Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. In response to the legislation, some of the reporting questions have changed for FY 2021. Detailed reporting instructions are available here: https://hscrc.maryland.gov/Pages/init_cb.aspx

In this reporting tool, responses are mandatory unless specifically 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? Yes	No	If no, please provide the correct information here:
The proper name of your hospital is:UM Rehabilitation & Orthopaedic Institute	◉	○	
Your hospital's ID is: 210058	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System	◉	○	
The primary Narrative contact at your hospital is Kimberly Davidson and Donna Jacobs	○	◉	Donna Jacobs only
The primary Narrative contact email address at your hospital is kimberly.davidson@umm.edu; djacobs@umm.edu	○	◉	Donna Jacobs only
The primary Financial contact at your hospital is UNKNOWN	○	◉	Marina Bogin
The primary Financial email at your hospital is ACUNNINGHAM@UMM.EDU	○	◉	mbogin@umm.edu

Q4. The next group of questions asks 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. Please select the community health statistics that your hospital uses in its community benefit efforts.

- [x] Median household income
- [x] Percentage below federal poverty line (FPL)
- [ ] Percent uninsured
- [ ] Percent with public health insurance
- [ ] Percent with Medicaid
- [ ] Mean travel time to work
- [ ] Percent speaking language other than English at home
- [x] Race: percent white
- [x] Race: percent black
- [x] Ethnicity: percent Hispanic or Latino
- [ ] Life expectancy
- [ ] Crude death rate
- [x] Other

Q6. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Prevalence of disability in Maryland residents

Q7. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q8. Section I - General Info Part 2 - Community Benefit Service Area

Q9. Please select the county or counties located in your hospital's CBSA.

- [ ] Allegany County
- [x] Anne Arundel County
- [x] Baltimore City
- [x] Baltimore County
- [ ] Calvert County
- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Charles County
- [ ] Dorchester County
- [ ] Frederick County
- [ ] Garrett County
- [ ] Harford County
- [x] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [ ] Prince George's County
- [ ] Queen Anne's County
- [ ] Somerset County
- [ ] St. Mary's County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

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

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

- [x] 20701
- [x] 20711
- [x] 20714
- [x] 20724
- [x] 20733
- [x] 20736
- [x] 20751
- [x] 20754
- [x] 20755
- [x] 20758
- [x] 20764
- [x] 20765
- [x] 20776
- [x] 20778
- [x] 20779
- [x] 20794
- [x] 21012
- [x] 21032
- [x] 21035
- [x] 21037
- [x] 21054
- [x] 21056
- [x] 21060
- [x] 21061
- [x] 21062
- [x] 21076
- [x] 21077
- [x] 21090
- [x] 21106
- [x] 21108
- [x] 21113
- [x] 21114
- [x] 21122
- [x] 21123
- [x] 21140
- [x] 21144
- [x] 21146
- [x] 21225
- [x] 21226
- [x] 21240
- [x] 21401
- [x] 21402
- [x] 21403
- [x] 21404
- [x] 21405
- [x] 21409
- [x] 21411
- [x] 21412

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

- [x] 21201
- [x] 21202
- [x] 21203
- [x] 21205
- [x] 21206
- [x] 21207
- [x] 21208
- [x] 21209
- [x] 21210
- [x] 21211
- [x] 21212
- [x] 21213
- [x] 21214
- [x] 21215
- [x] 21216
- [x] 21217
- [x] 21218
- [x] 21222
- [x] 21223
- [x] 21224
- [x] 21225
- [x] 21226
- [x] 21227
- [x] 21228
- [x] 21229
- [x] 21230
- [x] 21231
- [x] 21233
- [x] 21234
- [x] 21236
- [x] 21237
- [x] 21239
- [x] 21251
- [x] 21263
- [x] 21270
- [x] 21278
- [x] 21281
- [x] 21287
- [x] 21290

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

- [x] 21013
- [x] 21020
- [x] 21092
- [x] 21093
- [x] 21156
- [x] 21161
- [x] 21225
- [x] 21227

- [x] 21022
- [x] 21023
- [x] 21027
- [x] 21030
- [x] 21031
- [x] 21043
- [x] 21051
- [x] 21052
- [x] 21053
- [x] 21057
- [x] 21065
- [x] 21071
- [x] 21074
- [x] 21082
- [x] 21085
- [x] 21087
- [x] 21094
- [x] 21102
- [x] 21104
- [x] 21105
- [x] 21111
- [x] 21117
- [x] 21120
- [x] 21128
- [x] 21131
- [x] 21133
- [x] 21136
- [x] 21139
- [x] 21152
- [x] 21153
- [x] 21155
- [x] 21162
- [x] 21163
- [x] 21204
- [x] 21206
- [x] 21207
- [x] 21208
- [x] 21209
- [x] 21210
- [x] 21212
- [x] 21215
- [x] 21219
- [x] 21220
- [x] 21221
- [x] 21222
- [x] 21224
- [x] 21228
- [x] 21229
- [x] 21234
- [x] 21235
- [x] 21236
- [x] 21237
- [x] 21239
- [x] 21241
- [x] 21244
- [x] 21250
- [x] 21252
- [x] 21282
- [x] 21284
- [x] 21285
- [x] 21286

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- [x] 20701
- [x] 20723
- [x] 20759
- [x] 20763
- [x] 20777
- [x] 20794
- [x] 20833
- [x] 21029
- [x] 21041
- [x] 21042
- [x] 21043
- [x] 21044
- [x] 21045
- [x] 21046
- [x] 21075
- [x] 21076
- [x] 21150
- [x] 21163
- [x] 21723
- [x] 21737
- [x] 21738
- [x] 21765
- [x] 21771
- [x] 21784

- [x] 21036
- [x] 21104
- [x] 21794

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.
- [ ] Based on patterns of utilization. Please describe.
- [x] Other. Please describe.

UM Rehab serves all adults with disabilities in Baltimore City, Anne Arundel, Baltimore, and Howard Counties

Q35. Provide a link to your hospital's mission statement.

https://www.umms.org/rehab/about/mission-vision

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q39. 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.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/15/2021

Q41. Please provide a link to your hospital's most recently completed CHNA.

https://www.umms.org/rehab/-/media/files/um-rehab/community/chna-2021v3.pdf?upd=20211110194352&la=en&hash=528A275C05F1D01EE4DCAB92C193AC475F2B4BF1

Q42. Please upload your hospital's most recently completed CHNA.

UMRehab_FY2021_CHNA_Final_Report.pdf
1.1MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in your most recent CHNA development.

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

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

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

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal HCB Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

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

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Reviews and approves annual CB Reports
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) Rehabilitation and Dental Staff	☐	☐	☑	☐	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2021 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is optional for FY 2021, but will be mandatory for FY 2022.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: UMMC	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Department -- Please list the Local Health Departments here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Improvement Coalition -- Please list the LHICs here: No active LHIC in Baltimore City in FY21	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other State Agencies -- Please list the agencies here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Govt. Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School - K-12 -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - Colleges, Universities, Professional Schools -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Behavioral Health Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social Service Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Post-Acute Care Facilities -- please list the facilities here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Community/Neighborhood Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Consumer/Public Advocacy Organizations -- Please list the organizations here: UM Rehab Patient Family Advisory Committee, Brain Injury Institute of Maryland, UM Rehab & Ortho Amputee Support Group, UM Rehab & Ortho Spinal Cord Injury Support Group, UM Rehab & Ortho Stroke Support Group	☐	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

6/15/21

Q52. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/rehab/-/media/files/um-rehab/community/community-health-needs-assessment/community-health-needs-assessment-process-summary-2021.pdf?upd=20210621154246&la=en&hash=B1DE11B4C9D1BC5630433943F3907DB6F8DDCA88

Q222. Please upload your hospital's CHNA implementation strategy.

UMRehab Community Health Needs Assessment Implementation PLan Summary 2021.pdf
553.5KB
application/pdf

Q53. 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.

Q54. Please select the CHNA Priority Area Categories most relevant to your most recent CHNA. The list of categories is based on the Healthy People 2030 objectives available here. This list is not exhaustive. Please select "other" and describe any CHNA Priority Area Categories that are not captured by this list. Select all that apply even if a need was not addressed by a reported initiative.

