financial or medical assistance program or plan which include, but not limited to, the Federal Supplemental Nutrition Assistance Program (SNAP), the Maryland Medical Assistance Program, State Energy Assistance Program, or Supplemental Food Program for Women, Infants, and Children, (f) burial space or plot, funds or prepaid burial contracts, and (g) household goods and personal effects.
- D. **“CMO”** means Chief Medical Officer at a LifeBridge Health hospital or Chief Physician Executive.
- E. **“Eligible Services”** means the services (and any related products) provided by a LifeBridge Health hospital that are eligible for Financial Assistance under this Policy, which shall include: (1) emergency medical services provided in an emergency room setting, (2) non-elective medical services provided in response to life-threatening circumstances that are other than emergency medical services in an emergency room setting, and (3) Medically Necessary Services as defined in this policy.
- F. **“Emergency Medical Conditions”** has the same meaning as such term is defined in section 1867 of the Social Security Act, as amended (42 U.S.C. 1395dd) and as stated:
“A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious

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jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions: (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.”

- G. **“Family Member”** means a member of a group of two (2) or more individuals who reside together and who are related by birth, marriage, or adoption, including, without limitation, any individual claimed as a dependent by any such individual on his or her federal income tax return.
- H. **“Family Income”** means the gross income of an individual and all of his or her Family Members, including, without limitation, compensation for services (wages, salaries, commissions, etc.), interest, dividends, royalties, capital gains, annuities, pension, retirement income, Social Security, public or government assistance, rents, alimony, child support, business income, income from estates or trusts, survivor benefits, scholarships or other educational assistance, annuity payments, payments under or from a reverse mortgage, fees, income from life insurance or endowment contracts, and any other gross income or remuneration, from whatever source derived, all on a pre-tax basis.
- I. **“Federal Poverty Guidelines”** means poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.
- J. **“Financial Assistance”** means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.
- K. **“Financial Hardship”** means an Uninsured or Underinsured patient of a LifeBridge Health hospital who (1) after payment by all third-party payers, is financially obligated to a LifeBridge Health hospital for an amount in excess of twenty-five percent (25%) of such patient’s gross annual income and (2) has Assets that total value of which is less than the amount of “Assets”, as amended from time to time.
- L. **“Hospital Cost Review Commission (HSCRC)”** means an independent agency of the State of Maryland with broad regulatory authority to establish rates to promote cost containment, access to care, financial stability and accountability; including guidelines that govern hospital financial assistance.
- M. **“Hospital”** means a facility (whether operated directly or through a joint venture arrangement) that is required by the State of Maryland to be licensed, registered, or similarly recognized as a

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hospital. "Hospital" means collectively, more than one Hospital Facility. As it relates to this Policy, applicable locations include:

- Carroll Hospital,
- Grace Medical Center
- Levindale Hebrew Geriatric Center and Hospital
- Northwest Hospital,
- Sinai Hospital

- N. **"Medically Necessary"** shall have the same meaning as such term is defined for Medicare (services or its reasonable and necessary for the diagnosis or treatment of illness or injury), or for disputed or less clear cases referred to the CMO or designee to render a decision.
- O. **"Policy"** means this "Financial Assistance Policy" of a LifeBridge Health hospital, as amended from time to time.
- P. **"Protected Class"** shall comply with the Code of Maryland Regulation specifically representing race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, disability, citizenship status, or any other class, ethnicity or designation not otherwise specified.
- Q. **"Provider"** means a LifeBridge Health hospital employed physician, advanced clinical practitioner or licensed professional recognized and granted authority by the State of Maryland to provide health care services.
- R. **"Uninsured"** means a patient of a LifeBridge Health hospital who has no level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual's payment obligations for the provision of Eligible Services.
- S. **"Underinsured"** means a patient of LifeBridge Health hospital who has some level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual's payment obligations for provision of Eligible Services, but who nevertheless remains obligated to pay out-of-pocket expenses for the provision of Eligible Services that exceed such individual's financial abilities.

III. GUIDELINES

- A. **Eligibility.** Upon a determination of financial need and eligibility in accordance with this Policy, a LifeBridge Health hospital will provide Financial Assistance for Eligible Services to or for Uninsured patients, Underinsured patients, patients who are ineligible for public or government assistance, or who are otherwise unable to pay for Eligible Services. Financial Assistance

CARE BRAVELY

pursuant to this Policy shall be based on a determination of financial need for each individual, regardless of race, sex, age, disability, national origin or religion, or other Protected Class.

