

Adventist HealthCare
Behavioral Health & Wellness Services

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Adventist HealthCare Behavioral Health & Wellness Services	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 4013	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Adventist HealthCare.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 117 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 20707, 20735, 20748, 20814, 20817, 20832, 20850, 20851, 20852, 20853, 20854, 20855, 20871, 20872, 20874, 20876, 20877, 20878, 20879, 20886, 20895, 20901, 20902, 20903, 20904, 20905, 20906, 20910, 20912, 21061, 21804	<input type="radio"/>	<input checked="" type="radio"/>	20850, 20851, 20852, 20853, 20854, 20855, 20874, 20876, 20877, 20878, 20879, 20886, 20902, 20904, 20906, 20910
Your hospital shares some or all of its primary service area with the following hospitals: Adventist HealthCare Shady Grove Medical Center, Fort Washington Medical Center, Holy Cross Germantown Hospital, Holy Cross Hospital, MedStar Montgomery Medical Center, MedStar Southern Maryland Hospital Center, Peninsula Regional Medical Center, Suburban Hospital, UM Laurel Regional Medical Center, UM Prince George's Hospital Center, University of Maryland Baltimore Washington Medical Center, Washington Adventist Hospital	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

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

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

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

- Allegany County
- Anne Arundel County
- Baltimore City
- Baltimore County
- Charles County
- Dorchester County
- Frederick County
- Garrett County
- Prince George's County
- Queen Anne's County
- Somerset County
- St. Mary's County

- Calvert County
- Caroline County
- Carroll County
- Cecil County

- Harford County
- Howard County
- Kent County
- Montgomery County

- Talbot County
- Washington County
- Wicomico County
- Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | | | | |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 20705 | <input checked="" type="checkbox"/> 20833 | <input checked="" type="checkbox"/> 20853 | <input checked="" type="checkbox"/> 20871 | <input checked="" type="checkbox"/> 20882 | <input checked="" type="checkbox"/> 20903 |
| <input type="checkbox"/> 20707 | <input checked="" type="checkbox"/> 20837 | <input checked="" type="checkbox"/> 20854 | <input checked="" type="checkbox"/> 20872 | <input checked="" type="checkbox"/> 20886 | <input checked="" type="checkbox"/> 20904 |
| <input type="checkbox"/> 20812 | <input type="checkbox"/> 20838 | <input checked="" type="checkbox"/> 20855 | <input checked="" type="checkbox"/> 20874 | <input type="checkbox"/> 20889 | <input checked="" type="checkbox"/> 20905 |
| <input checked="" type="checkbox"/> 20814 | <input type="checkbox"/> 20839 | <input type="checkbox"/> 20860 | <input checked="" type="checkbox"/> 20876 | <input checked="" type="checkbox"/> 20895 | <input checked="" type="checkbox"/> 20906 |

- | | | | | | |
|-------------------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> 20815 | <input checked="" type="checkbox"/> 20841 | <input type="checkbox"/> 20861 | <input checked="" type="checkbox"/> 20877 | <input type="checkbox"/> 20896 | <input checked="" type="checkbox"/> 20910 |
| <input type="checkbox"/> 20816 | <input checked="" type="checkbox"/> 20842 | <input type="checkbox"/> 20862 | <input checked="" type="checkbox"/> 20878 | <input type="checkbox"/> 20899 | <input checked="" type="checkbox"/> 20912 |
| <input checked="" type="checkbox"/> 20817 | <input checked="" type="checkbox"/> 20850 | <input type="checkbox"/> 20866 | <input checked="" type="checkbox"/> 20879 | <input checked="" type="checkbox"/> 20901 | <input type="checkbox"/> 21771 |
| <input type="checkbox"/> 20818 | <input checked="" type="checkbox"/> 20851 | <input type="checkbox"/> 20868 | <input type="checkbox"/> 20880 | <input checked="" type="checkbox"/> 20902 | <input type="checkbox"/> 21797 |
| <input checked="" type="checkbox"/> 20832 | <input checked="" type="checkbox"/> 20852 | | | | |

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

- | | | | |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 20601 | <input type="checkbox"/> 20712 | <input checked="" type="checkbox"/> 20743 | <input checked="" type="checkbox"/> 20772 |
| <input type="checkbox"/> 20607 | <input checked="" type="checkbox"/> 20715 | <input checked="" type="checkbox"/> 20744 | <input checked="" type="checkbox"/> 20774 |
| <input type="checkbox"/> 20608 | <input checked="" type="checkbox"/> 20716 | <input checked="" type="checkbox"/> 20745 | <input type="checkbox"/> 20781 |
| <input checked="" type="checkbox"/> 20613 | <input type="checkbox"/> 20720 | <input checked="" type="checkbox"/> 20746 | <input checked="" type="checkbox"/> 20782 |
| <input type="checkbox"/> 20623 | <input checked="" type="checkbox"/> 20721 | <input checked="" type="checkbox"/> 20747 | <input checked="" type="checkbox"/> 20783 |
| <input checked="" type="checkbox"/> 20705 | <input type="checkbox"/> 20722 | <input checked="" type="checkbox"/> 20748 | <input checked="" type="checkbox"/> 20784 |
| <input checked="" type="checkbox"/> 20706 | <input checked="" type="checkbox"/> 20735 | <input type="checkbox"/> 20762 | <input checked="" type="checkbox"/> 20785 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20737 | <input type="checkbox"/> 20769 | <input type="checkbox"/> 20904 |
| <input checked="" type="checkbox"/> 20708 | <input type="checkbox"/> 20740 | <input checked="" type="checkbox"/> 20770 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20710 | <input type="checkbox"/> 20742 | <input type="checkbox"/> 20771 | |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

Our hospital identifies the CBSA via the top 85.0 percent of our hospital discharges. The first 60.0 percent of discharges make up our Primary Service Area and the remaining 25.0 percent make up our Secondary Service Area.

Other. Please describe.

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

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

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

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

Q37. Is your hospital an academic medical center?

- Yes
- No

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

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

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

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

- Yes
- No

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

This question area not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

10/23/2013

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

12/28/2016

Q45. Please provide a link to your hospital's most recently completed CHNA.

<https://www.adventisthealthcare.com/app/files/public/3952/2017-CHNA-BHWS.pdf>

Q46. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q47. Please describe the other formats in which you made your CHNA available.

A hard copy is available at Adventist HealthCare Behavioral Health and Wellness Services and at the Adventist HealthCare corporate office located in Gaithersburg, MD.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) System Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Medstar Montgomery, Suburban, Holy Cross, Holy Cross Germantown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		These hospitals are a part of Healthy Montgomery which leads the prioritization of health needs for Montgomery County and also provides a significant amount of data publicly as well as for the hospitals. These hospitals are also part of a Hospital Workgroup that meets regularly regarding Community Benefit efforts.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Montgomery County DOH leads and organizes Healthy Montgomery (LHIC)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Dental School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: Cook Ross, Primary Care Coalition, Association of Clinicians for the Underserved, Maryland Healthcare Education Institute (MHA), Montgomery County Minority Health Initiatives (African American Health Program, Latino Health Initiative, Asian American Health Initiative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Served on our System Advisory Board.

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

5/15/2017

Q55. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.adventisthealthcare.com/app/files/public/4200/2017-CHNA-BHWS-ImplementationStrategy.pdf>

Q56. 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.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease and Stroke | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> HIV | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Telehealth |
| <input checked="" type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Mental Health and Mental Disorders | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Nutrition and Weight Status | <input type="checkbox"/> Other (specify) <input type="text"/> |
| <input type="checkbox"/> Environmental Health | | |

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

During the 2013-2016 CHNA cycle, Adventist HealthCare Behavioral Health and Wellness Services selected chemical dependence and substance abuse for both adolescents and adults as the prioritized community health need. Similarly, the most recent 2017-2019 CHNA cycle identified substance abuse for adolescent and adults as a community health need. Other health needs were identified during both cycles; they include housing, food access, and education. During the most recent CHNA prioritization process, Adventist HealthCare Behavioral Health and Wellness Services elected to focus initiatives on mental health and substance abuse for adolescent and adults.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

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

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Click to write Column 2
Other Hospitals -- Please list the hospitals here: Holy Cross Health System, Suburban Hospital, Medstar Montgomery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Through the hospital workgroup, we have worked with these hospitals to compare the work that we are doing and identify opportunities for collaboration in order to address health needs and gaps in our service area.

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

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Daly Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Colleges and/or Universities -- Please list the schools here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School of Public Health -- Please list the schools here: University of Maryland, College Park and Towson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Medical School -- Please list the schools here: Georgetown University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Nursing School -- Please list the schools here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Dental School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Pharmacy School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: CentrePoint Counseling, EveryMind, Identity, NAMI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Service Organizations -- Please list the organizations here: Primary Care Coalition, Manna, Hungry Harvest, WISH, Casa de Maryland, Interfaith Works, Rebuilding Together	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities here: Montgomery Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Community/Neighborhood Organizations -- Please list the organizations here: Community Centers (Long Branch, Takoma Park, White Oak, Mid-County, Benjamin Gather, Damascus, Rockville, Shady Grove, Plum Gar, and Bender JCC), Housing Units (Victory Tower, Ridge House, Green Ridge), CHEER, Crossroads Community Farmers Market	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Other -- If any other people or organizations were involved, please list them here: Clinics (Mobile Med, Mary Center, and Mercy Health Clinic), Health Quality Innovator, Leadership Montgomery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q68. Please describe the community benefit narrative review process.