- ☐ Health Conditions - Addiction
- ☐ Health Conditions - Arthritis
- ☐ Health Conditions - Blood Disorders
- ☐ Health Conditions - Cancer
- ☐ Health Conditions - Chronic Kidney Disease
- ☐ Health Conditions - Chronic Pain
- ☐ Health Conditions - Dementias
- ☐ Health Conditions - Diabetes
- ☐ Health Conditions - Foodborne Illness
- ☐ Health Behaviors - Drug and Alcohol Use
- ☐ Health Behaviors - Emergency Preparedness
- ☐ Health Behaviors - Family Planning
- ☐ Health Behaviors - Health Communication
- ☑ Health Behaviors - Injury Prevention
- ☑ Health Behaviors - Nutrition and Healthy Eating
- ☑ Health Behaviors - Physical Activity
- ☐ Health Behaviors - Preventive Care
- ☐ Health Behaviors - Safe Food Handling
- ☐ Populations - Women
- ☐ Populations - Workforce
- ☐ Settings and Systems - Community
- ☐ Settings and Systems - Environmental Health
- ☐ Settings and Systems - Global Health
- ☐ Settings and Systems - Health Care
- ☐ Settings and Systems - Health Insurance
- ☐ Settings and Systems - Health IT
- ☐ Settings and Systems - Health Policy

- [ ] Health Conditions - Health Care-Associated Infections
- [ ] Health Conditions - Heart Disease and Stroke
- [ ] Health Conditions - Infectious Disease
- [x] Health Conditions - Mental Health and Mental Disorders
- [x] Health Conditions - Oral Conditions
- [ ] Health Conditions - Osteoporosis
- [x] Health Conditions - Overweight and Obesity
- [ ] Health Conditions - Pregnancy and Childbirth
- [ ] Health Conditions - Respiratory Disease
- [ ] Health Conditions - Sensory or Communication Disorders
- [ ] Health Conditions - Sexually Transmitted Infections
- [ ] Health Behaviors - Child and Adolescent Development
- [ ] Health Behaviors - Sleep
- [ ] Health Behaviors - Tobacco Use
- [ ] Health Behaviors - Vaccination
- [ ] Health Behaviors - Violence Prevention
- [ ] Populations - Adolescents
- [ ] Populations - Children
- [ ] Populations - Infants
- [ ] Populations – LGBT
- [ ] Populations - Men
- [ ] Populations - Older Adults
- [ ] Populations - Parents or Caregivers
- [x] Populations - People with Disabilities
- [ ] Settings and Systems - Hospital and Emergency Services
- [ ] Settings and Systems - Housing and Homes
- [ ] Settings and Systems - Public Health Infrastructure
- [ ] Settings and Systems - Schools
- [ ] Settings and Systems - Transportation
- [ ] Settings and Systems - Workplace
- [ ] Social Determinants of Health - Economic Stability
- [ ] Social Determinants of Health - Education Access and Quality
- [ ] Social Determinants of Health - Health Care Access and Quality
- [ ] Social Determinants of Health - Neighborhood and Built Environment
- [ ] Social Determinants of Health - Social and Community Context
- [ ] Other (specify)

Q56. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q57. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q58. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q59. Please use the questions below to provide details regarding the initiatives to address the CHNA Priority Area Categories selected in the previous question.

For those hospitals completing the ***optional*** CHNA financial reporting in FY 2021, please ensure that these tie directly to line item initiatives in the financial reporting template.

For those hospitals **not** completing the ***optional*** CHNA financial template, please provide this information for as many initiatives as you deem feasible.

Please note that hospitals will be required to report on each CHNA-related initiative in FY 2022.

Q163. Please describe the initiative(s) addressing Health Conditions - Addiction.

This question was not displayed to the respondent.

Q182. Please describe the initiative(s) addressing Health Conditions - Arthritis.

This question was not displayed to the respondent.

Q183. Please describe the initiative(s) addressing Health Conditions - Blood Disorders.

This question was not displayed to the respondent.

Q184. Please describe the initiative(s) addressing Health Conditions - Cancer.

This question was not displayed to the respondent.

Q185. Please describe the initiative(s) addressing Health Conditions - Chronic Kidney Disease.

This question was not displayed to the respondent.

Q186. Please describe the initiative(s) addressing Health Conditions - Chronic Pain.

This question was not displayed to the respondent.

Q187. Please describe the initiative(s) addressing Health Conditions - Dementias.

This question was not displayed to the respondent.

Q188. Please describe the initiative(s) addressing Health Conditions - Diabetes.

This question was not displayed to the respondent.

Q189. Please describe the initiative(s) addressing Health Conditions - Foodborne Illness.

This question was not displayed to the respondent.

Q190. Please describe the initiative(s) addressing Health Conditions - Health Care-Associated Infections.

This question was not displayed to the respondent.

Q191. Please describe the initiative(s) addressing Health Conditions - Heart Disease and Stroke.

This question was not displayed to the respondent.

Q192. Please describe the initiative(s) addressing Health Conditions - Infectious Disease.

This question was not displayed to the respondent.

Q193. Please describe the initiative(s) addressing Health Conditions - Mental Health and Mental Disorders.

	Health Conditions - Mental Health and Mental Disorders Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Social Support	Decrease social isolation resulting from chronic disease/injury; Improve overall quality of life for individuals who have sustained or care for an individual who has sustained a chronic injury	453 participants	# of Participants; # of Caregivers; Percent of participants with post-support group survey reporting improved sense of empowerment and control, decreased distress, anxiety, and depression
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q194. Please describe the initiative(s) addressing Health Conditions - Oral Conditions.

	Health Conditions - Oral Conditions Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Dental Clinic	Decrease emergency room visits related to dental issues in the special needs population	5,860 patients served	# of patients served for preventive dental care
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q195. Please describe the initiative(s) addressing Health Conditions - Osteoporosis.

This question was not displayed to the respondent.

Q196. Please describe the initiative(s) addressing Health Conditions - Overweight and Obesity.

	Health Conditions - Overweight and Obesity Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Obesity Support	Reduce the mean BMI	0	# of Particpants
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q197. Please describe the initiative(s) addressing Health Conditions - Pregnancy and Childbirth.

This question was not displayed to the respondent.

Q198. Please describe the initiative(s) addressing Health Conditions - Respiratory Disease.

This question was not displayed to the respondent.

Q199. Please describe the initiative(s) addressing Health Conditions - Sensory or Communication Disorders.

This question was not displayed to the respondent.

Q200. Please describe the initiative(s) addressing Health Conditions - Sexually Transmitted Infections.

This question was not displayed to the respondent.

Q201. Please describe the initiative(s) addressing Health Behaviors - Child and Adolescent Development.

This question was not displayed to the respondent.

Q202. Please describe the initiative(s) addressing Health Behaviors - Drug and Alcohol Use.

This question was not displayed to the respondent.

Q203. Please describe the initiative(s) addressing Health Behaviors - Emergency Preparedness.

This question was not displayed to the respondent.

Q204. Please describe the initiative(s) addressing Health Behaviors - Family Planning.

This question was not displayed to the respondent.

Q205. Please describe the initiative(s) addressing Health Behaviors - Health Communication.

This question was not displayed to the respondent.

Q206. Please describe the initiative(s) addressing Health Behaviors - Injury Prevention.

	Health Behaviors - Injury Prevention Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Think First for Teens	Spinal Cord Injury Prevention	33 participants	# of teens educated
Initiative B				
Initiative C				
Initiative D				
Initiative E				

Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q207. Please describe the initiative(s) addressing Health Behaviors - Nutrition and Healthy Eating.

	Health Behaviors - Nutrition and Healthy Eating Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Healthy Eating Support	Increase awareness around healthy eating	0	# of participants
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q208. Please describe the initiative(s) addressing Health Behaviors - Physical Activity.

	Health Behaviors - Physical Activity Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Adapted Sports Program	Decrease occurrence of secondary complications attributed to sedentary behavior	0	# of participants in the Adapted Sports Programs; # of Community members educated; # of Allied health professional students educated regarding the availability and benefits of adapted sports; # of Participants identifying positive impact to quality of life and overall health as a benefit of participation in UM Rehab's Adapted Sports Programs.
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q209. Please describe the initiative(s) addressing Health Behaviors - Preventive Care.

