

**Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS**

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact [HCBHelp@hilltop.umbc.edu](mailto:HCBHelp@hilltop.umbc.edu).

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: GRMC, Inc. DBA Garrett Regional Medical Center.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210017	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called West Virginia University Health System.	<input checked="" type="radio"/>	<input type="radio"/>	
The primary hospital community benefit (HCB) Narrative contact at your hospital is Kimi-Scott McGreevy.	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Narrative contact email address at your hospital is kimi-scott.mcgreevy@wvumedicine.org	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Financial report contact at your hospital is Karen Ackerman.	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Financial report contact email at your hospital is karen.ackerman@wvumedicine.org	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. Please select the community health statistics that your hospital uses in its community benefit efforts.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Median household income                      | <input type="checkbox"/> Race: percent White                   |
| <input checked="" type="checkbox"/> Percentage below federal poverty level (FPL) | <input type="checkbox"/> Race: percent Black                   |
| <input type="checkbox"/> Percent uninsured                                       | <input type="checkbox"/> Ethnicity: percent Hispanic or Latino |
| <input checked="" type="checkbox"/> Percent with public health insurance         | <input type="checkbox"/> Life expectancy                       |
| <input checked="" type="checkbox"/> Percent with Medicaid                        | <input type="checkbox"/> Crude death rate                      |
| <input type="checkbox"/> Mean travel time to work                                | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Percent speaking language other than English at home    |  |

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

Q6. 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. The next group of questions asks about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

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

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County            | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County        | <input type="checkbox"/> Dorchester County         | <input type="checkbox"/> Queen Anne's County    |
| <input type="checkbox"/> Baltimore City             | <input type="checkbox"/> Frederick County          | <input type="checkbox"/> Somerset County        |
| <input type="checkbox"/> Baltimore County           | <input checked="" type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County      |
| <input type="checkbox"/> Calvert County             | <input type="checkbox"/> Harford County            | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Caroline County            | <input type="checkbox"/> Howard County             | <input type="checkbox"/> Washington County      |
| <input type="checkbox"/> Carroll County             | <input type="checkbox"/> Kent County               | <input type="checkbox"/> Wicomico County        |
| <input type="checkbox"/> Cecil County               | <input type="checkbox"/> Montgomery County         | <input type="checkbox"/> Worcester County       |

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

- |   |   |
|---|---|
| <input type="checkbox"/> 21501            | <input checked="" type="checkbox"/> 21540 |
| <input type="checkbox"/> 21502            | <input checked="" type="checkbox"/> 21542 |
| <input type="checkbox"/> 21503            | <input checked="" type="checkbox"/> 21543 |
| <input type="checkbox"/> 21504            | <input type="checkbox"/> 21545            |
| <input type="checkbox"/> 21505            | <input type="checkbox"/> 21555            |
| <input type="checkbox"/> 21521            | <input type="checkbox"/> 21556            |
| <input type="checkbox"/> 21524            | <input type="checkbox"/> 21557            |
| <input type="checkbox"/> 21528            | <input type="checkbox"/> 21560            |
| <input type="checkbox"/> 21529            | <input checked="" type="checkbox"/> 21562 |
| <input type="checkbox"/> 21530            | <input type="checkbox"/> 21750            |
| <input checked="" type="checkbox"/> 21532 | <input type="checkbox"/> 21766            |
| <input checked="" type="checkbox"/> 21539 |   |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 21520 | <input checked="" type="checkbox"/> 21538 |
| <input checked="" type="checkbox"/> 21521 | <input checked="" type="checkbox"/> 21539 |
| <input checked="" type="checkbox"/> 21522 | <input checked="" type="checkbox"/> 21541 |
| <input checked="" type="checkbox"/> 21523 | <input checked="" type="checkbox"/> 21550 |
| <input checked="" type="checkbox"/> 21531 | <input checked="" type="checkbox"/> 21561 |
| <input checked="" type="checkbox"/> 21532 | <input checked="" type="checkbox"/> 21562 |
| <input checked="" type="checkbox"/> 21536 |   |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

Q34. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

We do not limit our CBSA by zip code; rather we consider assistance to all patients who may apply.

Other. Please describe.

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

https://www.medicare.org/garrett-regional-medical-center/about-us/

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

Our mission statement is located at the end of the fourth paragraph on the linked page.

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

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

- Yes
- No

Q39. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

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

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

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

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

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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 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:
Clinical Leadership (facility level)	<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"/>	
	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:
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Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal Hospital Community Benefit Partners

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

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

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

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

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

Refer to the FY 2023 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2023.