This question does not display to the respondent.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q70. Please explain:

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

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q72. Please explain:

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

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

As a part of Adventist HealthCare, Behavioral Health and Wellness Services (BH&WS) is dedicated to Community Benefit which aligns with the system's core mission and values. The Strategic Plan for BH&WS as well as all of Adventist HealthCare (AHC) is based on six pillars of success: People, Quality and Safety, Patient Experience, Finance, Growth, and Population Health. Each of these pillars is centered on measurable objectives and targets and is led by an overarching council with several committees reporting up to it. Included within the Population Health pillar are the hospital's community benefit efforts. The Community Benefit Steering Committee which oversees the CHNA and Implementation Strategy process as well as community benefit system wide, reports to the Population Health Council. The strategic plan also outlines system-wide community benefit infrastructure and the areas of focus as determined by the CHNA process.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

The strategic plan is not a publicly available document.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Suicide Awareness and Prevention

Q81. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q82. Select the CHNA need(s) that apply.

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input checked="" type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |

- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.
Suicide

Q83. When did this initiative begin?

CY2018

Q84. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Currently, there is no anticipated end date for this initiative.

Q85. Enter the number of people in the population that this initiative targets.

Mental illness covers a wide variety of conditions that are characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. In Montgomery County, 16.2% of adults aged 18 and over had a mental illness within the past year. From 2010-2014, 3.41% of adults aged 18 and over had serious thoughts of suicide in the past year. Additionally, 15.6% of high school students reported seriously considering suicide in the past year³. The suicide related mortality rate ranges from five years old to 65+. The highest suicide related mortality is among individuals who are 65+, with a rate of 11.4 per 100,000⁴.

Q86. Describe the characteristics of the target population.

This initiative primarily targets adults and youth over the age of 14, living in Montgomery County, who have been touched by suicide or are interested in learning about mental health and suicide prevention.

Q87. How many people did this initiative reach during the fiscal year?

A total of 178 participants attended The "S" Word Screenings.

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

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



Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Yes, we partnered with other local hospitals in Montgomery County (Holy Cross Health, Medstar Montgomery Medical Center, Suburban Hospital), EveryMind and the Montgomery County Department of Health.

No.

Q90. Please describe the primary objective of the initiative.

The primary objective of this initiative is to encourage open dialogue around suicide in the community and end the silence. This initiative aims to increase awareness of suicide as well as awareness of the resources available in the community.

Q91. Please describe how the initiative is delivered.

Together with partnering hospitals and community organizations, The "S" Word Documentary was screened at various locations within Montgomery County (Landmark Bethesda Row Cinema, AF Theatre Silver Spring, and Montgomery College – Rockville). Following each screening, a Q&A session was conducted with panelists including mental health professionals from the hospitals and EveryMind, representatives from Montgomery County Behavioral Health and crises Services, and a suicide attempt survivor, among others. Participants were given time to react to the screening and anonymously submit their reactions and reflections using live polling through Mentimeter, an interactive real-time feedback application accessible through mobile devices. Prior to the Q&A, panelists took a few moments to share with the audience resources that are available in the community. The audience was also able to hear from an attempt survivor who bravely shared his story. During the Q&A sessions, participants were able to ask questions and provide comments using microphones or by submitting their questions with more anonymity using index cards. Each participant was provided with a packet of materials detailing available resources. Mental health professionals were also present at each screening in the event that any of the participants would like to speak with someone at the event.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters

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

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

Q93. Please describe the outcome(s) of the initiative.

There were a total of 178 individuals who attended one of the "S" Word Screenings: o Landmark Bethesda Row Cinema – 56 o Montgomery County Community College, Rockville – 32 o AFI Theatre Silver Spring – 90 During the Montgomery County & AFI screenings, participants were asked to complete an updated evaluation. The responses for each question are listed below: o What did you gain from this event? Increased knowledge about the warning signs of suicide - 43 Increased knowledge of community resources - 59 Increased motivation to help someone in crisis – 47 Names of other people/organizations to contact – 49 Other: "that we need to help people who are suffering"; "Survivorship"; "Inspiration"; "Increased perspective of how it would impact my loved ones if I were to go through with it" o What is the most important thing you learned today? "Information on BETHEONE.org" "You're not alone and there is always someone willing to help you out, we can all prevent suicide" "To ask about suicide" o Will you do anything differently as a result of your participation in today's event? Yes – 62 No – 9 o What follow-up after today's event do you think would be helpful? "Another segment" "People telling their story" "Have more events in Spanish" "Bring film and Q&A to schools" "More open discussions/forums on mental health and suicide" "Information on which counselors on each campus feel most comfortable helping with this issue" o To what extent did the following influence your attending this event? Topic/Content – Strongly Influenced (74), Influenced (8) Format (Film & Q/A) – Strongly Influenced (45), Influenced (26) Location – Strongly Influenced (36), Influenced (27) Sponsors – Strongly Influenced (35), Influenced (13) Other - Strongly Influenced (10), Influenced (1) o What additional behavioral health resources/support do you feel are needed in Montgomery County? "More resources that are for bilingual and undocumented people" "Needed in PG county or underfunded" "More sworn personnel in the Montgomery County Police need more programs/trainings to deal with stress of sworn supervisors"

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

Suicide is the 10th leading cause of death in the United States and in Montgomery County, suicide accounted for 7.2 per 100,000 deaths from 2014 to 2016 which decreased slightly from 7.3 in 2013-2015. During the three screenings in Montgomery County, it was apparent that many community members had questions and concerns regarding suicide. From the evaluation, most participants indicated they were satisfied with the screening and were influenced to take-action. The hospitals in collaboration with EveryMind and Montgomery County are currently planning a webinar for early 2019, the content for which will be driven by the feedback received from the screenings.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Cost of Suicide Awareness and Prevention Program: \$1,640 • Paid by Hospital: \$1,640 • Grant Funding: \$0

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Mental Health Family Support Group

Q99. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q100. Select the CHNA need(s) that apply.

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input checked="" type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify. <input type="text"/> |

Q101. When did this initiative begin?

This initiative began in 2017

Q102. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain.

Currently, there is no end date planned.

Q103. Enter the number of people in the population that this initiative targets.

Adventist HealthCare Behavioral Health and Wellness serves Montgomery County which has an estimated population of 1,058,810.00. Within the population, 16.2% of adults suffer from a mental illness, 7.4 per 10,000 were hospitalized due to alcohol abuse, and 426.3 per 100,000 were seen in the ER for addictions/substance abuse conditions.

Q104. Describe the characteristics of the target population.

This initiative primarily targets families of individuals who are suffering from a mental health condition and living in Montgomery County. All family members are welcome to attend in order to learn about resources in the community, how to address everyday challenges that are specific mental health, and to have a general safe space to discuss anything related to mental health illnesses.

Q105. How many people did this initiative reach during the fiscal year?

During this calendar year, a total of 9 individuals attended the support group.

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

No.

Q108. Please describe the primary objective of the initiative.

The primary objective of this initiative is to increase participants' knowledge and self-efficacy around available mental health and substance abuse services and resources and to provide a safe space for individuals to have an open dialogue and receive support.

Q109. Please describe how the initiative is delivered.

The Mental Health Family Support Group covers topics such as symptoms to look out for, prevention, treatment and care options, and coping strategies. A large focus of the group is on increasing awareness of, and access to community resources, to help clarify the mental health and substance abuse care continuum no matter the stage of care. The group offers an opportunity to connect with others who have loved ones experiencing a mental health disorder and provides a safe and therapeutic environment where family members can share their experiences, encourage each other, and learn how to support their loved ones. The Mental Health Family Support Group is held monthly for community members and is facilitated by a Behavioral Health clinician.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters The total number of participants who attend all sessions.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Participants are asked to complete a pre and post-test to measure change in knowledge from the class.
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q111. Please describe the outcome(s) of the initiative.

in 2018 there were a total of 12 support group sessions scheduled (one per month). Of the scheduled sessions, six went unattended and two are pending (November & December). The remaining four had a total of nine participants. A post class survey was administered to participants to evaluate their satisfaction with the session and areas for improvement. Participant Demographics (n = 9): • Age Range: 26 - 58 • Sex: 4 Female, 1 Male • Race: 3 White, 1 Asian In order to improve the support group, participants were asked to complete a pre and post evaluation. The responses to the questions are listed below (n = 3): Your overall knowledge on today's topic • 3 participants improved their knowledge Your comfort level in communicating with your family member regarding their illness • 2 participants reported higher comfort levels Your knowledge of resources available to you/your family • 3 participants reported better knowledge of resources Your understanding of the importance of self-care for you • 2 people reported increased understanding of self-care Your ability to provide support in a behavioral health crisis • 2 people increased their ability to provide support in a crisis Additional comments • "Thank you – looking forward to the next meeting" • "Plain talk; I like it" • "This is such a useful session. Thank you for doing this and please continue to do this" • "Very very worthwhile" Most participants agreed that the information they received was helpful, easy to understand, and would recommend the support group to others in their community.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

The Montgomery County rate of ED visits related to mental health conditions is much higher than the SHIP 2017 target (3152.6 vs 2278.5 visits per 100,000). SHIP indicators show that the suicide rate in Montgomery County has fallen from 7.3 in 2013-2015 to 7.2 in 2014-2016, while the ED visit rate due to a mental health condition has risen from around 1791.7 visits in 2014 to 2278.5 per 100,000 in 2016. For youth who had experienced a major depressive episode, the percent increased significantly from 8.1% in 2012 to 10.6% in 2014; both years fell short of the Healthy People 2020 target of 7.5%. Adventist HealthCare Behavioral Health and Wellness Services has been working towards educating the community through various initiatives to close gaps in mental health care access, serve as a resource for behavioral health, and to deliver the best care possible.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Cost of the Mental Health Family Support Group: \$513 • Paid by Hospital: \$513 • Grant Funding: \$0

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Behavioral Health Workforce Development & Education

Q117. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q118. Select the CHNA need(s) that apply.

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input checked="" type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |

- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q119. When did this initiative begin?