This question was not displayed to the respondent.

Q210. Please describe the initiative(s) addressing Health Behaviors - Safe Food Handling.

This question was not displayed to the respondent.

Q211. Please describe the initiative(s) addressing Health Behaviors - Sleep.

This question was not displayed to the respondent.

Q212. Please describe the initiative(s) addressing Health Behaviors - Tobacco Use.

This question was not displayed to the respondent.

Q213. Please describe the initiative(s) addressing Health Behaviors - Vaccination.

This question was not displayed to the respondent.

Q214. Please describe the initiative(s) addressing Health Behaviors - Violence Prevention.

This question was not displayed to the respondent.

Q215. Please describe the initiative(s) addressing Populations - Adolescents.

This question was not displayed to the respondent.

Q216. Please describe the initiative(s) addressing Populations - Children.

This question was not displayed to the respondent.

Q217. Please describe the initiative(s) addressing Populations - Infants.

This question was not displayed to the respondent.

Q218. Please describe the initiative(s) addressing Populations - LGBT.

This question was not displayed to the respondent.

Q219. Please describe the initiative(s) addressing Populations - Men.

This question was not displayed to the respondent.

Q220. Please describe the initiative(s) addressing Populations - Older Adults.

This question was not displayed to the respondent.

Q221. Please describe the initiative(s) addressing Populations - Parents or Caregivers.

This question was not displayed to the respondent.

Q222. Please describe the initiative(s) addressing Populations - People with Disabilities.

	Populations - People with Disabilities Initiative Details			
	Initiative Name	Initiative Goal/Objective	Initiative Outcomes to Date	Data Used to Measure Outcomes
Initiative A	Mentoring Education for OT/PT/SPL	provide training for therapy professionals	61	# of participants
Initiative B				
Initiative C				
Initiative D				
Initiative E				
Initiative F				
Initiative G				
Initiative H				
Initiative I				
Initiative J				
All Other Initiatives				

Q223. Please describe the initiative(s) addressing Populations - Women.

This question was not displayed to the respondent.

Q224. Please describe the initiative(s) addressing Populations - Workforce.

This question was not displayed to the respondent.

Q225. Please describe the initiative(s) addressing Settings and Systems - Community.

This question was not displayed to the respondent.

Q226. Please describe the initiative(s) addressing Settings and Systems - Environmental Health.

This question was not displayed to the respondent.

Q227. Please describe the initiative(s) addressing Settings and Systems - Global Health.

This question was not displayed to the respondent.

Q228. Please describe the initiative(s) addressing Settings and Systems - Health Care.

This question was not displayed to the respondent.

Q229. Please describe the initiative(s) addressing Settings and Systems - Health Insurance.

This question was not displayed to the respondent.

Q230. Please describe the initiative(s) addressing Settings and Systems - Health IT.

This question was not displayed to the respondent.

Q231. Please describe the initiative(s) addressing Settings and Systems - Health Policy.

This question was not displayed to the respondent.

Q232. Please describe the initiative(s) addressing Settings and Systems - Hospital and Emergency Services.

This question was not displayed to the respondent.

Q233. Please describe the initiative(s) addressing Settings and Systems - Housing and Homes.

This question was not displayed to the respondent.

Q234. Please describe the initiative(s) addressing Settings and Systems - Public Health Infrastructure.

This question was not displayed to the respondent.

Q235. Please describe the initiative(s) addressing Settings and Systems - Schools.

This question was not displayed to the respondent.

Q236. Please describe the initiative(s) addressing Settings and Systems - Transportation.

This question was not displayed to the respondent.

Q237. Please describe the initiative(s) addressing Settings and Systems - Workplace.

This question was not displayed to the respondent.

Q238. Please describe the initiative(s) addressing Social Determinants of Health - Economic Stability.

This question was not displayed to the respondent.

Q239. Please describe the initiative(s) addressing Social Determinants of Health - Education Access and Quality.

This question was not displayed to the respondent.

Q240. Please describe the initiative(s) addressing Social Determinants of Health - Health Care Access and Quality.

This question was not displayed to the respondent.

Q241. Please describe the initiative(s) addressing Social Determinants of Health - Neighborhood and Built Environment.

This question was not displayed to the respondent.

Q242. Please describe the initiative(s) addressing Social Determinants of Health - Social and Community Context.

This question was not displayed to the respondent.

Q243. Please describe the initiative(s) addressing other priorities.

This question was not displayed to the respondent.

Q130. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- (●) Yes
- ( ) No

Q131.

In your most recently completed CHNA, the following community health needs were identified:
Health Conditions - Mental Health and Mental Disorders, Health Conditions - Oral Conditions, Health Conditions - Overweight and Obesity, Health Behaviors - Injury Prevention, Health Behaviors - Nutrition and Healthy Eating, Health Behaviors - Physical Activity, Populations - People with Disabilities
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.

Q132. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q244. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

UM Rehab's Community Health Improvement Mission is: To empower and build healthy communities for the disabled adult population. Our programs are designed and deployed to reduce social isolation, improve the adaptation to living with a chronic illness or injury, increase the physical activity levels, and improve oral health in adults living with a physical disability. Reach/volume statistics are kept for various program and post-program surveys are administered as appropriate. Data is reviewed by staff and leadership to make program improvements and to revise programs as needed.

Q245. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- [ ] Regional Partnership Catalyst Grant Program
- [ ] The Medicare Advantage Partnership Grant Program
- [ ] The COVID-19 Long-Term Care Partnership Grant
- [ ] The COVID-19 Community Vaccination Program
- [ ] The Population Health Workforce Support for Disadvantaged Areas Program
- [ ] Other (Describe) _____

Q129. If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q60. Section III - CB Administration

Q61. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [x] Yes, by the hospital's staff
- [x] Yes, by the hospital system's staff
- [x] Yes, by a third-party auditor
- [ ] No

Q246. Please describe the third party audit process used.

After an internal review by the UMMS Finance Department and the Senior Vice President for Government and Regulatory Affairs and Community, the report is approved by the UM Rehabilitation & Orthopedic Institute's Board and then audited independently by Ernst & Young, LLP.

Q62. Does your hospital conduct an internal audit of the community benefit narrative?

- [x] Yes
- [ ] No

Q63. Please describe the community benefit narrative audit process.

After completion by the UMMS Senior Director, Community & Population Health, the UM Rehab CEO reviews the report, then it is reviewed by the UMMS Senior Vice President for Government, Regulatory Affairs and Community Health for accuracy and completion. The report then goes to the UM Rehab Board of Directors for review and approval.

Q64. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- [x] Yes
- [ ] No

Q65. Please explain:

This question was not displayed to the respondent.

Q66. Does the hospital's board review and approve the annual community benefit narrative report?

- [x] Yes
- [ ] No

Q67. Please explain:

This question was not displayed to the respondent.

Q68. Does your hospital include community benefit planning and investments in its internal strategic plan?

- [x] Yes
- [ ] No

Q69. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

As part of the strategic plan which is conducted every five years, an annual operating plan is developed with several sources of data and input from multiple stakeholders. We focus on the programs that we offer, needs that are not being met, and barriers to service. For example, a program was developed around limb loss which includes clinical programming as well as adaptive sports activities, support groups, and professional and patient education.

Q70. If available, please provide a link to your hospital's strategic plan.

Q133. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

- [x] Diabetes - Reduce the mean BMI for Maryland residents
- [ ] Opioid Use Disorder - Improve overdose mortality
- [ ] Maternal and Child Health - Reduce severe maternal morbidity rate
- [ ] Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

Q134. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q135. Section IV - Physician Gaps & Subsidies

Q223. Did your hospital report physician gap subsidies on Worksheet 3 of its community benefit financial report for the fiscal year?

- (●) No
- ( ) Yes

Q218. As required under HG§19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report. Please select "No" for any physician specialty types for which you did not report a subsidy.

This question was not displayed to the respondent.

Q219. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.

This question was not displayed to the respondent.

Q139. Please attach any files containing further information and data justifying physician subsidies your hospital.

This question was not displayed to the respondent.