	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: N/A	<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"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Departments -- Please list the Local Health Departments here: Garrett County Health Dept.	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Improvement Coalition -- Please list the LHICs here: Garrett County LHIC	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Maryland Department of Health	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other State Agencies -- Please list the agencies here: N/A	<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"/>
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Govt. Organizations -- Please list the organizations here: Community Action Committee	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Community/Neighborhood Organizations --  
Please list the organizations here:  
Health Planning Council

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

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

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

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

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

- Yes
- No

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

Feb. 24, 2021

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

Q53. Please upload your hospital's CHNA implementation strategy.

Q54. 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.*

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

We don't have a written implementation plan. Rather, clinical staff understands the priorities as outlined and actions are determined and provided via daily huddles in each department. The CHNA is incorporated into the daily activities of the hospital through the management structure.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

## Q57. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q58. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

Yes

No

Q59.

Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

*This question was not displayed to the respondent.*

Q60. Why were these needs unaddressed?

*This question was not displayed to the respondent.*

Q61. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

The hospital regularly does community outreach regarding services. It also works to assist patients with challenging health conditions and/or living conditions get the care they need by networking with social service agencies and community organizations to address issues such as housing, childcare, food insecurity, transportation, etc. The networking involves teaching the patient where to find assistance and how to tap these resources. Hospital Community Health Workers maintain ongoing relationships with many patients in order to ensure not only that their health is addressed, but also that the social determinants of health that may be impacting them negatively are addressed. The hospital works directly with a number of local organizations, often through the county's Health Planning Council, which consists of health care providers as well as the school system, local college, social service agencies, and community groups.

Q62. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

None

Regional Partnership Catalyst Grant Program

The Medicare Advantage Partnership Grant Program

The COVID-19 Long-Term Care Partnership Grant

The COVID-19 Community Vaccination Program

The Population Health Workforce Support for Disadvantaged Areas Program

Other (Describe)

Q63. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

## Q64. Section III - CB Administration

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

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

Q66. Please describe the third party audit process used.

It is part of the annual auditing process. The audit is conducted by an outside CPA.

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

- Yes
- No

Q68. Please describe the community benefit narrative audit process.

*This question was not displayed to the respondent.*

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

- Yes
- No

Q70. Please explain:

The spreadsheet is audited by an outside CPA.

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

- Yes
- No

Q72. Please explain:

Traditionally this has not been part of our process.

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 were included in your hospital's internal strategic plan during the fiscal year.

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q76. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. [More information about SIHIS may be found here.](#)

Diabetes - Reduce the mean BMI for Maryland residents

We have an active CDC approve Diabetes Education and Prevention program that provides classes for those who have pre-diabetes and those have diabetes.

Opioid Use Disorder - Improve overdose mortality

We have an MAT program using Suboxone for people struggling with opioid use disorder. Counseling is required, and CHWs work to assist patients address social determinants of health that may be impacting their addiction patterns.

Maternal and Child Health - Reduce severe maternal morbidity rate

Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

None of the Above

Q77. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

## Q78. Section IV - Physician Gaps & Subsidies

Q79. (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

## Q80. Section V - Financial Assistance Policy (FAP)

Q81. Upload a copy of your hospital's financial assistance policy.

[Carinn\\_Program-2020-1.pdf](#)  
127KB  
application/pdf

Q82. Provide the link to your hospital's financial assistance policy.

<https://wvmedicine.org/garrett-regional-medical-center/patients-visitors/billing/>

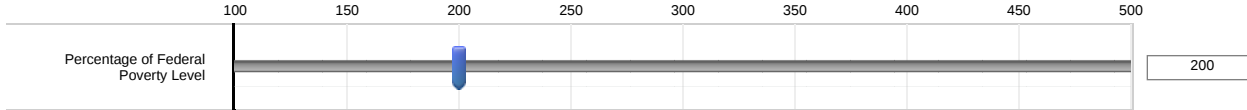
Q83. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

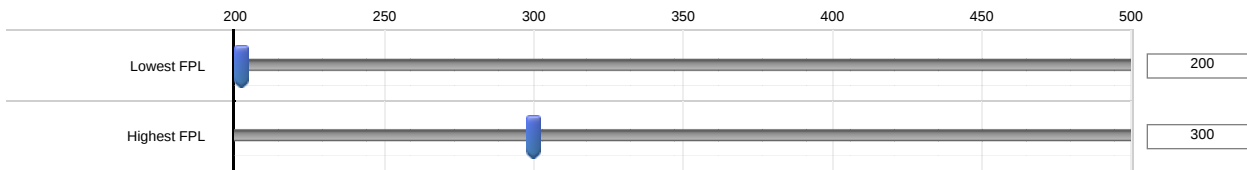
Q84. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