The Psychiatry Fellowship Program began in 2009; The Annual Symposium began in 2013

Q120. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

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

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

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

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

Other. Please explain.

Q121. Enter the number of people in the population that this initiative targets.

In the United States in 2016, an estimated 49.5% of adolescents had a mental disorder. Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. According to the Maryland SHIP indicators, in 2015, the ER rate due to mental health was 1,901.4 per 100,000 of the population which is significantly higher than 2014 which was 1,553.6 per 100,000. Mental and behavioral health is a growing need in the community. It is important that we continue to increase the numbers of mental health professionals and continue to develop the knowledge and expertise of existing professionals to meet the evolving needs of the community. According to the 2015 Office of Legislative Oversight report, there are 33 licensed psychiatrists per 100,000 population, 21 estimated psychiatrist full time employees per 100,000 population, and 313 other licensed mental health professionals per 100,000 population.

Q122. Describe the characteristics of the target population.

This initiative primarily targets behavioral health clinicians such as social workers, psychiatrists, psychologists, and therapists as well as behavioral health students.

Q123. How many people did this initiative reach during the fiscal year?

In 2018, 3 fellows and 15 medical students from Georgetown University Hospital completed rotations at Adventist HealthCare Behavioral Health and Wellness Services as part of their residency program. A total of 140 people attended the annual symposium.

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention

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

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.
- No.

Yes, Adventist Healthcare Behavioral Health & Wellness Services partnered with Medstar Georgetown University Hospital.

Q126. Please describe the primary objective of the initiative.

The primary objective of this initiative is to increase access to mental health care by providing training opportunities for young professionals as well as continued learning experiences for both students and professionals in the field. Adventist HealthCare Behavioral Health & Wellness Services works to do this by providing opportunities for students to gain hands on training in specialized areas of care that have a high demand in the community. In addition, the hospital works to provide continued learning experiences on timely issues for professionals in the community who may often interact with individuals with mental health and substance abuse needs. Strategies for this initiative include Adventist HealthCare Behavioral Health and Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Fellowship Program Partnership and the "Exploring Cyberbullying and Gun Violence in Schools" Symposium.

Q127. Please describe how the initiative is delivered.

Adventist HealthCare Behavioral Health and Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Fellowship Program Partnership: As part of their psychiatry residency program, fellows from Georgetown University Hospital specializing in child and adolescent psychiatry complete a rotation at Adventist HealthCare Behavioral Health & Wellness Services. Fellows are with us for 9 – months and have the opportunity to work closely with our doctors in multiple settings. Fellows work full days with the attending physicians four days a week (1 day a week is spent in lecture at Georgetown). Fellows also spend a few months in the child and adolescent units. During their time on the adolescent unit, they also attend the adolescent partial hospitalization program 3 afternoons a week. While on the child unit, 1-2 days a week are spent in the Adventist HealthCare Shady Grove Medical Center emergency room conducting crisis evaluations which they present to the attending on call. In addition to the fellows, Behavioral Health and Wellness Services provided 15 medical students the opportunity to observe psychiatrists during their visits with patients. "Exploring Cyberbullying and Gun Violence in Schools" Symposium: This symposium, hosted on November 9, 2018, focused on cyberbullying and gun violence in schools, which has become a growing and dangerous problem in many communities. The symposium brought together clinicians, school administrators, and other experts in the field of adolescent behavior to explore cyberbullying and gun violence in schools and discuss approaches that parents, behavioral health providers and administrators can use to better identify and respond to aggressive behaviors in adolescents. Presenters also reviewed recent trends and best practices for stemming cyberbullying behaviors, supporting victims of cyberbullying and helping adolescents cope with reports of gun violence in classrooms. The learning objectives included: • Learn how social media use is related to bullying and cyberbullying. • Learn how digital forms of sexuality are related to cyberbullying. • Learn how to work assist parents and schools to minimize cyberbullying and risky behaviors online. • Understand the incidence of school homicides in the United States since 1990. • Identify characteristics of perpetrators and potential threats of school violence. • Understand the process for evaluating transient and substantive threats of school violence.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters The total number of participants for both the residency program and the symposium.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Post conference evaluation surveys
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q129. Please describe the outcome(s) of the initiative.

Adventist HealthCare Behavioral Health & Wellness Services & Medstar Georgetown University Hospital Child and Adolescent Psychiatry Residency Program Partnership: • In 2018, 3 fellows and 15 medical students from Georgetown University Hospital completed rotations at Adventist HealthCare Behavioral Health and Wellness Services as part of their Child and Adolescent Psychiatry Residency Program "Exploring Cyberbullying and Gun Violence in Schools" Symposium: • A total of 140 people attended the symposium. • Attendees were asked to complete an evaluation following the symposium. Of all the attendees, 99 completed the evaluation. Attendees were asked to rate each of the following areas on a scale of 1 to 5 (1 being Did Not Meet Expectations and 5 being Excellent): Clarity of the program's objective – 4.76 Program's success in meeting all its stated objectives – 4.59 Speakers demonstrated expertise on the subject matter – 4.64 Presentation content – 4.66 Value of the program – 4.67 Meeting Space – 4.69 Extent your knowledge/skills have increases because of the program – 4.40 Extent to which the program will benefit their work – 4.16 When asked how the program will benefit their work, responses included: "Good to know that social connection is the key to stopping bullying or other violence" "Can utilize the information when meeting with adolescent clients and their parents" "Learned different ways/strategies to approach the topic" "Increase evaluation questions to assess cyberbullying" "I learned a lot of new things regarding the effects of sexting" "Its content helped me understand the issue of cyberbullying and gun violence more fully. I liked the research"

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

The Montgomery County rate of ED visits related to mental health conditions (2278.5 per 100,000) is much lower than the SHIP 2017 target (3152.6 visits per 100,000). However, SHIP indicators show that the suicide rate in Montgomery County has risen from 7.0 in 2010 to 7.2 in 2016, while the SHIP Age-Adjusted ER rate due to mental health has risen from around 1553.6 visits in 2010 to its current rate of 1901.4 per 100,000 in 2015. For youth who had experienced a major depressive episode, the percent increased significantly from 8.1% in 2012 to 10.6% in 2014; both years fell short of the Healthy People 2020 target of 7.5%. Additionally, the mental health provider rate has increased slightly from 267 per 100,000 in 2016 to 280 per 100,000 in 2017. Adventist HealthCare Behavioral Health and Wellness Services has been working towards educating the community and training mental health professionals through various initiatives to close gaps in mental health care access, serve as a resource for behavioral health, and to deliver the best care possible.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Cost of Child and Adolescent Psychiatry Fellowship Program Partnership: \$240,000 • Paid by Hospital: \$240,000 • Grant Funding: \$0 "Exploring Cyberbullying and Gun Violence in Schools" Symposium: \$30,000 • Paid by Hospital: \$25,694 • Offsetting Revenue: \$4,306 (registration fees)

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify: <input type="text"/> |

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality

Reduce rate of sudden unexpected infant deaths (SUIDs)	N/A
Reduce the teen birth rate (ages 15-19)	N/A
Increase the % of pregnancies starting care in the 1st trimester	N/A
Increase the proportion of children who receive blood lead screenings	N/A
Increase the % of students entering kindergarten ready to learn	N/A
Increase the % of students who graduate high school	N/A
Increase the % of adults who are physically active	Across the majority of our outreach activities as well as classes and support groups, the importance of physical activity in relation to health and wellness is discussed.
Increase the % of adults who are at a healthy weight	N/A
Reduce the % of children who are considered obese (high school only)	N/A
Reduce the % of adults who are current smokers	For both patients and community members, a tobacco cessation program is offered. The program provides free counseling with a tobacco cessation counselor as well as free nicotine replacement therapy.
Reduce the % of youths using any kind of tobacco product (high school only)	N/A
Reduce HIV infection rate (per 100,000 population)	N/A
Reduce Chlamydia infection rate	N/A
Increase life expectancy	All of our community benefit programming may have an impact on life expectancy, whether it is focused on prevention education, screening, disease management or addressing social determinants of health.
Reduce child maltreatment (per 1,000 population)	N/A
Reduce suicide rate (per 100,000)	Working with community partners to increase dialogue and awareness of resources around suicide through community conversations and documentary screenings. AHC provides funding to partners such as CentrePoint counseling that provide mental health services for low-income community members. AHC also provides funding to clinics such as Mansfield Kaseman that provide mental health services and education.
Reduce domestic violence (per 100,000)	N/A
Reduce the % of young children with high blood lead levels	N/A
Decrease fall-related mortality (per 100,000)	N/A
Reduce pedestrian injuries on public roads (per 100,000 population)	N/A
Increase the % of affordable housing options	N/A
Increase the % of adolescents receiving an annual wellness checkup	Our community outreach staff, community health workers and care transitions teams work to connect community members and patients with primary care providers. AHC also partners with and provides funding for several safety net clinics such as Mobile Med, Kaseman Clinic, and Mercy Clinic.
Increase the % of adults with a usual primary care provider	Our community outreach staff, community health workers and care transitions teams work to connect community members and patients with primary care providers. AHC also partners with and provides funding for several safety net clinics such as Mobile Med, Kaseman Clinic, and Mercy Clinic.
Increase the % of children receiving dental care	N/A
Reduce % uninsured ED visits	AHC case managers, care transitions nurses, CHWs and outreach staff work with uninsured patients and community members to raise awareness of government assistance programs and ACA enrollment dates and processes. Uninsured patients receive assistance enrolling in these types of programs. AHC also partners and provides funding to community organizations that assist community members with enrollment into government assistance and insurance programs such as Casa de Maryland, VAS and CHEER, among others.
Reduce heart disease mortality (per 100,000)	Health education and screenings around heart health are conducted in the community on a regular basis. This includes things such as blood pressure and BMI screenings as well as lectures. Education and screenings take place at locations such as community centers, senior centers and low-income housing complexes.
Reduce cancer mortality (per 100,000)	N/A
Reduce diabetes-related emergency department visit rate (per 100,000)	N/A
Reduce hypertension-related emergency department visit rate (per 100,000)	Health education and screenings around heart health are conducted in the community on a regular basis. This includes things such as blood pressure and BMI screenings as well as lectures. Education and screenings take place at locations such as community centers, senior centers and low-income housing complexes.
Reduce drug induced mortality (per 100,000)	N/A
Reduce mental health-related emergency department visit rate (per 100,000)	A support group is offered to provide information, resources and support in a safe space for those experiencing mental health struggles as well as their loved ones. Additionally, AHC provides funding to partners such as CentrePoint counseling that provide mental health services for low-income community members. AHC also provides funding to clinics such as Mansfield Kaseman that provide mental health services and education.
Reduce addictions-related emergency department visit rate (per 100,000)	A support group is offered to provide information, resources and support in a safe space for those experiencing mental health struggles as well as their loved ones. Additionally, AHC provides funding to partners such as CentrePoint counseling that provide mental health services for low-income community members. AHC also provides funding to clinics such as Mansfield Kaseman that provide mental health services and education.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	N/A
Reduce dental-related emergency department visit rate (per 100,000)	N/A
Increase the % of children with recommended vaccinations	N/A
Increase the % vaccinated annually for seasonal influenza	N/A
Reduce asthma-related emergency department visit rate (per 10,000)	N/A