Q140. Section VI - Financial Assistance Policy (FAP)

Q141. Upload a copy of your hospital's financial assistance policy.

Financial_Assistance_Policy___Final_10.23.20.docx
196.2KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q220. Provide the link to your hospital's financial assistance policy.

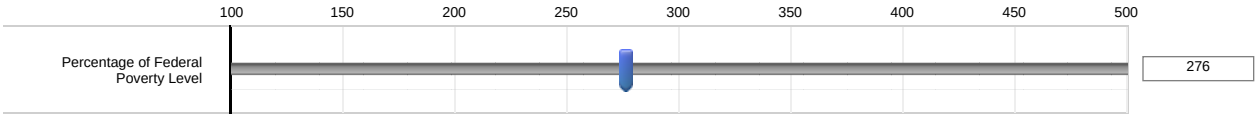
https://www.umms.org/rehab/patients-visitors/for-patients/financial-assistance

Q147. 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:

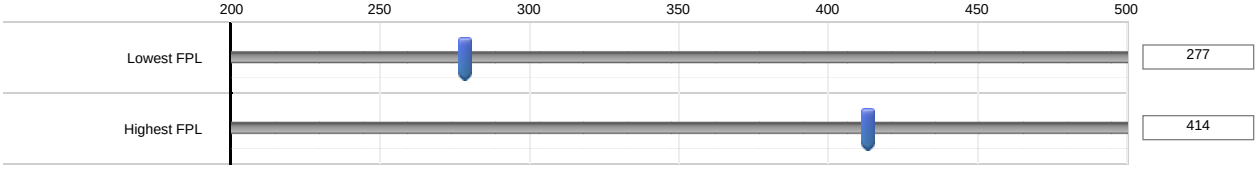
Q143. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



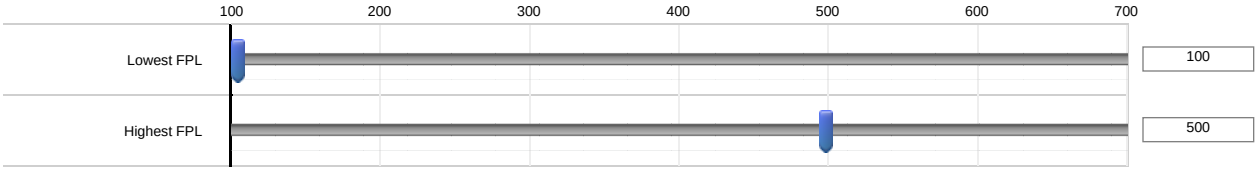
Q144. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

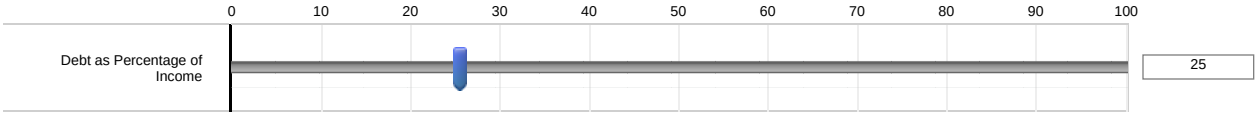


Q145. Maryland hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) 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.



Q146. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q221. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding tax able year (select all that apply)

- [x] Federal corporate income tax
- [x] State corporate income tax
- [x] State sales tax
- [x] Local property tax (real and personal)
- [ ] Other (Describe)

Q150. Summary & Report Submission

Q151.

Attention Hospital Staff! IMPORTANT!

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

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

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

Location Data

Location: (32.860794067383, -79.974601745605)

Source: GeoIP Estimation

UNIVERSITY of MARYLAND
REHABILITATION &
ORTHOPAEDIC INSTITUTE

Community Health Needs Assessment & Implementation Plan

Executive Summary
FY2022-FY2024

Approved by: Board of Directors, June 15, 2021

Executive Summary

Overview

The University of Maryland Rehabilitation & Orthopedic Institute (UM Rehab and Ortho) is Maryland's largest and most comprehensive rehabilitation and orthopedic specialty hospital and has been serving Maryland for more than 120 years. The highly specialized staff provides an interdisciplinary continuum of care, with four distinct rehabilitative specialty units including Stroke, Brian Injury, Spinal Cord Injury/Multi-Trauma, and Comprehensive Medical Rehabilitation in a restorative environment. The University of Maryland Rehabilitation & Orthopedic Institute is a leader in the research and treatment of musculoskeletal disease, joint replacement, and sports injuries.

In FY2020, UM Rehab provided care for 1,986 inpatient admissions, 4,185 outpatient surgical cases, and 30,120 outpatient visits. The University of Maryland Rehabilitation & Orthopedic Institute is licensed for 137 beds. In FY2020, the UM Rehab & Ortho provided multiple community resources through its Adapted Sports Program, dental services with 5,78 visits by disabled adults and children, and support groups for the disabled population with 918 people in attendance. In addition, UM Rehab & Ortho provides a community outreach section on its public web site to announce upcoming community health events and activities and to post the triennial Community Health Needs Assessment (CHNA). https://www.umms.org/rehab/community/health-needs-assessment

Our Mission

University of Maryland Rehabilitation & Orthopaedic Institute delivers innovative, high-quality, and cost effective rehabilitation and surgical services to the community and region. We provide a/an:

- Interdisciplinary continuum of care including inpatient and outpatient surgery, rehabilitation and additional services as required.

- Proactive environment for patient safety, implementing improvements as patient safety risks are identified.
- Site for public and professional health care education and research.

Vision

UM Rehabilitation & Orthopaedic Institute's vision is to become widely recognized as an integral component of the University of Maryland Medical System in its role as a:

- Regional hospital specializing in the provision of acute, chronic and outpatient rehabilitation services;
- Regional hospital specializing in the provision of a full array of orthopaedic services for adults and children;
- High quality provider of specialized medical/surgical programs.

Values

- Quality and Compassionate Care
- Excellence in Service
- Respect for the Individual
- Patient Safety
- Quality in Research and Education
- Cost Effectiveness

Source: https://www.umms.org/rehab/about/mission-vision

Our Community Health Improvement Mission:

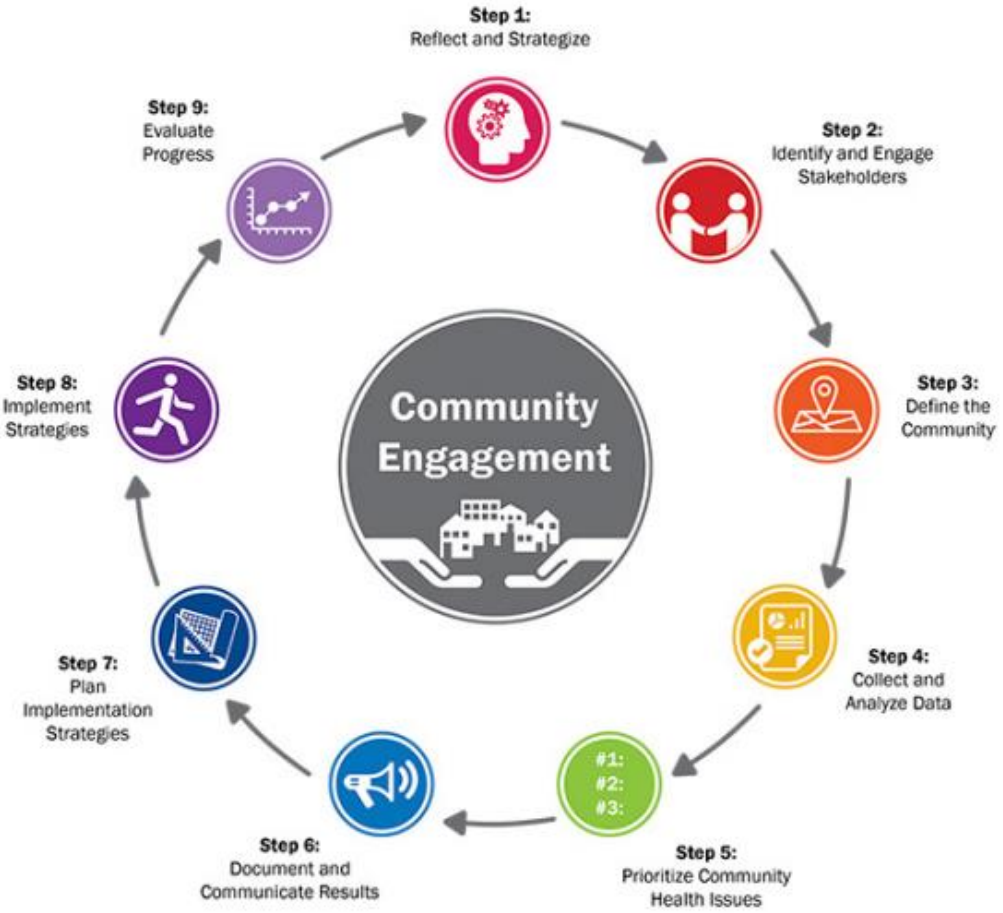
To empower and build healthy communities for the disabled adult population