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



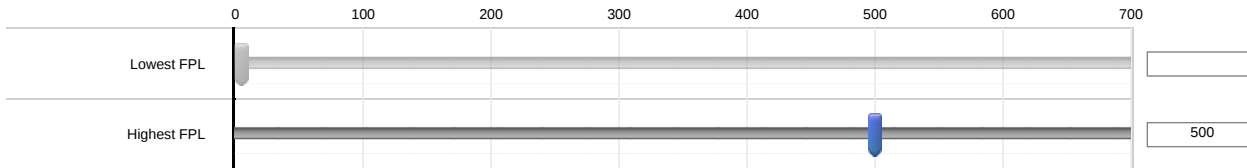
Q85. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

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

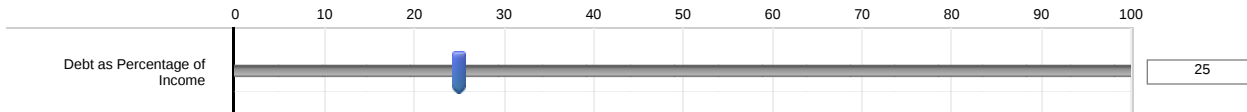


Q86. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

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



Q87. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.



## Q88. Section VI - Tax Exemptions

Q89. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

Federal corporate income tax

State corporate income tax

State sales tax

Local property tax (real and personal)

Other (Describe)

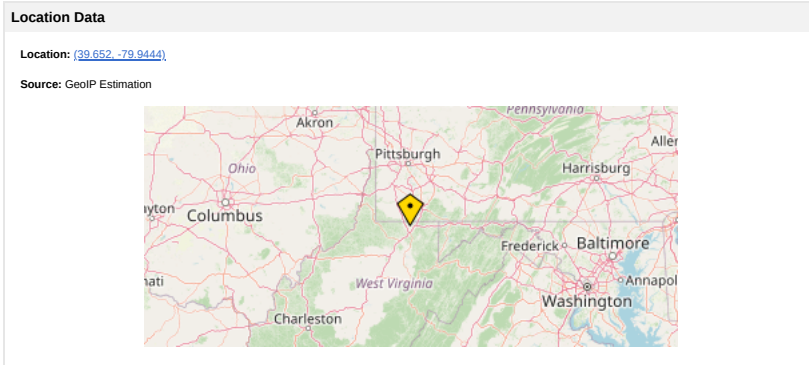
## Q90. Summary & Report Submission

**Attention Hospital Staff! IMPORTANT!**

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

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

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







**GARRETT COUNTY**  
HEALTH DEPARTMENT

**GARRETT COUNTY**

# *Community*

**HEALTH ASSESSMENT**

**Garrett County, Maryland**

1025 Memorial Drive, Oakland, Maryland 21550 | 301-334-7777 | [garretthealth.org](http://garretthealth.org)



**A TREMENDOUS Thank You To All Of Our Partners!**

Garrett County Government, Mountain Laurel Medical Center, Garrett Regional Medical Center - WVU Medicine, Garrett County Community Action, Local Management Board, Behavioral Health Authority, Ruth Enlow Library, Garrett County Health Planning Council, + Many More Local Partners and Engaged Community Members!



# OVERVIEW

## Community is at the Core of Our Work

We each have ideas about what it means to be healthy and what we feel the most significant issues are for ourselves and the community we call home. As we open this document, we bring experiences from our childhood, our current income level, our relationship with the food that fuels us, our ties or lack of them to the community, our everyday challenges, and the joy we can garner from our environment.

We are in different places in our health journey, uniquely shaped to view the world around us with a lens that may look different than our neighbors. Here is our invitation to stay curious and open-minded as we explore the data presented to confront the challenges facing our community, taking into account the views of every person in Garrett County regardless of their color, familial status, national origin, disability, sex, marital status, sexual orientation, source of income, and gender identity. We are poised to respond together when data is shared across sectors equally, transparently, and in a way that ensures every voice is not only heard but represented.



Shelley Argabrite, M.A.  
Health Strategist

John Corbin  
Informatics Administrator

The Community Health Assessment contained on the following pages provides the most accurate information available to us at this point. This document is a summary of work that has continued since the first publication in 2016, followed by the 2019-2021 version. To view the previous iterations, visit [mygarrettcountry.com](http://mygarrettcountry.com) under the **Community** tab. Please join our discussion by participating in the hundreds of action groups created by passionate people making a tapestry of health improvements. If you don't see what you're looking for, create your own on the site and become an active member of the community that you occupy. The United States National Forum on Information Literacy defines information literacy as "... the hyper ability to know when there is a need for information, to be able to identify, locate, evaluate, and effectively use that information for the issue or problem at hand." Our goal is to provide the best quality information available to our community, so they can intelligently and actively participate in the decisions that impact them.