- B. Application for Financial Assistance. Except as otherwise provided in this Policy, a LifeBridge Health authorized representative will review all information requested and set forth in an application for Financial Assistance (a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. below of this Policy), an in any and all documentation therein requested and provided (the application and such documentation, collectively, an “Application”), as well as any one or more items of the following information, in determining whether an individual will be eligible for and receive Financial Assistance:
1. Publicly available data that provides information about an individual’s ability to pay (e.g. credit reports, scores, or ratings; Federal Poverty Guidelines, relevant published federal or state guidelines, bankruptcy filings or orders);
 2. Insurance eligibility for public or private health insurance including qualification for other public programs that may cover health care costs;
 3. Information relating to such individual’s participation or enrollment in, or receipt of benefits from or as part of, (a) any state or federal assistance program enrollment (e.g., Supplementary Security Income, Medicaid, Food Stamps/SNAP, Women, Infants, and Children (WIC) programs, AFDC, Children’s Health Insurance Program (CHIP), low-income housing, disability benefits, unemployment compensation, subsidized school lunch, or (b) any free clinic, indigent health access programs, or Federally Qualified Health Center (FQHC).
 4. Information substantiating the total gross Family Income and assets owned or held by the individual and liabilities or other obligations of the individual;
 5. Information substantiating that such individual is or has been homeless, disabled, declared mentally incompetent or otherwise incapacitated, so as to adversely affect such individual’s financial ability to pay; and/or
 6. Information substantiating that such individual has sought or is seeking benefits from all other available funding sources for which the individual is eligible, including insurance, Medicaid or other state or federal programs.

It is preferred, but not required, that an individual request Financial Assistance prior to Eligible Services being provided. Any Application may be submitted prior to, upon receipt of Eligible Services, or during the billing and collection process. The information that an individual requesting Financial Assistance has provided will be re-evaluated, verified, and required to be updated at each subsequent time Eligible Services are provided that is more than twelve (12) months after the time such information was previously provided. If such information does change or additional information is discovered relevant to the patient’s eligibility for Financial Assistance, it is the patient’s responsibility to notify Customer Service at (800)788-6995. Applications will be made available, free of charge, at any hospital Patient Access or Customer Service. Requests for Financial Assistance will be processed promptly, and the hospital will determine eligibility within two (2) business days for probable determination or 14 (fourteen) days for final determination after receipt of a completed Application, submission of all required

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information, and make all reasonable efforts to provide written notification to the patient or applicant of its determination within thirty (30) days. Such notification may be in the form of a billing statement which shows the amount of Financial Assistance applied to the patient's account(s), and if the patient is granted 100% Financial Assistance or denied, written notice will be sent in the form of a letter delivered to the patient's or guarantor's mailing address on file.

A LifeBridge Health hospital may deny or reject any Application and/or may reverse any previously provided discounts or Financial Assistance, if it determines in good faith, that information previously provided was intentionally false, incomplete or misleading. Moreover, a LifeBridge Health hospital may, at its sole discretion, pursue any and all legal remedies or actions, including criminal charges, against any person who knowingly misrepresented their financial condition including, without limitation, the amount or value of Family Income and/or Assets.

- C. **Appeals and Complaints.** Patients or Guarantors with applications denied for Financial Assistance covered under this Policy may appeal such decisions or file a complaint.
1. Appeals must be in writing and describe the basis of reconsideration, including any supporting documentation. Appeals must be submitted to Customer Service within fourteen (14) calendar days of the application decision or otherwise the decision shall be upheld and considered final. Customer Service will make every effort to notify Patients or Guarantors of the appeal decision within thirty (30) calendar days.
 2. Complaints regarding this Policy can be received by mail, email or phone. All complaints are to be reported to LifeBridge Health Compliance Department for monitoring and reporting. Customer Service will respond to each complaint, contact the individual who filed the complaint and notify the LifeBridge Health Compliance Department of the complaint's outcome.

Patients or Guarantors may also file a complaint with Maryland Health Education and Advocacy Unit using the following contact information:

Office of the Attorney General
Health Education and Advocacy Unit
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: (410)528-1840
Fax: (410)576-6571
Email: HEAU@oag.state.md.us

- D. **Presumptive Financial Assistance.** In some cases or circumstances a patient or applicant may appear eligible for Financial Assistance, but either has not provided all requested information or otherwise non-responsive to the application process. In such cases or circumstances, an authorized representative of a LifeBridge Health hospital may complete the Application on the patient's behalf and research evidence of eligibility for Financial Assistance from available

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outside sources to determine the patient's estimated income and potential discount amounts or may utilize other sources of information to make an assessment of financial need. As a result of such information, the patient may be eligible for discounts up to 100% of the amounts owed for Eligible Services. In such circumstances, a patient is presumed eligible to receive Financial Assistance for Eligible Services if the patient meets one or more of the following criteria:

1. Eligible for the Maryland Medical Assistance program or Maryland Children's Health Program and:
 - i. Lives in a household with children enrolled in the free and reduced-cost meal program;
 - ii. Receives benefits through the federal Supplemental Nutrition Assistance Program;
 - iii. Receives benefits through the State's Energy Assistance Program;
 - iv. Receives benefits through the federal Special Supplemental Food Program for Women, Infants, and Children; or
 - v. Receives benefits from any other social service program as determined by the Maryland Department of Health and Mental Hygiene (MD DHMH) and the State of Maryland HSCRC.
 2. Residence in low income or subsidized housing;
 3. Unfavorable credit history, based on the patient's credit report (high risk, low medical score, delinquent accounts);
 4. Utilization of third-party predictive modeling based on public record databases and calibrated historical approvals statistically matched to this Policy. Such technology will be deployed prior to bad debt assignment in an effort to screen all patients for financial assistance prior to collection agency placement or pursuing any extraordinary collection actions.
 5. Homeless or received care from a homeless shelter, free clinic;
 6. Mentally incompetent as declared by a court or licensed professional; or
 7. Deceased with no known estate.
- E. Eligibility Criteria and Amounts Charged to Patients. Patients who are determined to be eligible, shall receive Financial Assistance in accordance with such individual's financial need, as determined by referring to the Federal Poverty Guidelines as published annually in the Federal Register.
1. Notwithstanding anything in this Policy to the contrary, no patient who is eligible to receive Financial Assistance for Eligible Services will be charged more than allowed by the State of Maryland HSCRC pricing or AGB for emergency or other Medically Necessary care.
 2. The basis for determining and calculating the amounts billed an Uninsured or Underinsured patient who is eligible for Financial Assistance is as follows:
 - i. Any Uninsured or Underinsured patient eligible for Financial Assistance will first receive the Financial Assistance discount for either 100% of billed charges or a reduced billed amount for those with Family income above 300% of the Federal Poverty Guidelines.

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- ii. Uninsured or Underinsured patients eligible for Financial Assistance whose yearly Family Income is equal to or less than 300% of the Federal Poverty Guidelines and whose total Assets do not exceed amounts allowed will receive a discount of 100% of their remaining account balance.
 - iii. Any Uninsured with Family Income above 300%, but less than 500% of the Federal Poverty Guidelines may qualify for a Financial Hardship discount. To qualify total Assets must be less than allowed provided total outstanding medical expenses minus co-payments, coinsurance and deductibles exceed 25% of annual Family Income. The amount of the Financial Hardship discount is any amount that exceeds 25% of annual Family Income. Thus, remaining balance owed excluding co-payments, coinsurance and deductibles if applicable after discount does not exceed 25% of Family Income.
- F. Excluded Services. The following healthcare services are not eligible for Financial Assistance under this Policy:
 - 1. Purchases from retail operations, including gift shops, retail pharmacy, durable medical equipment, cafeteria purchases;
 - 2. Services provided by non-LifeBridge Health entities or professional services from physicians or advanced practice providers during hospital visits;
 - 3. Elective procedures or treatments that are not Medically Necessary including cosmetic surgery, bariatric surgery, venous ablation.
 - 4. Services provided at Levindale Nursing, Rehabilitation and Adult Day Care locations and any amounts deemed by Medicaid as patient liability.
 - 5. Existing or pre-established programs to assist patients with defined coverage of services similar to Best Beginnings for undocumented women needing prenatal care or Access Carroll for free clinic care to uninsured and underinsured patient populations in Carroll County.
- G. Communication of Information about the Policy to Patients and the Public. LifeBridge Health hospitals will take measures to inform and notify patients and visitors and the residents of the community at large served by the hospital, of this Policy in a manner that, at a minimum, will notify the listener and reader that the hospital offers Financial Assistance and informs individuals about how and where to obtain more information about this Policy. Such measures will include the following:
 - 1. Clearly and conspicuously post signage to advise patients and visitors of Financial Assistance availability including Emergency Department, admission areas and billing departments
 - 2. Make this Policy, the Application, and a plain language summary of this Policy widely available on its website www.lifebridgehealth.org.
 - 3. Make paper copies of this Policy, the Application, and a plain language summary of this Policy available upon request, without charge, in public locations in each hospital including Emergency Department, admission areas, billing department and by mail or e-

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mail. Furthermore, Patient Access and Customer Service representatives will notify and inform individuals upon admission or discharge of Financial Assistance and offer a paper copy of a plain language summary of the Financial Assistance Policy.