Process

I. Establishing the Assessment and Infrastructure

To complete a comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process was utilized as an organizing methodology. The UM Rehab & Ortho's Community Health Leadership Team served as the lead team to oversee the Community Health Needs Assessment (CHNA) with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. University of Maryland Rehabilitation & Orthopedic Institute adopted the following ACHI 9-step process (See Figure 1) to lead the assessment process and the additional 5-component assessment (See Figure 2) and engagement strategy to lead the data collection methodology.

Figure 1 –ACHI 9 Step Community Health Assessment Process



According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following: (1) A description of the process used to conduct the assessment;(2) With whom the

hospital has worked; (3) How the hospital took into account input from community members and public health experts; (4) A description of the community served; and (5) A description of the health needs identified through the assessment process.

Figure 2 – 5-Step Assessment & Engagement Model

Data was collected from the five major areas outlined above to complete a comprehensive assessment of the community's needs. Data is presented in Section III of this summary and includes primary and secondary sources of data. The University of Maryland Rehabilitation & Orthopedic Institute participates in several local coalitions including, Baltimore City Mayor's Commission on Disability as well as partnerships with many community-based organizations. This assessment report was approved by the UM Rehab Community Health Leadership Team in June and by the Board of Directors on June 15, 2021.

II. Defining the Purpose and Scope

Primary Community Benefit Service Area

The larger regional patient mix of University of Maryland Rehabilitation & Orthopedic Institute consists of disabled adults from the metropolitan area, state, and region. For purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UM Rehab & Ortho includes disabled adults from Baltimore City and the counties of Baltimore, Howard, and Anne Arundel. It is estimated that 7.3% of Marylanders under 65 years of age have some type of disability. This prevalence accounts for 441,808 Marylanders who need some type of support and/or resources to improve their daily quality of life.

See Figure 3.

Figure 3 – Community Benefit Service Population

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FY2021 Community Health Needs Assessment

Community Benefit Service Area

III. Collecting and Analyzing Data

The ACA provides guidelines for the contents of the CHNA and Implementation Plan. One requirement is that each hospital describes their process for conducting the needs assessment. When considered together, all the steps taken to determine the needs of a community are called the "methodology".

Typically, there are two types of information or data that are used to conduct a needs assessment. "Primary data" is collected specifically for the purpose of the CHNA. Data that has been gathered for another purpose, but is useful to the CHNA process, is called "secondary data". Data can be primary or secondary; it also can be categorized as either "quantitative" or "qualitative".

Quantitative data is information that can be counted or measured. In general, this includes whole numbers, rates, or percentages. Alternatively, qualitative data requires more effort to compile and measure and usually does not result in a whole number or percentage. Qualitative research assesses how people think or feel about an issue. Usually, it supplements quantitative data. To conduct this needs assessment, UM Rehab & Ortho analyzed primary and secondary data and conducted quantitative research. This use of various types of data is called "mixed method data collection".

The primary data collected for this CHNA included key informant interviews, focus groups, and a community assets assessment. Secondary data included health outcomes, socio-demographic data, behavioral data, and environmental data and were collected from a variety of sources.

Ultimately, the CHNA included the analysis of secondary data and feedback from 1,348 patients, caregivers, and staff; focus groups with patients, caregivers, staff, and community partners.

Secondary Data Analysis

The UM Rehab & Ortho utilized a number of internal and external sources for secondary data on demographics, socioeconomic data, and health status. These data were compiled from the University of Maryland Medical Center, the Maryland Department of Health and Mental Hygiene, US Census Bureau, and reports summarizing the activities, successes, and lessons learned of programs and services.

Survey Methodology

Two surveys were used to secure feedback about community health needs, gaps in health and social services, and UM Rehab & Ortho's programs and services. One survey was to former patients, members of support groups and members of the UNM Rehab & Ortho's Patient Family Advisory Council. The second survey was sent to community partners and leaders. The two surveys asked general questions about the respondent's top health concerns and perceived barriers to healthcare.

Focus Groups

Focus groups collect qualitative data from more than one person at the same time. Typically, the groups are made up of people who have similarities in one or more areas. Six focus groups were conducted for the CHNA. The groups consisted of people who receive services from UM Rehab & Ortho or who care for someone who receives treatment at the hospital. The remaining three groups were comprised of UM Rehab & Ortho staff.

- Perceptions of the barriers to healthcare
- Health and Social Issues affecting the community
- Gaps in services

The group's responses were recorded and content analysis was conducted to identify key themes and important points.

RESULTS

Secondary Data

Because the majority of UM Rehab & Ortho patients reside in Baltimore City, Baltimore County, Anne Arundel County, and Howard County, the secondary data assessment focused on these communities.

Table 1 below offers a summary of key demographic statistics for these areas.

Table 1 Demographic of the UM Rehab & Ortho Service Area

	Baltimore City	Baltimore County	Anne Arundel County	Howard County
Population	620,777	827,370	579,234	325,690
Non-Hispanic Whites	30.5%	60.2%	73.6%	55.9%
Non-Hispanic Blacks	62.4%	30.3%	18.3%	20.4%
American Indian	0.3%	0.4%	0.4%	0.4%
Asian	2.6%	6.3%	4.2%	19.3%
Median Income	$50,379	$76,866	$100,798	$121,160
Percent Below Poverty Level	21.2%	8.9%	5.8%	5%

Source 2020 US Census

These data demonstrate the significant diversity in the population the hospital serves—ranging from the wealthiest to the most economically-underserved communities in the state. On average, patients from Baltimore City earn more than $70,000 less than patients from Howard County. Moreover, they are five times more likely to be living below the poverty level.

Table 2 – Disability in the UM Rehab & Ortho Service Area

	Anne Arundel Co.	Baltimore City	Baltimore Co.	Howard Co.
	58,838	95,416	92,959	24,919

Disability is defined as living with mild to severe visual, hearing, ambulatory, cognitive, self care and independent living.

Source: Local Disability Data for Planners (http://disabilityplanningdata.com)

The surveys administered to the general public and staff of UM Rehab & Ortho contained six questions that queried about perspectives on the top health concerns in the community and top personal barrier to accessing health care. The results found that the leading health concerns among respondents were:

1. Diabetes
2. Smoking
3. High blood pressure

The top five barriers to healthcare were:

1. Lack of insurance
2. Cost of healthcare
3. Lack of transportation
4. Provider was not a member of the insurance plan
5. Difficulty getting and appointment

Summary of the Focus Groups

Key Focus Group Themes

The focus group discussions centered on the experience of having a disability and/or caring for someone with a disability. Participants talked about how the disability experience changed their lives, the most difficult obstacles they face in daily life, their experiences navigating the health care system, and ideas for making health care and the community friendlier to people with disabilities. The following major themes emerged from the patient focus groups:

- Diabetes
- Heart disease

- Wound care
- Foot care
- Depression

The top five barriers to healthcare were:

- Insurance
- Transportation
- Lack of information about services
- Reading issues
- Lack of advocacy

Process to Prioritize Need and Develop Implementation Plan

The UM Rehab & Ortho CHNA development team employed a three-prong approach to prioritize the identified needs. First, they conducted preliminary research to determine which identified needs: (1) already were being provided by another entity in the community and (2) were reasonably accessible to patients. Next they considered what barriers to access existed and which barriers could be addressed with current resources and partnerships. Finally, the team considered remaining gaps and a plan for addressing the needs. The resulting list of prioritized needs is listed below. To develop the implementation plan, the team considered available and required resources, magnitude of need, and potential impact of the identified priority areas. Those determined to have the greatest need were prioritized into three major categories. Programming is identified in the Implementation

Plans that follow.