The Population Health, Innovation & Informatics Unit within the Garrett County Health Department thanks the community members who participated by filling out the surveys and attending focus groups to provide the rich local data we depend on as we endeavor to make a meaningful difference in Garrett County. Additionally, please consider participating in our wellbeing initiatives to prevent and manage chronic diseases (still our #1 cause of death in Garrett County); view [gogarrettcountry.com](http://gogarrettcountry.com) to learn more!

# EXECUTIVE SUMMARY



## 2022 Garrett County Community Health Assessment

Community Health Assessments are a slice of time designed to be a natural starting place for the cycle of priorities in communities. This document provides the foundation to empower our community to make informed, data-driven decisions. The Population Health, Innovation & Informatics unit collected local data through surveys and in-depth focus groups to ensure we heard from as many people as possible. NACCHO's MAPP guidelines and documentation served as a guide in providing rigorous standards during our needs assessment process.

**"Assessing our community is vital to understanding how we can better serve, layering the data that's available with our own primary sources creates a platform for responsive action."**

- Robert Stephens, Garrett County Health Officer

We began collecting local data on March 18th and continued through June 17th, 2022. We conducted five focus groups and analyzed responses from 1,212 web-based and paper surveys completed by community members and agency stakeholders. We also evaluated secondary sources of information about our region and county-specific data. The assessment includes several social determinants of health that help to provide a complete picture of our population by looking at factors like employment, housing, and transportation.

The Health Planning Council, the Assessment Planning Committee, and many community members all played essential roles in pulling this information together for this report. As the Population Health, Innovation & Informatics unit within the Garrett County Health Department, this is our most significant labor of love! We are so pleased to publish this document and wish to convey gratitude to all those who took an interest and spent valuable time making this possible. This outstanding turnout of community participation on a primary data collection level enables us to develop robust and culturally informed improvement strategies based on statistically significant prioritization.

A scenic autumn landscape featuring a river, trees, and a large yellow leaf in the foreground. The text is overlaid on the image.

GARRETT COUNTY

*Results*

HEALTH ASSESSMENT

# RESULTS

## Thousands of Voices, One Vision

We must gather data to analyze and seek to understand the issues in our communities and how people perceive them.

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** refers to the first-hand data gathered by the researcher, is real-time, and is often collected first-hand through surveys and focus groups.
- **Secondary data** refers to data collected by someone else in the past for another entity and purpose.

Balancing these data sources helps illustrate the complete picture of our community and its ever-evolving people, resources, and needs.

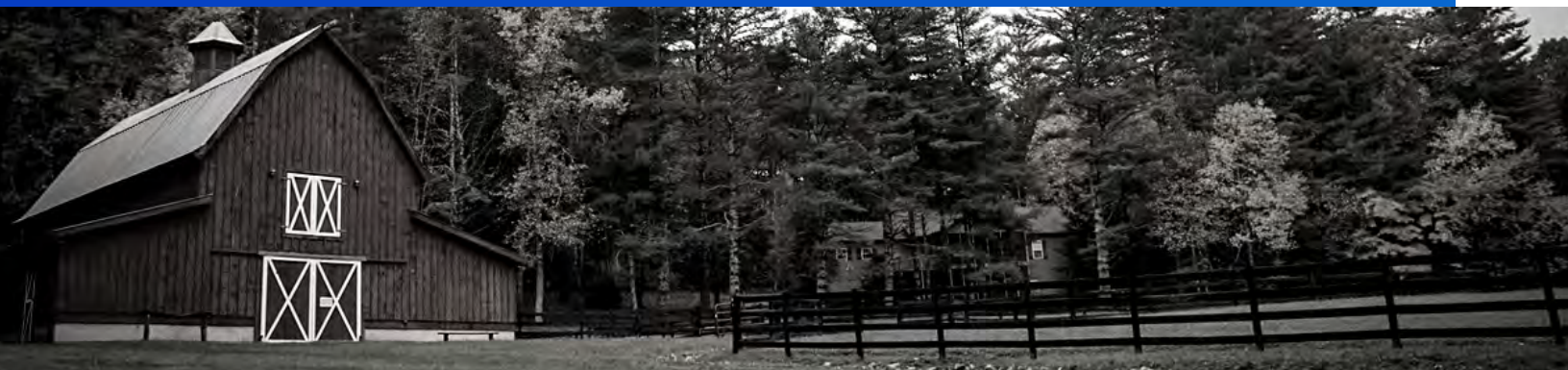
Immediately following are the aggregate results of our community prioritization survey conducted county-wide and regionally to collect primary data on community-driven need identification.