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

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

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

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

Hospital-Based Physicians	<input type="text"/>
Non-Resident House Staff and Hospitalists	Inpatient services were found to be ineffectively covered solely by community Psychiatrists, and a hybrid model was developed, to include community and employed Psychiatrists.
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	Community needs were unmet, as most independent Psychiatrists were non-participants with insurance plans; Outpatient Psychiatry services are provided to cover this unmet need; very low reimbursement for outpatient services drives this subsidy to this level.
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

[AHC-FinancialAssistance-Policy-English&Spanish.pdf](#)
147.3KB
application/pdf

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

[Patient Information Sheet BHWS.pdf](#)
142.2KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Between 201 percent and 600 percent of the current Federal Poverty Level.

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Household income between 201-600% of the Federal Poverty Level and a medical debt incurred over the course of the previous 12 months that constitutes more than 25 percent of the family's income.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Adventist HealthCare Behavioral Health & Wellness Services Rockville is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance at Adventist HealthCare Behavioral Health & Wellness Services Rockville. Each application for Financial Assistance (charity care) will be reviewed based upon an assessment of the patient's and/or family's need, income and financial resources. It is part of Adventist HealthCare Behavioral Health & Wellness Services Rockville's mission to provide necessary medical care to those who are unable to pay for that care. This policy requires patients to cooperate with and avail themselves of all available programs (including Medicaid, workers compensation and other state and local programs) that might provide coverage for medical services. The hospital considers Financial Assistance to any patient responsibility amount as long as the patient has followed our requirements. The financial assistance application was most recently changed to match the Maryland State Uniform Financial Assistance Application.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Special Considerations (Presumptive Eligibility): Adventist Healthcare makes available financial assistance to patients based upon their "assumed eligibility" if they meet one of the following criteria: (1) Patients, unless otherwise eligible for Medicaid or CHIP, who are beneficiaries of the means-tested social services programs listed below are eligible for free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the following programs: households with children in the free or reduced lunch program; supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Women, Infants and Children (WIC). (2) Patients who are beneficiaries of the Montgomery County programs listed below are eligible for financial assistance after meeting the copay requirements mandated by the program, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the following programs: Montgomery Cares; Project Access; Care for Kids. (3) Additionally, patients who fit one or more of the following criteria may be eligible for financial assistance for emergency or non-emergency Medically Necessary Care under this policy with or without a completed application, and regardless of financial ability. IF the patient is: categorized as homeless or indigent; unable to provide the necessary financial assistance eligibility information due to mental status or capacity; unresponsive during care and is discharged due to expiration; individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act; a victim of a crime or abuse (other requirements will apply); elderly and a victim of abuse; an unaccompanied minor; is currently eligible for Medicaid, but was not at the date of service.

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: [39.135498046875, -77.282203674316]

Source: GeolIP Estimation

PART TWO: ATTACHMENTS

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance

(Formerly "Charity Care")

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Previously: Financial Assistance Policy (see AHC 3.19.1 for Decision Rules / Application)	Origin:	PFS
Reviewed:	02/09, 9/19/13, 7/17	Authority:	EC
Revised:	10/09, 06/15/10, 3/2/11, 10/02/13, 2/1/16, 11/17	Page:	1 of 14

FINANCIAL ASSISTANCE POLICY SUMMARY

SCOPE:

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

PURPOSE:

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

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

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

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

This financial assistance policy provides guidelines for:

- Financial assistance to self-pay individual patients receiving emergency and other non-elective medically necessary services based on medical necessity and financial need.

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

BENEFITS:

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

DEFINITIONS:

- **Medically Necessary:** health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine
- **Emergency Medical Services:** treatment of individuals in crisis health situations that may be life threatening with or without treatment
- **Non-elective services:** a medical condition that without immediate attention:
 - o Places the health of the individual in serious jeopardy
 - o Causes serious impairment to bodily functions or serious dysfunction to a bodily organ.
 - o And may include, but are not limited to:
 - Emergency Department Outpatients
 - Emergency Department Admissions
 - IP/OP follow-up related to previous Emergency visit
- **Catastrophic Care:** a severe illness requiring prolonged hospitalization or recovery. Examples would include coma, cancer, leukemia, heart attack or stroke. These illnesses usually involve high costs for hospitals, doctors and medicines and may incapacitate the person from working, creating a financial hardship
- **Prompt Pay Discount:** The state of Maryland allows a 1% prompt-pay discount for those patients who pay for medical services at the time the service is rendered.
- **FPL** (Federal Poverty Level): is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services.
- **Uninsured Patient:** Person not enrolled in a healthcare service coverage insurance plan. May or may not be eligible for charitable care.

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- **Self-pay Patient**: an Uninsured Patient who does not qualify for AHC Financial Assistance due to income falling above the covered FPL income guidelines

POLICY

1. General Eligibility

- 1.1. All patients, regardless of race, creed, gender, age, sexual orientation, national origin or financial status, may apply for Financial Assistance.
- 1.2. It is part of Adventist HealthCare’s mission to provide necessary medical care to those who are unable to pay for that care. The Financial Assistance program provides for care to be either free or rendered at a reduced charge to:
 - 1.2.1. those most in need based upon the current Federal Poverty Level (FPL) assessment, (i.e., individuals who have income that is less than or equal to 200% of the federal poverty level (See Attachment A for current FPL).
 - 1.2.2. those in some need based upon the current FPL, (i.e., individuals who have income that is between 201% and 600% of the current FPL guidelines
 - 1.2.3. patients experiencing a financial hardship (medical debt incurred over the course of the previous 12 months that constitutes more than 25% of the family’s income), and/or
 - 1.2.4. absence of other available financial resources to pay for urgent or emergent medical care
- 1.3. This policy requires that a patient or their guarantor to cooperate with, and avail themselves of all available programs (including those offered by AHC, Medicaid, workers compensation, and other state and local programs) which might provide coverage for services, prior to final approval of Adventist HealthCare Financial Assistance.
- 1.4. **Eligibility for Emergency Medical Care:** Patients may be eligible for financial assistance for Emergency Medical Care under this Policy if:
 - 1.4.1. They are uninsured, have exhausted, or will exhaust all available insurance benefits; and

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

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

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

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

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

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

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

1.6. **Considerations:**

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

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

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- 1.7. **Exclusions:** Patients are INELIGIBLE for financial assistance for Emergency Medical Care or other non-emergency Medically Necessary Care under this policy if:
- 1.7.1. Purposely providing false or misleading information by the patient or responsible party; or
 - 1.7.2. Providing information gained through fraudulent methods in order to qualify for financial assistance (EXAMPLE: using misappropriated identification and/or financial information, etc.)
 - 1.7.3. The patient or responsible party refuses to cooperate with any of the terms of this Policy; or
 - 1.7.4. The patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs; or
 - 1.7.5. The patient or responsible party refuses to adhere to their primary insurance requirements where applicable.
- 1.8. **Special Considerations (Presumptive Eligibility):** Adventist Healthcare make available financial assistance to patients based upon their “assumed eligibility” if they meet on of the following criteria:
- 1.8.1. Patients, *unless otherwise eligible for Medicaid or CHIP*, who are beneficiaries of the means-tested social services programs listed below are eligible for free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - 1.8.1.1. Households with children in the free or reduced lunch program;
 - 1.8.1.2. Supplemental Nutritional Assistance Program (SNAP);
 - 1.8.1.3. Low-income-household energy assistance program;
 - 1.8.1.4. Women, Infants and Children (WIC)

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- 1.8.2. Patients who are beneficiaries of the Montgomery County programs listed below are eligible for financial assistance after meeting the copay requirements mandated by the program, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
- 1.8.2.1. Montgomery Cares;
 - 1.8.2.2. Project Access;
 - 1.8.2.3. Care for Kids
- 1.8.3. Additionally, patients who fit one or more of the following criteria may be eligible for financial assistance for emergency or non-emergency Medically Necessary Care under this policy with or without a completed application, and regardless of financial ability. IF the patient is:
- 1.8.3.1. categorized as homeless or indigent
 - 1.8.3.2. unable to provide the necessary financial assistance eligibility information due to mental status or capacity
 - 1.8.3.3. unresponsive during care and is discharged due to expiration
 - 1.8.3.4. individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act;
 - 1.8.3.5. a victim of a crime or abuse (other requirements will apply)
 - 1.8.3.6. Elderly and a victim of abuse
 - 1.8.3.7. an unaccompanied minor
 - 1.8.3.8. is currently eligible for Medicaid, but was not at the date of service