Priority Area: Quality of Life – Social Support

1) **Decrease social isolation resulting from onset of chronic disease/injury**
2) **Improve overall quality of life for individuals who have sustain or care for an individual who has sustained a chronic injury**

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Decrease participants feeling of isolation, depression and anxiety Increase participants sense of empowerment, control, coping skills, and sense of adjustment.	Provide support and assistance with social isolation post injury or diagnosis: Diagnosis and peer group specific support groups for individuals who have sustained, a stroke, brain injury, spinal cord injury, amputation, have addiction or dependency , caregiver support group	Individuals over 16 years of age who have had a spinal cord injury, brain injury, stroke, or amputation and caregivers	Support groups are offered monthly by rehabilitation staff. Topics are solicited by participants on a regular basis and program evaluation information is obtained regarding satisfaction and effectiveness of the program buyer.	Reach: # of participants # of caregivers Outcomes: Percent of participants with post-group survey reporting: - Feeling less lonely, isolated or judged - Gaining a sense of empowerment and control - Improving your coping skills and sense of adjustment - Talking openly and honestly about their feelings - Reduced distress, depression, anxiety or fatigue - Developing a clearer understanding of what to expect with their condition - Getting practical advice or information from experts and peers	Amputee Coalition of America, Christopher and Dana Reeves Foundation

Priority Area: Quality of Life – Active Lifestyle

Increase the proportion of adults who are not overweight or obese
Decrease occurrence of secondary complications attributed to sedentary behavior

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase awareness and benefits of Adapted Sport for individuals with chronic disease/injury such as spinal cord injury, stroke, brain injury, amputation Increase community awareness regarding the availability and benefits of adapted sports Increase awareness in healthcare providers and students regarding the availability and benefits of adapted sportsIncrease self - reported quality of life and overall wellness in individuals participating in adapted	Provide engaging opportunities for individuals with SCI, BI, CVA, and amputation to be introduced to adapted sports programming, so that they can participate in similar activities: Adapted Sports Festival, Amputee Walking School, Wheelchair Basketball Clinic, Wheelchair Tennis Clinic and Wheelchair Rugby. Provide opportunities for community involvement in adapted sports programs offered through UM Rehab & Ortho Provide education and opportunities	Adults with physical disabilities Allied Health Professionals Allied Health Students	The Adapted Sports Program maximizes participation for individuals with disabilities in adapted recreational and competitive sports, in order to promote independence, self-confidence, health and overall well-being through structured, individual and team sports Programs offered are Adapted Sports Festival, Wheelchair Basketball Clinic, Wheelchair Rugby Team, Adapted Golf Program, Amputee Walking/Running Clinic Education programs offered to community organizations and allied health academic programs Post participation surveys will be utilized to obtain information regarding increased awareness of physical and social benefits of participation in adapted sports	<u>Reach:</u> # of community members/programs educated # of allied health professional and students educated regarding the availability and benefits of adapted sports # of participants in the Adapted Sports Programs offered through UM Rehab <u>Outcomes:</u> # of participants identifying positive impact to quality of life and overall health as a benefit of participation in UM Rehab's adapted sports programs	United States Olympic Committee- United States Paralympic Committee

sports programs offered by UM Rehab Increase number of participants in the various adapted sports programs offered by UM Rehab An additional support group around healthy to include nutrition and healthy food.	for healthcare professionals and students to participate in adapted sport events in order to experience first-hand the benefits of physical activity and social inclusion				

Priority Area: Transition to Community – Patient Navigation 1) Decrease preventable hospitalization related to management of chronic medical conditions					
Annual Objective	**Strategy**	**Target Population**	**Actions Description**	**Performance Measures**	**Resources/Partners**
Increase number of educational sessions made available to disabled population (provide at least 6 sessions annually) Increase participants confidence, understanding and skills in managing chronic medical conditions Initiate Mobile Market twice/month to improve access to healthy	Provide education and information for individuals and caregivers through engaging, evidenced-based programs: Living Well with Chronic Conditions - (Stanford's Chronic Disease Self- Management Program) Mobile Market	Adults with chronic disease/injury such as spinal cord injury, stroke, brain injury, and diabetes	Classes are offered as a 6 week course covering the following topics: • Managing Medication • Managing Stress • Attending Doctor Appointments Regularly • Healthy Eating and Exercise • Improving Quality of Sleep Mobile Market provides healthy produce in partnership with UMMC and Hungry Harvest. Produce is available for a significantly reduced rate and buyer	Reach: # of participants # of sessions offered Outcomes: % of participants who report improved confidence in managing their chronic health condition % of participants that reported having a better understanding of how to manage the symptoms of their chronic health condition % of participants that reported knowing how to set up an action plan and follow it. Outcomes: 1) $ amount spent through WIC/SNAP benefits & zip codes of purchasers 2) Total $ amount sold 3) Self-reported servings of produce/day through survey of Mobile Market 4) # of BP screenings at Mobile Market	Maryland's Maintaining Active Citizens (MAC), Maryland Department of Health and Mental Hygiene, Stanford University UMMC, Hungry Harvest

Priority Area: Transition to Community – Dental Clinic **1 - Decrease emergency room visits related to dental issues**					
Annual Objective	**Strategy**	**Target Population**	**Actions Description**	**Performance Measures**	**Resources/Partners**
Increase the number of dental treatments available to special needs population Increase awareness of proper brushing Flossing home care and proper diet of patients that had comprehensive treatment under general anesthesia	Provide dental care and treatment for special needs adults and children within Maryland: **UM Rehab & Ortho Dental Clinic**	Special needs adults and children in need of dental care	Dental services are provided for special needs adults and children who may not receive care otherwise. Many dentists in the community are not comfortable performing dental services to disabled patients.	Reach: # of patients served (Adults & Children) Outcomes: % of patients receiving preventive dental care. % of high caries risk patients that had treatment under general anesthesia that return for 3 month recall over year period that will have no new lesions.	UM Dental School

Priority Area: Community Education/Awareness **1- Reduction in accident/injury rate in teen population**					
Annual Objective	**Strategy**	**Target Population**	**Actions Description**	**Performance Measures**	**Resources/Partners**
Increase the number of high and middle schools scheduled for presentations Increase the number of students participating in the scheduled presentations Trend changes in behavior identified by students after presentation	Provide education and information through engaging, evidence-based programs: **Think First for Teens**	Middle and high school students in Baltimore City and Baltimore County, and potentially expanded area to other counties	Think First program director currently has contacts in several county and city high schools, as well as 1 middle school to date. Presentations are coordinated through health or physical education departments at the identified schools, with presentations then scheduled in auditorium or single class room formats. Presentations include clinical experts describing the permanent nature of SCI and TBI, as well as the importance of thinking before you act, and understanding the consequences of your actions. There is a guest speaker that attends as well. The injured speakers have sustained spinal cord or brain injuries, have been trained to appropriately share the life changes that are permanent and impact them as a result.	Reach : # of schools scheduled # of students attending presentations Outcomes: % of students identifying a positive impact of the program by identifying ways to avoid high risk behaviors and comply with injury prevention strategies.	Think First National Injury Prevention Foundation Baltimore City Public Schools, Baltimore County Public Schools SCI/TBI guest speakers (previous patients)

FY22 – 24 Community Health Improvement Implementation Plan – Quality of life

Priority Area: Quality of Life – Social Support

1) **Decrease social isolation resulting from onset of chronic disease/injury**
2) **Improve overall quality of life for individuals who have sustain or care for an individual who has sustained a chronic injury**