Additional primary data was collected through a series of focus groups. The qualitative data from all groups are summarized following the prioritization report.

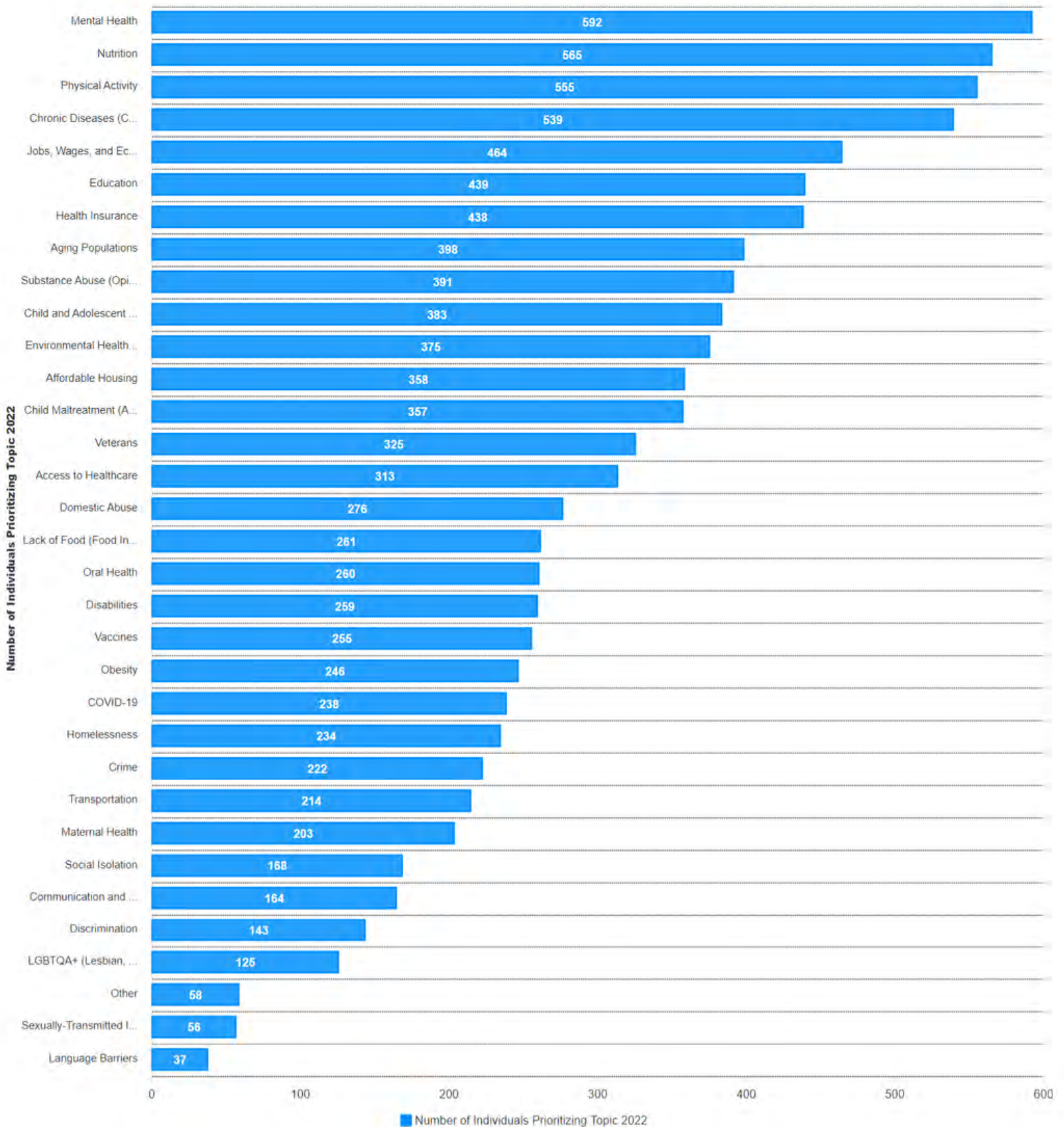
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<https://www.cdc.gov/publichealthgateway/cha/data.html>