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

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- 1.9. **Amount Generally Billed:** An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay) with the exception of Adventist Rehabilitation Hospital of Maryland which charges for patients eligible for assistance under this policy will be set at the most recent Maryland Medicaid interim rate at the time of service as set by the Department of Health and Mental Hygiene.
2. **Policy Transparency:** Financial Assistance Policies are transparent and available to the individuals served at any point in the care continuum in the primary languages that are appropriate for the Adventist HealthCare service area.
 - 2.1. As a standard process, Adventist HealthCare will provide Plain Language Summaries of the Financial Assistance Policy
 - 2.1.1. During ED registration
 - 2.1.2. During financial counseling sessions
 - 2.1.3. Upon request
 - 2.2. Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the Plain Language Summary of the Financial Assistance policy
 - 2.2.1. At all registrations sites
 - 2.2.2. In specialty area waiting rooms
 - 2.2.3. In specialty area patient rooms
 - 2.3. Adventist HealthCare facilities will prominently and conspicuously post complete and current versions of the following on their respective websites in English and in the primary languages that are appropriate for the Adventist HealthCare service area:
 - 2.3.1. Financial Assistance Policy (FAP)
 - 2.3.2. Financial Assistance Application Form (FAA Form)

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

3. Policy Application and Determination Period

- 3.1. The Financial Assistance Policy applies to charges for medically necessary patient services that are rendered by one of the referenced Adventist HealthCare facilities. A patient (or guarantor) may apply for Financial Assistance at any time within **240 days after the date it is determined that the patient owes a balance.**
- 3.2. Probable eligibility will be communicated to the patient within 2 business days of the submission of an application.
- 3.3. Each application for Financial Assistance will be reviewed, and a determination made based upon an assessment of the patient’s (or guarantor’s) ability to pay. This could include, without limitations the needs of the patient and/or guarantor, available income and/or other financial resources. Final Financial Assistance decisions and awards will be communicated to the patient within 10 business days of the submission of a completed application for Financial Assistance.
- 3.4. Pre-approved financial assistance for scheduled medical services is approved by the appropriate staff based on criteria established in this policy
- 3.5. **Policy Eligibility Period:** If a patient is approved for financial assistance under this Policy, their financial assistance under this policy **shall not exceed past 12 months from the date of the eligibility award letter.** Patients requiring financial assistance past this time must reapply and complete the application process in total.

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

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

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- 4.3. Cosmetic, other elective procedures, convenience and/or other Adventist HealthCare facility services which are not medically necessary, are excluded from consideration as a free or discounted service.
- 4.4. Patients or their guarantors who are eligible for County, State, Federal or other assistance programs will not be eligible for Financial Assistance for services covered under those programs.
- 4.5. Services Rendered by Physicians who provide services at one of the AHC locations are NOT covered under this policy.
 - 4.5.1. Physician charges are billed **separately** from hospital charges.

Roles and Responsibilities

- 4.6. **Adventist HealthCare responsibilities**
 - 4.6.1. AHC has a financial assistance policy to evaluate and determine an individual’s eligibility for financial assistance.
 - 4.6.2. AHC has a means of communicating the availability of financial assistance to all individuals in a manner that promotes full participation by the individual.
 - 4.6.3. AHC workforce members in Patient Financial Services and Registration areas understand the AHC financial assistance policy and are able to direct questions regarding the policy to the proper hospital representatives.
 - 4.6.4. AHC requires all contracts with third party agents who collect bills on behalf of AHC to include provisions that these agents will follow AHC financial assistance policies.
 - 4.6.5. The AHC Revenue Cycle Function provides organizational oversight for the provision of financial assistance and the policies/processes that govern the financial assistance process.
 - 4.6.6. After receiving the individual’s request for financial assistance, AHC notifies the individual of the eligibility determination within a reasonable period of time.
 - 4.6.7. AHC provides options for payment arrangements.

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- 4.6.8. AHC upholds and honors individuals’ right to appeal decisions and seek reconsideration.
- 4.6.9. AHC maintains (and requires billing contractors to maintain) documentation that supports the offer, application for, and provision of financial assistance for a minimum period of seven years.
- 4.6.10. AHC will periodically review and incorporate federal poverty guidelines for updates published by the United States Department of Health and Human Services.

4.7. Individual Patient’s Responsibilities

- 4.7.1. To be considered for a discount under the financial assistance policy, the individual must cooperate with AHC to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medicaid, third-party liability, etc.
- 4.7.2. To be considered for a discount under the financial assistance policy, the individual must provide AHC with financial and other information needed to determine eligibility (this includes completing the required application forms and cooperating fully with the information gathering and assessment process).
- 4.7.3. An individual who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan.
- 4.7.4. An individual who qualifies for partial discounts must make good faith efforts to honor the payment plans for their discounted hospital bills. The individual is responsible to promptly notify AHC of any change in financial situation so that the impact of this change may be evaluated against financial assistance policies governing the provision of financial assistance.

5. Identification Of Potentially Eligible Individuals

5.1. Identification through socialization and outreach

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

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- 5.1.2. Financial counselors will make best efforts to contact all self-pay inpatients during the course of their stay or within 4 days of discharge.
 - 5.1.3. The AHC hospital facility's PLS will be distributed along with the FAA Form to every individual before discharge from the hospital facility.
 - 5.1.4. Information on how to obtain a copy of the PLS will be included with billing statements that are sent to the individuals
 - 5.1.5. An individual will be informed about the AHC hospital facility's FAP in oral communications regarding the amount due for his or her care.
 - 5.1.6. The individual will be provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital may take action to report adverse information about the individual to consumer credit reporting agencies/credit bureaus if the individual does not submit a FAA Form or pay the amount due by a specified deadline. This deadline cannot be earlier than 120 days after the first billing statement is sent to the individual. The notice must be provided to the individual at least 30 days before the deadline specified in the notice.
- 5.2. **Requests for Financial Assistance:** Requests for financial assistance may be received from multiple sources (including the patient, a family member, a community organization, a church, a collection agency, caregiver, Administration, etc.).
- 5.2.1. Requests received from third parties will be directed to a financial counselor.
 - 5.2.2. The financial counselor will work with the third party to provide resources available to assist the individual in the application process.
 - 5.2.3. If available, an estimated charges letter will be provided to individuals who request it.
 - 5.2.4. **AUTOMATED CHARITY PROCESS** for Accounts sent to outsourced agencies: Adventist HealthCare recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required

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information is not provided by the patient, Adventist HealthCare may employ an automated, predictive scoring tool to qualify patients for financial assistance. The Payment Predictability Score (PPS) predicts the likelihood of a patient to qualify for Financial Assistance based on publicly available data sources. PPS provides an estimate of the patient's likely socio-economic standing, as well as, the patient's household income size. Approval used with PPS applies only to accounts being reviewed by Patient Financial Services. All other dates of services for the same patient or guarantor will follow the standard Adventist HealthCare collection process.

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

7. **POLICY REVIEW AND MAINTAINENCE:**
 - 7.1. This policy will be reviewed on a bi-annual basis
 - 7.2. The review team includes Adventist Health entity CFOs and VP of Revenue Management for Adventist Health
 - 7.3. Updates, edits, and/or additions to this policy must be reviewed and agreed upon, by the review team and then by the governing committee designated by the Board prior to adoption by AHC.
 - 7.4. Updated policies will be communicated and posted as outlined in section 2- Policy Transparency of this document.

CONTACT INFORMATION AND ADDITIONAL RESOURCES

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

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance

(Formerly “Charity Care”)

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Previously: Financial Assistance Policy (see AHC 3.19.1 for Decision Rules / Application)	Origin:	PFS
Reviewed:	02/09, 9/19/13	Authority:	EC
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The following information can be found at [Adventist HealthCare’s Public Notice of Financial Assistance & Charity Care](#):

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

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	(consulte AHC 3.19.1 para ver las Reglas de decisión/aplicación)		
Revisada:	02/09, 19/9/13, 7/17	Autoridad:	EC
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RESUMEN DE LA POLÍTICA DE ASISTENCIA FINANCIERA

ALCANCE:

Esta política rige para los siguientes centros de Adventist HealthCare: Shady Grove Adventist Hospital, Germantown Emergency Center, Washington Adventist Hospital, Adventist Behavioral Health, y Adventist Rehabilitation Hospital of Maryland, a los que conjuntamente se los denomina AHC.

PROPÓSITO:

En concordancia con la misión de AHC de demostrar los cuidados de Dios mejorando la salud de las personas y las comunidades, Adventist HealthCare brinda asistencia financiera a los pacientes de bajos y medianos ingresos que necesitan nuestros servicios. El Plan de asistencia financiera de AHC constituye una manera sistemática y equitativa de garantizar que los pacientes sin seguro, que tengan un seguro insuficiente, que hayan sufrido un evento catastrófico o no cuenten con los recursos adecuados para pagar los servicios puedan acceder a la atención médica que necesitan.

Adventist HealthCare brinda atención médica de emergencia y cuidados no electivos médicamente necesarios a pacientes individuales sin discriminación, independientemente de su capacidad de pagar, su capacidad de calificar para recibir asistencia financiera o la disponibilidad de cobertura de terceros. En el caso de que la cobertura de terceros no estuviera disponible, se iniciará una determinación de posible elegibilidad para recibir Asistencia financiera antes o al momento de la internación. Esta política identifica las circunstancias para las cuales AHC podría proporcionar atención sin cargo o con descuento en base a la necesidad financiera de la persona.