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Decrease participants feeling of isolation, depression and anxiety Increase participants sense of empowerment, control, coping skills, and sense of adjustment. Expand the mentor program to include stroke and brain injury patients.	Provide support and assistance with social isolation post injury or diagnosis: Diagnosis and peer group specific support groups for individuals who have sustained, a stroke, brain injury, spinal cord injury, amputation, have addiction or dependency, caregiver support group	Individuals over 16 years of age who have had a spinal cord injury, brain injury, stroke, or amputation and caregivers	Support groups are offered monthly by rehabilitation staff. Topics are solicited by participants on a regular basis and program evaluation information is obtained regarding satisfaction and effectiveness of the program.buyer	Reach: # of participants # of caregivers Outcomes: Percent of participants with post-group survey reporting: □ Feeling less lonely, isolated or judged □ Gaining a sense of empowerment and control □ Improving your coping skills and sense of adjustment □ Talking openly and honestly about their feelings □ Reduced distress, depression, anxiety or fatigue □ Developing a clearer understanding of what to expect with their condition □ Getting practical advice or	Amputee Coalition of America, Christopher and Dana Reeves Foundation

UNIVERSITY of MARYLAND REHABILITATION & ORTHOPAEDIC INSTITUTE

Priority Area: Quality of Life – Active Lifestyle

1) Increase the proportion of adults who are not overweight or obese

2) Decrease occurrence of secondary complications attributed to sedentary behavior

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase awareness and benefits of Adapted Sport for individuals with chronic disease/injury such as spinal cord injury, stroke, brain injury, amputation Increase community awareness regarding the availability and benefits of adapted sports Increase awareness in healthcare providers and students regarding the availability and benefits of adapted sports	Provide engaging opportunities for individuals with SCI, BI, CVA, and amputation to be introduced to adapted sports programming, so that they can participate in similar activities: Adapted Sports Festival, Amputee Walking School, Wheelchair Basketball Clinic, Wheelchair Tennis Clinic and Wheelchair Rugby. Provide opportunities for community involvement in adapted sports programs offered through UM Rehab & Ortho	Adults with physical disabilities Allied Health Professionals Allied Health Students	The Adapted Sports Program maximizes participation for individuals with disabilities in adapted recreational and competitive sports, in order to promote independence, self-confidence, health and overall well-being through structured, individual and team sports Programs offered are Adapted Sports Festival, Wheelchair Basketball Clinic, Wheelchair Rugby Team, Adapted Golf Program, Amputee Walking/Running Clinic Education programs offered to community organizations and allied health academic programs Post participation surveys will be utilized to obtain information regarding increased awareness of physical and social benefits of participation in adapted sports	<u>Reach:</u> # of community members/programs educated # of allied health professional and students educated regarding the availability and benefits of adapted sports # of participants in the Adapted Sports Programs offered through UM Rehab <u>Outcomes:</u> # of participants identifying positive impact to quality of life and overall health as a benefit of participation in UM Rehab's adapted sports programs	United States Olympic Committee- United States Paralympic Committee

University of Maryland Rehabilitation & Orthopaedic Institute

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase self - reported quality of life and overall wellness in individuals participating in adapted sports programs offered by UM Rehab Increase number of participants in the various adapted sports programs offered by UM Rehab An additional support group around healthy to include nutrition and healthy food.	Provide education and opportunities for healthcare professionals and students to participate in adapted sport events in order to experience first-hand the benefits of physical activity and social inclusion				

UNIVERSITY of MARYLAND REHABILITATION & ORTHOPAEDIC INSTITUTE

Priority Area: Transition to Community – Patient Navigation

1) Decrease preventable hospitalization related to management of chronic medical conditions

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase number of educational sessions made available to disabled population (provide at least 6 sessions annually) Increase participants confidence, understanding and skills in managing chronic medical conditions Initiate Mobile Market twice/month to improve access to healthy Provision of training to physician to be more accessible	Provide education and information for individuals and caregivers through engaging, evidenced-based programs: Living Well with Chronic Conditions - (Stanford's Chronic Disease Self- Management Program) Mobile Market	Adults with chronic disease/injury such as spinal cord injury, stroke, brain injury, and diabetes	Classes are offered as a 6 week course covering the following topics: □ Managing Medication □ Managing Stress □ Attending Doctor Appointments Regularly □ Healthy Eating and Exercise □ Improving Quality of Sleep Mobile Market provides healthy produce in partnership with UMMC and Hungry Harvest. Produce is available for a significantly reduced rate and buyer	Reach: # of participants # of sessions offered Outcomes: % of participants who report improved confidence in managing their chronic health condition % of participants that reported having a better understanding of how to manage the symptoms of their chronic health condition % of participants that reported knowing how to set up an action plan and follow it. Outcomes: 1) $ amount spent through WIC/SNAP benefits & zip codes of purchasers 2) Total $ amount sold 3) Self-reported servings of produce/day through survey of Mobile Market 4) # of BP screenings at Mobile Market	Maryland's Maintaining Active Citizens (MAC), Maryland Department of Health and Mental Hygiene, Stanford University UMMC, Hungry Harvest

Priority Area: Transition to Community – Dental Clinic

1. - Decrease emergency room visits related to dental issues

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase the number of dental treatments available to special needs population Increase awareness of proper brushing Flossing home care and proper diet of patients that had comprehensive treatment under general anesthesia	Provide dental care and treatment for special needs adults and children within Maryland: UM Rehab & Ortho Dental Clinic	Special needs adults and children in need of dental care	Dental services are provided for special needs adults and children who may not receive care otherwise. Many dentists in the community are not comfortable performing dental services to disabled patients.	Reach: # of patients served (Adults & Children) Outcomes: % of patients receiving preventive dental care. % of high caries risk patients that had treatment under general anesthesia that return for 3 month recall over year period that will have no new lesions.	UM Dental School

UNIVERSITY of MARYLAND REHABILITATION & ORTHOPAEDIC INSTITUTE

Priority Area: Community Education/Awareness

1. - Reduction in accident/injury rate in teen population

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase the number of high and middle schools scheduled for presentations Increase the number of students participating in the scheduled presentations Trend changes in behavior identified by students after presentation	Provide education and information through engaging, evidence-based programs: Think First for Teens	Middle and high school students in Baltimore City and Baltimore County, and potentially expanded area to other counties	Think First program director currently has contacts in several county and city high schools, as well as 1 middle school to date. Presentations are coordinated through health or physical education departments at the identified schools, with presentations then scheduled in auditorium or single class room formats. Presentations include clinical experts describing the permanent nature of SCI and TBI, as well as the importance of thinking before you act, and understanding the consequences of your actions. There is a guest speaker that attends as well. The injured speakers have sustained spinal cord or brain injuries, have been trained to appropriately share the life changes that are permanent and impact them as a result.	Reach : # of schools scheduled # of students attending Presentations Outcomes: % of students identifying a positive impact of the program by identifying ways to avoid high risk behaviors and comply with injury prevention strategies.	Think First National Injury Prevention Foundation Baltimore City Public Schools, Baltimore County Public Schools SCI/TBI guest speakers (previous patients)

UNIVERSITY of MARYLAND MEDICAL SYSTEM **Central Business Office**	**PAGE:** **1 OF 14**	**POLICY NO:** **CBO - 01**
	EFFECTIVE DATE: 09/18/19	**REVISION DATE(S):** 10/19/2020
SUBJECT: Financial Assistance		

KEY WORDS: Financial Assistance

OBJECTIVE/BACKGROUND:

The University of Maryland Medical System ("UMMS") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

APPLICABILITY:

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance Program:

The Financial Assistance Program generally applies to all emergency and other medically necessary care provided by each UMMS hospital; however, the Financial Assistance Program does not apply to any of the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services).
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.

3. Cosmetic or other non-medically necessary services.
4. Patient convenience items.
5. Patient meals and lodging.
6. Physician charges related to the date of service are excluded from this UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.
   a. A list of providers, other than the UMMS hospital itself, delivering medically necessary care in each UMMS hospital that specifies which such as providers are not covered by this policy (as well as certain such providers that are covered) may be obtained on the website of each UMMS Entity.

Patients may be ineligible for Financial Assistance for the following reasons:

1. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
2. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
3. Refusal to divulge information pertaining to a pending legal liability claim.
4. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care.