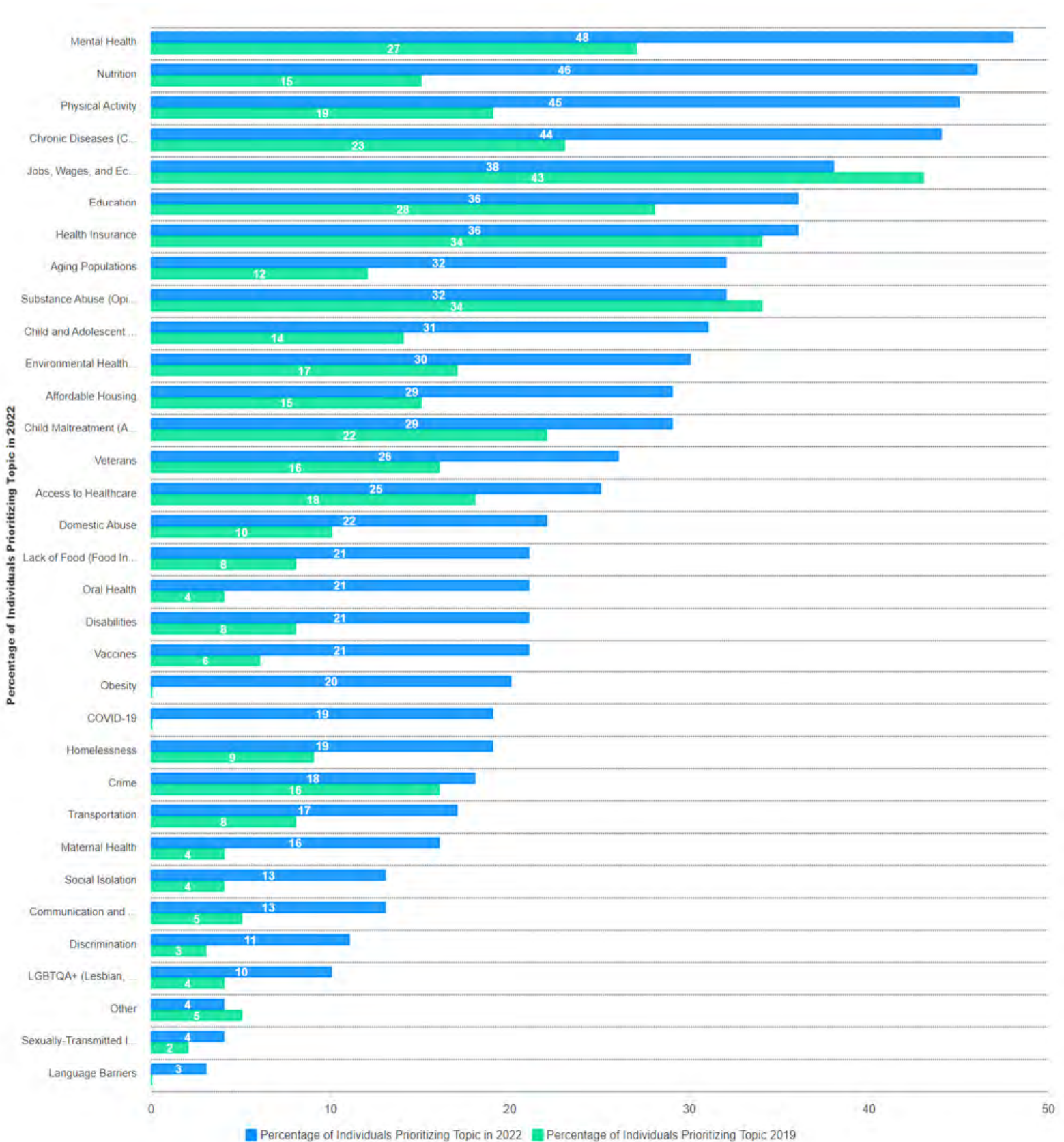
<https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/common-data-types-public-health-research>