Se realizará una notificación pública impresa sobre el programa anualmente en periódicos del Condado de Montgomery, Maryland y el Condado de Prince George, Maryland y se publicará en los Departamentos de Emergencias, las Oficinas Comerciales y las áreas de Registro de los centros mencionados anteriormente.

Esta política ha sido adoptada por el órgano rector de AHC de conformidad con las regulaciones y requisitos del Estado de Maryland y con las regulaciones de la Sección 501(r) del Código de Rentas Internas.

Esta política de asistencia financiera proporciona pautas para:

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- Asistencia financiera a pacientes individuales que pagan por su cuenta que reciben servicios de emergencia u otros servicios no electivos médicamente necesarios en base a necesidad médica y financiera.
- Descuentos por pago puntual (%) que podrían ser cobrados a pacientes que pagan por su cuenta que reciben servicios médicamente necesarios que no se consideran de emergencia o no electivos.
- Consideración especial, cuando sea adecuado, para aquellas personas que reciban una consideración especial debido a cuidados intensivos.

BENEFICIOS:

Mejorar el servicio a la comunidad ofreciendo servicios médicos de calidad independientemente de la capacidad de pago del paciente (o del garante). Reducir la colocación innecesaria o inadecuada de cuentas con agencias de recaudación cuando una designación de atención de caridad es más adecuada.

DEFINICIONES:

- **Médicamente necesario:** servicios o suministros de atención médica necesarios para prevenir, diagnosticar o tratar una enfermedad, lesión, afección, o sus síntomas y que cumplen con las normas aceptadas de medicina.
- **Servicios médicos de emergencia:** tratamiento de personas en situaciones médicas de crisis que podrían ser mortales con o sin tratamiento.
- **Servicios no electivos:** una afección médica que sin atención inmediata:
 - o Pone la salud de la persona en grave peligro.
 - o Causa un trastorno grave de la función corporal o un deterioro grave a un órgano del cuerpo.
 - o Y pueden incluir, entre otros:
 - Pacientes externos del Departamento de Emergencias
 - Internaciones del Departamento de Emergencias
 - Tratamiento de seguimiento para pacientes internos o externos relacionado con una visita previa al Departamento de Emergencias
- **Cuidados intensivos:** una enfermedad grave que requiere una hospitalización o recuperación prolongadas. Algunos ejemplos incluyen el coma, cáncer, leucemia, ataque cardíaco o accidente cerebrovascular. Por lo general, estas enfermedades implican un gran costo en hospitales, médicos y medicamentos y podrían hacer que una persona sea incapaz de trabajar, y por lo tanto, causarle problemas económicos.

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- **Descuento por pago puntual**: El estado de Maryland permite un descuento por pago puntual del 1 % para los pacientes que pagan los servicios médicos al momento de recibirlos.
- **FPL** (Nivel federal de pobreza): es el monto mínimo de ingresos brutos que una familia necesita para comida, ropa, transporte, vivienda y otras necesidades. En los Estados Unidos, el Departamento de Salud y Servicios Humanos determina este nivel.
- **Paciente sin seguro**: Una persona que no está inscrita en un plan de seguro de cobertura médica. Puede o no ser elegible para recibir atención de beneficencia.
- **Paciente que paga por su cuenta**: Un paciente sin seguro que no califica para recibir Asistencia financiera de AHC debido a que sus ingresos superan lo establecido por las pautas de ingresos del Nivel federal de pobreza (FPL).

POLÍTICA

1. Elegibilidad general

- 1.1. Todos los pacientes, independientemente de su raza, credo, sexo, edad, orientación sexual, nacionalidad o situación financiera, pueden solicitar Asistencia financiera.
- 1.2. Brindar atención médica necesaria a aquellos que no pueden pagarla es parte de la misión de Adventist HealthCare. El programa de Asistencia financiera establece que la atención será gratuita o a un precio reducido para:
 - 1.2.1. Quienes más lo necesitan de conformidad con la evaluación actual del Nivel federal de pobreza (FPL), es decir, aquellas personas que tienen ingresos inferiores o iguales al 200 % del Nivel federal de pobreza (Consultar Anexo A para ver el FPL actual).
 - 1.2.2. Quienes lo necesitan de conformidad con el Nivel federal de pobreza actual (es decir, personas que tienen ingresos entre 201 % y 600 % de las pautas actuales del FPL).
 - 1.2.3. Pacientes que sufren dificultades económicas (deuda médica incurrida durante los últimos 12 meses que constituye más del 25 % de los ingresos familiares), y/o
 - 1.2.4. La ausencia de otros recursos financieros para pagar por atención médica urgente o de emergencia

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- 1.3. Esta política exige que un paciente o su garante coopere y aproveche todos los programas disponibles (incluso aquellos ofrecidos por AHC, Medicaid, seguro de los trabajadores y otros programas estatales y locales) que podrían ofrecer cobertura para los servicios, antes de la aprobación final de Asistencia financiera de Adventist HealthCare.
- 1.4. **Elegibilidad para Atención médica de emergencia:** Los pacientes podrían ser elegibles para recibir asistencia financiera para Atención médica de emergencia de conformidad con esta Política si:
 - 1.4.1. No tienen seguro, han agotado, o agotarán todos los beneficios de seguro disponibles; y
 - 1.4.2. Sus ingresos familiares anuales no superan el 200 % de las Pautas federales de pobreza para calificar para asistencia financiera completa o el 600 % de las Pautas federales de pobreza para calificar para asistencia financiera parcial; y
 - 1.4.3. Solicitan asistencia financiera dentro del Periodo de solicitud de asistencia financiera (es decir, en el periodo que termina el día 240 luego de que el paciente reciba el primer estado de cuenta posterior al alta).
- 1.5. **Elegibilidad para Atención médicamente necesaria que no sea de emergencia:** Los pacientes podrían ser elegibles para recibir asistencia financiera para Atención médicamente necesaria que no sea de emergencia de conformidad con esta Política si:
 - 1.5.1. No tienen seguro, han agotado, o agotarán todos los beneficios de seguro disponibles; y
 - 1.5.2. Sus ingresos familiares anuales no superan el 200 % de las Pautas federales de pobreza para calificar para asistencia financiera completa o el 600 % de las Pautas federales de pobreza para calificar para asistencia financiera parcial; y
 - 1.5.3. Solicitan asistencia financiera dentro del Periodo de solicitud de asistencia financiera (es decir, en el periodo que termina el día 240 luego de que el paciente reciba el primer estado de cuenta posterior al alta); y

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1.5.4. El plan de tratamiento fue desarrollado y brindado por un equipo de atención de AHC.

1.6. Consideraciones:

1.6.1. Los pacientes asegurados que incurran gastos de bolsillo altos (deducibles, coseguro, etc.) podrían ser elegibles para recibir asistencia financiera aplicada a la parte de responsabilidad a pagar por el paciente de sus servicios médicamente necesarios.

1.6.2. El personal apropiado analizará la asistencia financiera preaprobada para servicios médicos programados pasada la 2^{da} noche luego de una admisión al Departamento de Emergencias en función de los criterios de necesidad médica establecidos en esta política, y la asistencia financiera podría ser aprobada o no.

1.7. **Exclusiones:** De conformidad con esta política, los pacientes son **INELEGIBLES** para recibir asistencia financiera para Atención médica de emergencia u otra Atención médicamente necesaria que no sea de emergencia si:

1.7.1. El paciente o responsable proporciona información falsa o engañosa intencionalmente; o

1.7.2. Se proporciona información obtenida a través de métodos fraudulentos para calificar para la asistencia financiera (EJEMPLO: utilizar una identificación o información financiera adquiridas indebidamente, etc.)

1.7.3. El paciente o responsable se niega a cooperar con cualquiera de los términos de esta Política; o

1.7.4. El paciente o responsable se niega a enviar su solicitud para programas de seguros del gobierno luego de haberse determinado que es probable que el paciente o responsable sea elegible para dichos programas; o

1.7.5. El paciente o responsable se niega a cumplir los requisitos de su seguro primario cuando corresponda.

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- 1.8. **Consideraciones especiales (Presunta elegibilidad):** Adventist HealthCare pone asistencia financiera a disposición de los pacientes en función de su «supuesta elegibilidad» si cumplen con los siguientes criterios:
- 1.8.1. Los pacientes, *a menos que de otro modo sean elegibles para Medicaid o CHIP*, que son beneficiarios de los programas de servicios sociales en los que se verifican los ingresos son elegibles para recibir atención gratuita, siempre y cuando el paciente presente un comprobante de inscripción dentro de 30 días, a menos que se solicite una extensión de 30 días. La Asistencia continuará en vigencia mientras el paciente siga siendo un beneficiario activo de uno de los siguientes programas:
 - 1.8.1.1. Familias con hijos en el Programa de almuerzo gratuito o a precio reducido;
 - 1.8.1.2. Programa de Asistencia Nutricional Suplementaria (SNAP);
 - 1.8.1.3. Programa de asistencia energética para hogares de bajos ingresos;
 - 1.8.1.4. Mujeres, infantes y niños (WIC)
 - 1.8.2. Los pacientes que son beneficiarios de los siguientes programas del condado de Montgomery son elegibles para recibir asistencia financiera luego de cumplir con los requisitos de copagos exigidos por el programa, siempre y cuando el paciente presente un comprobante de inscripción dentro de 30 días, a menos que se solicite una extensión de 30 días. La Asistencia continuará en vigencia mientras el paciente siga siendo un beneficiario activo de uno de los siguientes programas:
 - 1.8.2.1. Montgomery Cares;
 - 1.8.2.2. Project Access;
 - 1.8.2.3. Care for Kids
 - 1.8.3. Además, es posible que los pacientes que cumplan con uno o más de los siguientes criterios sean elegibles para recibir asistencia financiera para Atención de emergencia o atención médicamente necesaria que no sea de emergencia de conformidad con esta política con o sin una

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solicitud completa, e independientemente de la capacidad financiera.
SI el paciente:

- 1.8.3.1. está categorizado como una persona sin hogar o indigente
- 1.8.3.2. no puede proporcionar la información necesaria de elegibilidad para asistencia financiera debido a su estado o capacidad mental
- 1.8.3.3. no responde durante la atención y es dado de alta debido al vencimiento
- 1.8.3.4. según el Estado, es elegible para recibir asistencia bajo la Ley de indemnización para víctimas de crímenes violentos o la Ley de indemnización para víctimas de agresión sexual;
- 1.8.3.5. es una víctima de un crimen o abuso (regirán otros requisitos)
- 1.8.3.6. es anciano y víctima de un abuso
- 1.8.3.7. es un menor no acompañado
- 1.8.3.8. es actualmente elegible para Medicaid, pero no lo era al momento del servicio

Para cualquier persona que se presume que es elegible para recibir asistencia financiera de conformidad con esta política, regirán todas las acciones descritas en la sección «Elegibilidad» y en otras partes de esta política de la misma manera que si la persona hubiese presentado un formulario completo de solicitud de Asistencia financiera.