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Unless they meet Presumptive Financial Assistance Eligibility criteria, patients shall be required to submit a complete Financial Assistance Application (with all required information and documentation) and determined to be eligible for financial assistance in order to obtain financial assistance. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application before receiving non-emergency medical care unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Those with income up to 200% of Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care ("MD DHMH") are eligible for free care. Those between 200% to 300% of MD DHMH are eligible for discounts on a sliding scale, as set forth in Attachment A.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. Specified Low Income Medicare (SLMB) coverage
c. Primary Adult Care (PAC) coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)

m. Bankruptcy, by law, as mandated by the federal courts
n. St. Clare Outreach Program eligible patients
o. UMSJMC Maternity Program eligible patients
p. UMSJMC Hernia Program eligible patients

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

POLICY:

This policy was approved by the UMMS Executive Compliance Committee (ECC) Board on October 19, 2020. This policy applies to the following hospital facilities of the University of Maryland Medical System ("UMMS hospitals"):

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)
- University of Maryland Charles Regional Medical Center (UMCRMC)
- University of Maryland Upper Chesapeake Health (UCHS)
- University of Maryland Capital Region Health (UM Capital)

It is the policy of the UMMS hospitals to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS will post notices of financial assistance availability in each UMMS hospital's emergency room (if any) and admissions areas, as well as the Billing Office. Notice of availability will also be sent to the patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge, and it (along with this policy and the Financial Assistance Application) will be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas. This policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UMMS website (www.umms.org).

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

This policy was adopted for University of Maryland St. Joseph Medical Center (UMSJMC) effective June 1, 2013.

This policy was adopted for University of Maryland Medical Center Midtown Campus (MTC) effective September 22, 2014.

This policy was adopted for University of Maryland Baltimore Washington Medical Center (UMBWMC) effective July 1, 2016.

This policy was adopted for University of Maryland Shore Medical Center at Chestertown (UMSMCC) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Dorchester (UMSMCD) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Easton (UMSMCE) effective September 1, 2017.

This policy was adopted for University of Maryland Charles Regional Medical Center (UMCRMC) effective December 2, 2018.

This policy was adopted for University of Maryland Upper Chesapeake Health (UCHS) effective July 1, 2019

This policy was adopted for University of Maryland Capital Region Health (UM Capital) effective September 18, 2019

PROCEDURE:

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.

2. When possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial

assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. If a patient submits a Financial Assistance Application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient. This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about the Financial Assistance Program and assistance with the application process.
e. The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no data is received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case by submitting the missing information or documentation 30 days after the date of the written request for missing information/documentation.
f. For any episode of care, the Financial Assistance Application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
g. Individual notice regarding the hospital's Financial Assistance Policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

If a patient submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility. Oral submission of needed information will be accepted, where appropriate.

4. In addition to qualifying for Financial Assistance based on income, a patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses based on the Financial Hardship criteria discussed below. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
    a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
        i. If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
        ii. If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
            1. A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Once a patient is approved for Financial Assistance, Financial Assistance coverage is effective for the month of determination and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Assistance eligibility period further into the past or the future on a case-by-case basis. If additional healthcare services are provided beyond the eligibility period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

6. Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to the UMMS hospital's attorney for legal and/or collection activity. Collection activities taken on behalf of the hospital by a collection agency or the hospital's attorney may include the following Extraordinary Collection Actions (ECAs):
    a. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
    b. Commencing a civil action against the individual.

c. Placing a lien on an individual's property. A lien will be placed by the Court on primary residences within Baltimore City. The hospital will not pursue foreclosure of a primary residence but my maintain its position as a secured creditor if a property is otherwise foreclosed upon.
d. Attaching or seizing an individual's bank account or any other personal property.
e. Garnishing an individual's wage.

7. ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 120 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 30 days prior to commencement of the ECA. This written notice will indicate that financial assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney, or other authorized party) intends to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the CBO Revenue Cycle. UMMS will not engage in the following ECAs:
    a. Selling debt to another party.

    b. Charge interest on bills incurred by patients before a court judgement is obtained

8. If prior to receiving a service, a patient is determined to be ineligible for financial assistance for that service, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

9. A letter of final determination will be submitted to each patient who has formally submitted an application. The letter will notify the patient in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance other than free care, the patient will also be provided with a billing statement that indicates the amount the patient owes for the care after financial assistance is applied.

10. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds will be issued back to the patient for credit balances, due to patient payments, resulting from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

11. If a patient is determined to be eligible for financial assistance, the hospital (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.

12. Patients who have access to other medical coverage (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

13. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.

14. The Financial Assistance Program will accept all other UMMS hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.

15. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

16. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance and are determined to be eligible.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1. Their medical debt incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will grant the reduction in charges, which is balance owed that is greater than 25% of the total annual household income.

Financial Hardship is defined as facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and/or UM Capital for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective for the month of the first qualifying date of service and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Hardship eligibility period further into the past or the future on a case-by-case basis according to their spell of illness/episode of care. It will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care.

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

ATTACHMENTS:

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

2020 Federal Poverty Limits (FPL) and Maryland Dept of Health & Mental Hygiene (DHMH) Annual Income Eligibility Limit Guidelines			UMMS 100% Charity	UMMS 90% Charity	UMMS 80% Charity	UMMS 70% Charity	UMMS 60% Charity	UMMS 50% Charity	UMMS 40% Charity	UMMS 30% Charity	UMMS 20% Charity	UMMS 10% Charity
			Equals Up to 200% of MD DHMH Annual Income limits	Equals Up to 210% of MD DHMH Annual Income limits	Equals Up to 220% of MD DHMH Annual Income limits	Equals Up to 230% of MD DHMH Annual Income limits	Equals Up to 240% of MD DHMH Annual Income limits	Equals Up to 250% of MD DHMH Annual Income limits	Equals Up to 260% of MD DHMH Annual Income limits	Equals Up to 270% of MD DHMH Annual Income limits	Equals Up to 280% of MD DHMH Annual Income limits	Equals Up to 290% of MD DHMH Annual Income limits
House-hold (HH) Size	2020 FPL Annual Income Elig Limits	2020 MD DHMH Annual Income Elig Limits	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:
Size	Up to	Up to	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max
1	12,490	**$17,620**	$35,240	$37,002	$38,764	$40,526	$42,288	$44,050	$45,812	$47,574	$49,336	$52,859
2	16,910	**$23,797**	$47,594	$49,974	$52,353	$54,733	$57,113	$59,493	$61,872	$64,252	$66,632	$71,390
3	21,330	**$29,974**	$59,948	$62,945	$65,943	$68,940	$71,938	$74,935	$77,932	$80,930	$83,927	$89,921
4	25,750	**$36,167**	$72,334	$75,951	$79,567	$83,184	$86,801	$90,418	$94,034	$97,651	$101,268	$108,500
5	30,170	**$42,344**	$84,688	$88,922	$93,157	$97,391	$101,626	$105,860	$110,094	$114,329	$118,563	$127,031
6	34,590	**$48,521**	$97,042	$101,894	$106,746	$111,598	$116,450	$121,303	$126,155	$131,007	$135,859	$145,562

*All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.

*Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the "prospective Medicare method".

Effective 7/1/20

POLICY OWNER:

UMMS CBO

APPROVED:

Executive Compliance Committee Approved Initial Policy: 09/18/19
Executive Compliance Committee Approved Revisions: 10/19/2020

From: Donna Jacobs
To: Hilltop HCB Help Account
Cc: Daniel Shelly
Subject: Re: Clarification Required - UM Rehab & Ortho FY 21 Community Benefit Narrative
Date: Monday, May 23, 2022 9:03:39 AM
Attachments: UM Rehab Ortho_HCBNarrative_FY2021_20220131.pdf

To clarify, there are no substantive changes. UM Reb referred to changes that might occur regarding the exact dollar amount of the MPL/FPL, nothing further. That answer can be none.

Sent from my iPad

> On May 19, 2022, at 4:47 PM, Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu> wrote:
>
> Thank you for submitting the FY 2021 Hospital Community Benefit Narrative report for University of Maryland Rehabilitation & Orthopaedic Institute. In reviewing the narrative, we encountered an item that requires clarification:
>
> - In Question 147 on page 21 of the attached, you indicated that the hospital's financial assistance policy had changed within the past year, but did not describe the change. Please describe how the FAP changed.
>
> Please provide your clarifying answer as a response to this message.