# PRIMARY DATA SURVEY RESULTS

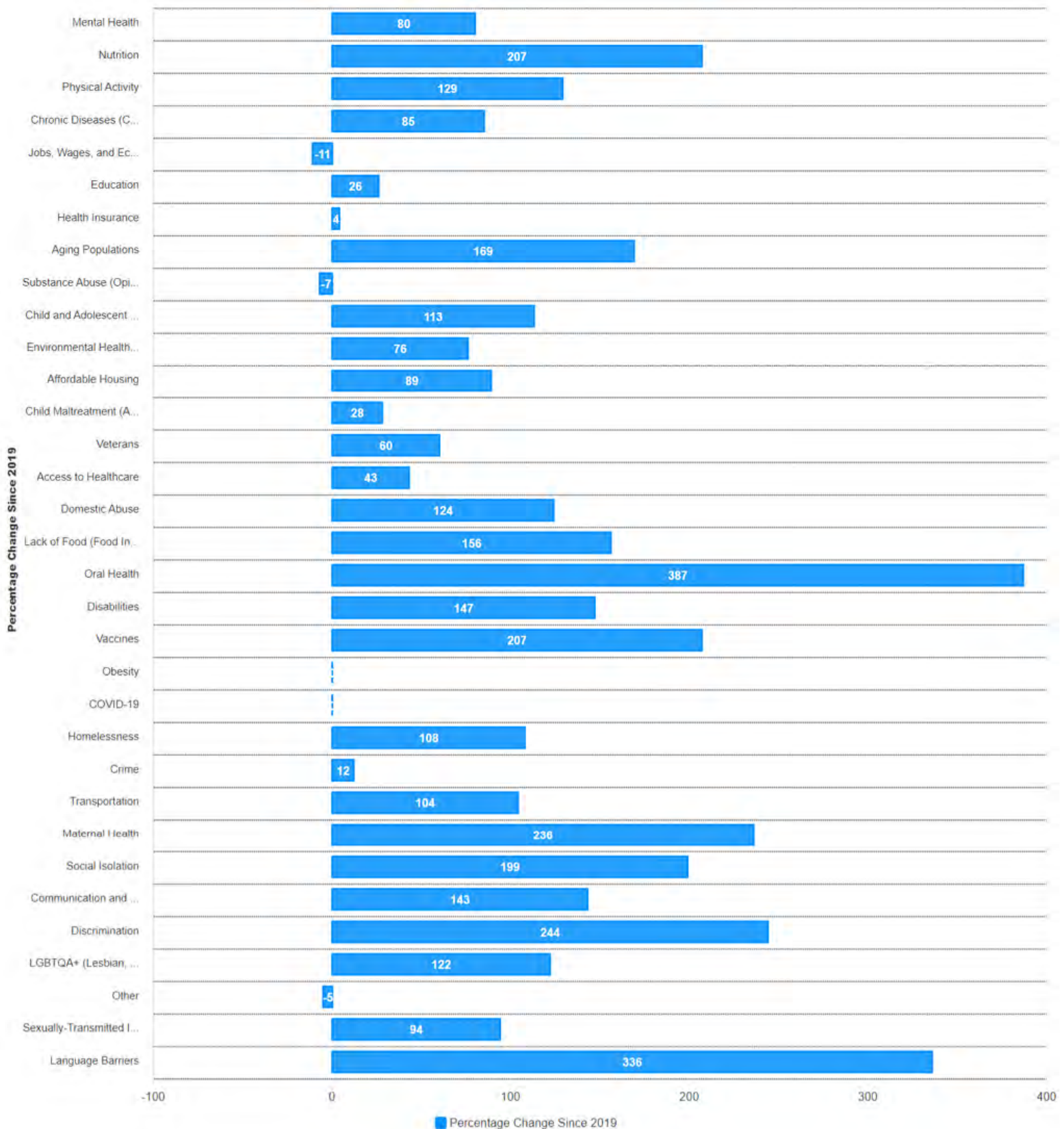


# PRIORITIZATION COMPARISON TO 2019





# PRIORITIZATION PERCENTAGE CHANGE



# FOCUS GROUP ANALYSIS

## Community Conversations Run Deeper

Focus groups were held in a guided conversation format about the top five issues people identified as their main concerns in our latest community prioritization survey. The top priority identified in the survey was **Mental Health**.

This priority and the themes central to **Mental Health** are synthesized from the focus groups and are consistent with the secondary data provided in this report. Mental Health ranked fifth three years ago, giving it an 80% increase to a first place ranking this year. Every conversation began with some form of the deterioration of mental health due to the COVID-19 pandemic, namely isolation, and fear. For those that had mental health issues before COVID-19, they were only exacerbated due to a lack of services. Consensus relating to increases in abuse of all forms was discussed and the need for healthy relationship training, and stress management techniques are needed. Traditional gender roles were referenced relating to mental health as men in our rural traditional community are perceived by many as the primary provider and reaching out for help is seen as a weakness, making it more difficult and in some cases unacceptable to seek treatment perpetuating generational dysfunction. Social determinants of health were layered in these discussions as compounding factors that contribute to mental health needs.

Since we began documenting in 2016, the majority still feel mental health services are insufficient, and despite high demand, the root of the problem is lack of access – or the ability to find care. Psychiatry is elusive and non-existent for youth, and tele-psych, though access improved for some, was reportedly still unreliable due to internet connection, billing, and insurance issues. Although there has been an effort to expand services in the area, many still feel it's difficult to receive proper treatment with waitlists that are several weeks out.