- 1.9. **Monto generalmente facturado:** Nunca se le cobrará a una persona que es elegible para recibir asistencia bajo esta política para atención de emergencia u otro tipo de atención médicamente necesaria más que los montos que se cobran generalmente (AGB) a una persona que no sea elegible para recibir asistencia. La agencia de reglamentación de tarifas del estado de Maryland (HSCRC) establece los cargos a los que se aplicará un descuento y son iguales para todos los pagadores (es decir, compañía de seguros comerciales, Medicare, Medicaid o pacientes que pagan por su cuenta) con la excepción de Adventist Rehabilitation Hospital of Maryland, cuyos cargos a pacientes elegibles para recibir asistencia bajo esta política se establecerán a la tasa provisional actual

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de Medicaid de Maryland al momento del servicio, según lo determinado por el Departamento de Salud y Salud Mental.

2. **Transparencia de la política:** Las Políticas de Asistencia financiera son transparentes y están disponibles para las personas atendidas en cualquier momento durante la atención en los idiomas primarios adecuados para el área de servicio de Adventist HealthCare.
 - 2.1. Como parte de un proceso estándar, Adventist HealthCare proporcionará Resúmenes en lenguaje sencillo de la Política de Asistencia financiera.
 - 2.1.1. Durante el registro en el Departamento de Emergencias
 - 2.1.2. Durante sesiones de asesoramiento financiero
 - 2.1.3. A petición
 - 2.2. Los centros de Adventist HealthCare publicarán de manera visible versiones completas y actuales del Resumen en lenguaje sencillo de la política de Asistencia financiera.
 - 2.2.1. En todos las oficinas de registro
 - 2.2.2. En las salas de espera de áreas de especialidad
 - 2.2.3. En las habitaciones de pacientes de áreas de especialidad
 - 2.3. Los centros de Adventist HealthCare publicarán de manera visible versiones completas y actuales de lo siguiente en sus respectivos sitios web en inglés y en los idiomas primarios que son adecuados para el área de servicio de Adventist HealthCare:
 - 2.3.1. Política de Asistencia financiera:
 - 2.3.2. Formulario de solicitud de Asistencia financiera
 - 2.3.3. Resumen en lenguaje sencillo de la Política de asistencia financiera:
3. **Periodo de solicitud y determinación de la Política**
 - 3.1. La Política de Asistencia financiera rige para cargos por servicios médicamente necesarios para pacientes que son prestados por uno de los centros de Adventist HealthCare mencionados. Un paciente (o garante) puede enviar una

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solicitud para recibir Asistencia financiera en cualquier momento dentro de **240 días desde que se determina que el paciente tiene un saldo deudor.**

- 3.2. Se comunicará la elegibilidad probable al paciente dentro de 2 días laborales desde la presentación de la solicitud.
 - 3.3. Se analizarán todas las solicitudes de Asistencia financiera y se llegará a una determinación en función de la evaluación de la capacidad de pagar del paciente (o garante). Esto podría incluir, sin limitaciones, las necesidades del paciente o garante, los ingresos disponibles u otros recursos financieros. Las decisiones y adjudicaciones finales sobre Asistencia financiera se comunicarán al paciente dentro de 10 días laborales de la presentación de una solicitud completa para Asistencia financiera.
 - 3.4. La asistencia financiera preaprobada para servicios médicos programados es aprobada por el personal adecuado en base a los criterios establecidos en esta política
 - 3.5. **Periodo de elegibilidad de la política:** Si se aprueba la asistencia financiera de un paciente bajo esta Política, su asistencia financiera de conformidad con esta política no deberá exceder los 12 meses **desde la fecha de la carta de adjudicación**. Los pacientes que requieran asistencia financiera pasado este tiempo deberán volver a enviar la solicitud y completar el proceso de solicitud nuevamente.
4. **EXCLUSIONES DE LA POLÍTICA:** Los siguientes son algunos de los servicios no cubiertos por la Política de Asistencia financiera de AHC:
- 4.1. Servicios que el equipo clínico de AHC determine que no son médicamente necesarios
 - 4.2. Los servicios no cobrados y facturados por un centro de Adventist HealthCare enumerado en esta política no están cubiertos bajo esta política. Los siguientes son algunos de los ejemplos: cargos de médicos, anesestesiólogos, médicos del departamento de emergencias, radiólogos, cardiólogos, patólogos y médicos de consulta solicitados por el médico que realiza el ingreso del paciente y el médico adjunto.
 - 4.3. Los servicios cosméticos, otros procedimientos electivos, de conveniencia u otros servicios de centros de Adventist HealthCare que no sean médicamente

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necesarios están excluidos de ser considerados para un servicio gratuito o con descuento.

- 4.4. Los pacientes o sus garantes que son elegibles para programas de asistencia del condado, estatales, federales o de otras fuentes no serán elegibles para recibir Asistencia financiera por servicios cubiertos por esos programas.
- 4.5. Los servicios prestados por médicos que ofrecen servicios en uno de los centros de AHC NO están cubiertos bajo esta política.
 - 4.5.1. Los cargos de los médicos se facturan de manera **separada** a los cargos del hospital.

Funciones y responsabilidades

4.6. Responsabilidades de Adventist HealthCare

- 4.6.1. AHC tiene una política de asistencia financiera para evaluar y determinar la elegibilidad de una persona para recibir asistencia financiera.
- 4.6.2. AHC tiene una manera de comunicar la disponibilidad de asistencia financiera a todas las personas para fomentar una participación absoluta de la persona.
- 4.6.3. Los miembros del personal de Servicios Financieros para Pacientes y las áreas de Registro conocen la política de asistencia financiera de AHC y pueden dirigir preguntas sobre la política a los representantes adecuados del hospital.
- 4.6.4. AHC exige que todos los contratos con agentes externos que cobran facturas en nombre de AHC incluyan disposiciones que establezcan que dichos agentes cumplirán las políticas de asistencia financiera de AHC.
- 4.6.5. La Función del ciclo de ingresos de AHC posibilita una supervisión institucional para la prestación de asistencia financiera y las políticas/procesos que rigen el proceso de asistencia financiera.

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- 4.6.6. Luego de recibir la solicitud de asistencia financiera de la persona, AHC le notifica sobre la determinación de elegibilidad dentro de un periodo razonable de tiempo.
- 4.6.7. AHC brinda opciones para planes de pago.
- 4.6.8. AHC respeta y honra el derecho de las personas a apelar las decisiones y solicitar que se reconsideren.
- 4.6.9. AHC mantiene (y requiere que los contratistas de facturación mantengan) documentación que respalda la oferta, la solicitud y la prestación de asistencia financiera por un periodo mínimo de siete años.
- 4.6.10. AHC analizará e incorporará periódicamente actualizaciones de las pautas federales de pobreza publicadas por el Departamento de Salud y Servicios Humanos de los Estados Unidos

4.7. **Responsabilidades individuales de los pacientes**

- 4.7.1. Para que se le considere para recibir un descuento bajo la política de asistencia financiera, la persona debe cooperar con AHC para proporcionar la información y documentación necesarias para solicitar otros recursos financieros existentes que podrían estar disponibles para pagar la atención médica, como Medicare, Medicaid, responsabilidad de terceros, etc.
- 4.7.2. Para que se le considere para recibir un descuento bajo la política de asistencia financiera, la persona debe brindarle a AHC información financiera y de otros tipos necesaria para determinar su elegibilidad (esto incluye completar los formularios de solicitud requeridos y cooperar completamente con el proceso de recopilación de información y evaluación).
- 4.7.3. La persona que califique para recibir un descuento parcial debe cooperar con el hospital para establecer un plan de pago razonable.
- 4.7.4. La persona que califique para recibir descuentos parciales debe esforzarse de buena fe para honrar el plan de pago de sus facturas de hospital con descuento. La persona es responsable de notificar oportunamente a AHC de cualquier cambio en su situación financiera

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para que el impacto de este cambio pueda ser evaluado en función de las políticas de asistencia financiera que rigen para la prestación de asistencia financiera.