4. List all Providers, as referenced as Addendum I, whether employed or not employed by the hospital, covered by this Policy and will make widely available on its website www.lifebridgehealth.org.
 5. Referral of patients for Financial Assistance may be made by any member of LifeBridge Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
 6. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws and limitations.
 7. Any and all written or printed information concerning this Policy, including the Application, will be made available in each of the languages spoken by the lesser of 1,000 individuals or 5% of the community served by the hospital or the population likely to be encountered or affected by the hospital. The hospital will take reasonable efforts to ensure that information about this Policy and its availability is clearly communicated to patients who are not proficient in reading and writing and/or who speak languages other than those for which information about this Policy are printed or published.
- H. Document Retention Procedures. The hospital will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance including the patient's Application, any information obtained or considered in determining such patient's eligibility for Financial Assistance (including information about such patient's income and assets), the method used to verify patient's income, the amount owed by the patient, the method and calculation of any Financial Assistance for which such patient was eligible and in fact received, and the person who approved the determination of such patient's eligibility for Financial Assistance.
- I. Relationship to Billing and Collections Policy. For any patient who fails to timely pay all or any portion of amount(s) owed, the hospital will follow guidelines set forth in its separate Billing and Collections Policy; provided that, the hospital will not commence or institute any extraordinary collection actions (including garnishments, liens, foreclosures, levies, attachments or seizures of assets, commencing civil or criminal actions, sales of debts to third parties, reporting adverse information to credit reporting agencies or credit bureaus) against any patient for failure to timely pay all of any portion of patient's account, without first, making reasonable efforts to determine whether the patient is eligible for Financial Assistance. Reasonable efforts are set forth in the separate Billing and Collections Policy, including those relating to patient communications and required actions, time periods, and notices of complete or incomplete Application for Financial Assistance. A copy of the Billing and Collection Policy may be obtained free of charge from any one of the sources or locations listed in Section III.K. below.

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- J. No Effect on Other Policies; Policy Subject to Applicable Law. This Policy shall not alter or modify other policies regarding efforts to obtain payment from third party payers, transfers or emergency care. This Policy and the provision of any Financial Assistance will be subject to all applicable federal, state, and local law.
- K. Sources of and Locations for Information. Copies of this Policy, the Application, the Billing and Collections Policy, and the EMTALA Policy, may be obtained from or at any one or more of the following sources or locations:
1. Any Customer Service, Patient Access, or Patient Registration areas;
 2. Emergency Department, admission areas or billing department;
 3. By calling Customer Service at (800)788-6995; and
 4. LifeBridge Health's website at www.lifebridgehealth.org.



Thank you for choosing LifeBridge Health as your healthcare provider. Our Patient Financial Services Department is available to assist patients who do not carry medical insurance (uninsured) or face significant co-payment, coinsurance and/or deductible charges, which may be challenging to manage due to personal hardship or financial distress. Depending on the specific financial situation, a patient may be eligible to receive Maryland Medical Assistance (Medicaid), Financial Assistance or take advantage of extended payment plans.

Financial Assistance Eligibility Criteria - Based on your circumstances and program criteria, you may qualify for full or partial assistance from LifeBridge Health. To qualify for full assistance, you must show proof of income 300% or less of the federal poverty guidelines; income between 301% - 500% of the federal poverty guidelines may qualify you for Financial Hardship Reduced Cost Care, which limits your liability to 25% of your gross annual income. Eligibility is calculated based on the number of people in the household and extends to any immediate family member living in the household. You may also qualify for presumptive eligibility if you are a beneficiary/recipient of a means-tested Federal, State or Local social service program. Financial Assistance covers uninsured patients and liability after all insurance(s) pay. Approvals are granted for twelve months. Patients are encouraged to re-apply for continued eligibility.

Where to Find Information - To obtain a Financial Assistance application and cover letter:

- ask a member of our Registration Staff
- visit our Customer Service Representatives in the main lobby of the Hospital
- call Customer Service at (410) 601-1094 or (800) 788-6995 (M-F 7:30 AM – 5:00 PM)
- visit www.lifebridgehealth.org

How to Apply - Complete the application in accordance with the instructions on the cover letter and return the application and required documentation to our Customer Service Representatives in the main lobby or mail to:

LifeBridge Health, Inc.

Financial Assistance Representative

2401 West Belvedere Avenue

Baltimore, Maryland 21215



Appeals and Complaints – You may file an appeal or complaint to the mailing address, email or Customer Service phone number(s) above. Patients may file a complaint against the hospital for an alleged violation of its financial assistance policy at hsrc.patient-complaints@maryland.gov. You may also file a complaint with the Maryland Health Education and Advocacy Unit at (410) 528-1840 or HEAU@oag.state.md.us.