5. Identificación de personas potencialmente elegibles

5.1. Identificación a través de socialización y divulgación

- 5.1.1. Los procesos de inscripción y preinscripción fomentan la identificación de personas que necesitan asistencia financiera.
- 5.1.2. Los asesores financieros se esforzarán por contactar a todos los pacientes internos que paguen sus propias cuentas durante el curso de su internación o dentro de 4 días de haber recibido el alta.
- 5.1.3. Se distribuirá el Resumen en lenguaje sencillo con el Formulario de solicitud de asistencia financiera de AHC a todos los pacientes antes de recibir el alta del centro hospitalario.
- 5.1.4. Se incluirá información sobre cómo obtener una copia de la Política de asistencia financiera con los estados de cuenta que se envían a las personas
- 5.1.5. Se informará a la persona de la Política de asistencia financiera del centro hospitalario de AHC en las comunicaciones orales sobre el monto adeudado por su atención.
- 5.1.6. Se le dará a la persona por lo menos un aviso por escrito (aviso de las medidas que podrían tomarse) que le informa que el hospital podría tomar medidas para denunciar información adversa sobre la persona a agencias de informes crediticios del consumidor/agencias de crédito si la persona no presenta un Formulario de solicitud de asistencia financiera o paga el monto adeudado antes de una fecha límite especificada. La fecha límite no puede ser anterior a 120 días luego de que se envíe el primer estado de cuenta a la persona. Se debe enviar el aviso a la persona por lo menos 30 días antes de la fecha límite especificada en el aviso.

- 5.2. **Pedidos de Asistencia financiera:** Se pueden recibir pedidos de asistencia financiera de varias fuentes (como el paciente, un familiar, una organización

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comunitaria, una iglesia, una agencia de cobros, un cuidador, la Administración, etc.)

5.2.1. Los pedidos recibidos de terceros se dirigirán a un asesor financiero.

5.2.2. El asesor financiero trabajará junto con este tercero para proporcionar los recursos disponibles para asistir a la persona en el proceso de solicitud.

5.2.3. Si está disponible, se le dará una carta que contenga los cargos estimados a la persona que la solicite.

5.2.4. **PROCESO AUTOMATIZADO DE BENEFICENCIA** para Cuentas enviadas a agencias contratadas: Adventist HealthCare reconoce que una parte de la población sin seguro o que tenga un seguro insuficiente podría no involucrarse en el proceso tradicional de solicitud de asistencia financiera. Si la información requerida no es suministrada por el paciente, Adventist HealthCare podría utilizar una herramienta de puntuación predictiva automatizada para clasificar a los pacientes para asistencia financiera. El Puntaje de Previsibilidad de Pago (PPS) predice la probabilidad de que un paciente califique para recibir Asistencia financiera en base a fuentes públicas de información. El PPS ofrece una estimación de la posible situación socioeconómica de un paciente, como el tamaño del ingreso del hogar del paciente. La aprobación mediante PPS rige solo para cuentas que estén siendo analizadas por Servicios Financieros para Pacientes. Todas las otras fechas de servicios del mismo paciente o garante seguirán el proceso estándar de cobro de Adventist HealthCare.

6. **Junta ejecutiva de aprobación:** Las consideraciones de otorgamiento de asistencia financiera que no estén abarcadas por esta política deberán ser analizadas y aprobadas por el Director Financiero (CFO) del centro de AHC que presta los servicios, el Vicepresidente de Gestión de Ingresos de AHC, y el Vicepresidente de Seguridad del Paciente y Calidad de AHC.

7. REVISIÓN Y MANTENIMIENTO DE LA POLÍTICA:

7.1. Esta política se revisará bianualmente.

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- 7.2. El equipo de revisión incluye a los Directores Financieros (CFO) de las entidades de Adventist HealthCare y al Vicepresidente de Gestión de Ingresos de Adventist Health
- 7.3. Las actualizaciones, modificaciones o adiciones a esta política deberán ser revisadas y acordadas por el equipo de revisión y luego por el comité rector designado por la Junta antes de que AHC la adopte.
- 7.4. Las actualizaciones se comunicarán y publicarán como se establece en la sección 2 - Transparencia de la política, de este documento.

INFORMACIÓN DE CONTACTO Y RECURSOS ADICIONALES

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

Se puede encontrar la siguiente información en [Aviso público de Adventist HealthCare sobre Asistencia financiera y Atención de beneficencia](#):

Títulos de los documentos
Resumen en lenguaje sencillo de la Asistencia financiera de AHC - inglés
Resumen en lenguaje sencillo de la Asistencia financiera de AHC - español
Pautas federales de pobreza de AHC
Solicitud de Asistencia financiera de AHC - inglés
Solicitud de Asistencia financiera de AHC - español
Lista de proveedores que no están cubiertos bajo la Política de Asistencia financiera de AHC

Maryland Hospital Patient Information

Hospital Financial Assistance Policy

Adventist Healthcare Behavioral Health and Wellness Services is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. This hospital provides emergent and urgent care to all patients regardless of their ability to pay.

In compliance with Maryland law, Behavioral Health and Wellness Services has a financial assistance policy and program.

You may be entitled to receive free or reduced-cost medically necessary hospital services.

This facility exceeds Maryland law by providing financial assistance based on a patient's need, income level, family size and financial resources.

Information about the financial assistance policy and program can be obtained from any Patient Access Representative and from the Billing Office.

Patients' Rights

As part of Adventist HealthCare's mission, patients who meet financial assistance criteria may receive assistance from the hospital in paying their bill.

Patients may also be eligible for Maryland Medical Assistance - a program funded jointly by state and federal governments. This program pays the full cost of healthcare coverage for low-income individuals meeting specific criteria (see contact information below).

Patients who believe they have been wrongly referred to a collection agency have the right to request assistance from the hospital.

Patients' Obligations

Patients with the ability to pay their bill have an obligation to pay the hospital in a timely manner.

Behavioral Health and Wellness Services makes every effort to properly bill patient accounts. Patients have the responsibility to provide correct demographic and insurance information.

Patients who believe they may be eligible for assistance under the hospital's financial assistance policy, or who cannot afford to pay the bill in full, should contact a Financial Counselor or the Billing Department (see contact information below).

In applying for financial assistance, patients have the responsibility to provide accurate, complete financial information and to notify the Billing Department if their financial situation changes.

Patients who fail to meet their financial obligations may be referred to a collection agency.

Contact Information

To make payment arrangements for your bill, please call (301) 315-3660 for assistance.

To inquire about assistance with your bill, please call the Billing Office at (301) 315-3660.

To inquire about Medical Assistance, please call (301) 251-4589 for assistance.

****Note: Physician services provided during your stay are not included on your hospital billing statement and will be billed separately.***

Maryland Hospital Información para el paciente

Política de Asistencia Financiera del Hospital

Adventist Healthcare Salud Compor- tual y Servicios de Bienestar está comprometido a satisfacer las necesidades de atención médica de su comunidad a través de un ministerio de sanación física, mental y espiritual. Este hospital proporciona Emergente y urgente a todos los pacientes, independientemente de su capacidad de pago. En conformidad con la ley de Maryland, Behavioral Health and Wellness Services tiene un Política y programa de asistencia financiera. Es posible que tenga derecho a recibir servicios hospitalarios de costo gratuito oa costo reducido. Esta facilidad excede la ley de Maryland proporcionando asistencia financiera basada en la necesidad del paciente, nivel de ingresos, tamaño de la familia y recursos financieros.

La información sobre la política y el programa de asistencia financiera se puede obtener de cualquier Representante de Acceso a Pacientes y de la Oficina de Facturación.

Derechos de los pacientes

Como parte de la misión de Adventist HealthCare, los pacientes que cumplan con los criterios de asistencia financiera pueden recibir asistencia del hospital para pagar su factura. Los pacientes también pueden ser elegibles para Maryland Medical Assistance - un programa financiado conjuntamente por gobiernos estatales y federales. Este programa paga el costo total de la cobertura de atención médica para individuos de bajos ingresos que cumplan con criterios específicos (ver información de contacto a continuación). Los pacientes que creen que han sido referidos erróneamente a una agencia de recaudación tienen el derecho de solicitar asistencia del hospital.

Obligaciones de los pacientes

Los pacientes con la capacidad de pagar su factura tienen una obligación Para pagar el hospital de manera oportuna. Behavioral Health and Wellness Services hace todo lo posible para facturar correctamente las cuentas de los pacientes. Los pacientes tienen la responsabilidad de proporcionar información demográfica y de seguro correcta. Los pacientes que creen que pueden ser elegibles para recibir asistencia bajo la política de asistencia financiera del hospital, o que no pueden pagar la factura en su totalidad, deben comunicarse con un Consejero Financiero o

El Departamento de Facturación (ver información de contacto a continuación). Al solicitar asistencia financiera, los pacientes tienen la responsabilidad de proporcionar información precisa,

Completar la información financiera y notificar al Departamento de Facturación

Si su situación financiera cambia. Los pacientes que no cumplan con sus obligaciones financieras pueden ser referidos a una agencia de cobro.

Información del contacto

Para hacer los arreglos de pago de su factura, por favor llame al (301) 315-3660 para ayuda. Para solicitar asistencia con su factura, llame a la Oficina de Facturación al (301) 315-3660. Para obtener información sobre Asistencia Médica, por favor llame al (301) 251-4589 para ayuda.

** Nota: Los servicios médicos proporcionados durante su estancia no se incluyen en el estado de cuenta del hospital y se facturarán por separado.*

PART THREE: AMENDMENTS

Question

In your initiatives, you selected a number of needs addressed that weren't listed in your CHNA section. Did you intend to mark these as identified in your CHNA? Educational and Community-Based Programs, Other: Suicide, Access to Health Services: Practicing PCPs, and Adolescent Health

Answer

Yes

Question

In your initiatives, you did not provide a discrete number of people in the target population. Please provide a whole number for each initiative if possible.

Answer

Initiative One: 138,634 individuals (Calculated using census population data and the following statistics: 16.2% of adults in Montgomery County had a mental health illness in the past year and 15.6% of high school students reported seriously considering suicide in the past three years.)

Initiative Two: 136,367 (Calculated using census population data and the following statistics: 16.2% of adults had any mental health illness in the past year and 10.6% of youth ages 12-17 had at least one major depressive episode in the past year.)

Initiative Three: 2,787 licensed behavioral health professionals (Source: Office of Legislative Oversight Behavioral Health in Montgomery County Report, 2013-2015)