In several groups, people agreed that mental health was generally discussed more openly with less stigma. High-profile suicide cases in the media were examples as well as popular pop songs that send the message "that's it's okay not to be okay" were discussed. Youth represented in the focus groups suggested several solutions including making resources easier to find by meeting students where they are on platforms like Snapchat, TikTok, and Instagram. Texting services were also a popular solution as one student suggested, "that's how we communicate and we feel comfortable texting things that we may not be able to say out loud." Concerns for increased confidentiality in the middle and high school setting were posed as possible solutions because the procedures now don't offer as much privacy as they could to keep other students from realizing they are going for help. A crisis line was also spoken about in several groups, specifically the need for a consistent phone line that is responsive when someone is in need. The notion of struggling to fit in, or to belong was discussed in several groups. Favoritism and a "who you know" mentality seem to get a person closer to their goals, whether it's employment, or just acceptance into an existing group in Garrett County. The need for us to continue to find similarities as human beings and to approach people that have different backgrounds or experiences with respect is needed in this community.

# FOCUS GROUP ANALYSIS

## Community Conversations Run Deeper (Continued)

**Nutrition** as a priority was ranked second. Three years ago it was ranked 14th - that's a 207% increase reported in consumer surveys. Discussions centered around food insecurities and a lack of adequate nutrition in common food choices. Certain shortages at the grocery stores during 2020 had a lasting impact on many. People were genuinely concerned about the future as it relates to food access. Senior citizens and younger school-aged children were the two groups referenced frequently as examples of groups suffering. These may be two of the most vulnerable demographics for hunger, and data may be difficult to obtain to delve deeper into this issue. Other themes discussed were challenges with our short growing season and not knowing what to do with fresh produce when there's an abundance. Barriers of expense and expertise to canning, freezing, and storing food were also discussed. Many felt they didn't have the time to eat healthy meals or prepare food. Simple recipes the whole family would enjoy was a common request in the focus groups. Meal planning and the idea of food as medicine were proposed as possible solutions to enhancing nutrition to save time. Another community member had the idea of hosting a "long table" where community members bring dishes and everyone tries something new and takes home the recipe. Farmer's co-ops and fresh markets, when in season, are accessible to some, but there are still gaps in remote communities, so expanding those programs could be helpful.

**Physical Activity** ranked third, up from eighth place three years ago at a 129% increase on consumer surveys. Discussions centered around our environment as it relates to physical activity, with complete consensus surrounding the beauty of our area, with most enjoying all four seasons. For those who are adventurous, there are also opportunities on public lands and moderate to challenging trails in parks. But access is a massive issue for those who enjoy or require low intensity activities or have disabilities. Very few sidewalks or designated bike paths exist. Unless people are willing to take the risk of walking or riding on the roads, there are very few options for outdoor exercise. People talked about cost and safety as barriers to physical activity. Some felt state parks are expensive to utilize and full of tourists during the summer, making them a less desirable option. However, several town parks were mentioned as unsafe because of broken or outdated equipment and used drug needles left in play areas, according to focus group participants. Many felt that the ski resort and swimming pool are not priced for local wages, making it difficult to enjoy the amenities within the county. One community member said, "I'm not driving 27 miles to swim in the pool and then pay extra for classes after I join." Fitness classes and gym memberships are also expensive and lack childcare options. For the average working family in Garrett County, designated time for a physical activity routine for health is not the cultural norm. One community member said, "People are just getting by, with the demands of kids and sometimes working more than 40 hours a week, there isn't time left, and if there was, I'd be too tired." In every focus group, community members want more for kids to do and are concerned that they don't spend time outdoors and playing. Obesity was touched on, and concern seemed to be focused on childhood obesity. Many contributed the lack of physical activity to device use and internet connection. Solutions to the issues included more free things to do, community events, and fitness opportunities. Similar to the last report, community members want a YMCA type of center in the community close to home.

# FOCUS GROUP ANALYSIS

## Community Conversations Run Deeper (Continued)

**Chronic Diseases (Cancer, Heart Disease, Diabetes)** are complex and varied. When asked, what is it like to live with a chronic disease in Garrett County, the responses included: lonely, difficult, complex, and expensive. To have an illness is to be mortal. But the kind of disease that lingers and alters our ability to live the life we want can only be understood by those that experience it. How we individually cope and manage our illness is one thing, but how equipped are we as a community? Most felt we were not equipped as a community, and the outcome when looking for help was bleak. What we heard was that the medical system as a whole is broken; it is so complex that the time it takes to try to navigate absorbs valuable time. Understanding the disease, referrals, specialists, medications, and insurance or lack thereof adds layers of confusion to living with the disease. The coordination of care is splintered, and unless you have some knowledge and are well enough to keep things organized, the medical system runs your life. For those with a support system that includes family and church, it is more manageable. But if you are alone, it can be overwhelming.

Lack of specialty care and transportation continue to be common problems, as well as health literacy. Assets like Cindy's Fund and the cancer center at Garrett Regional Medical Center were mentioned as helpful resources if you have cancer. But other chronic diseases like diabetes lack support. One community member relies on an online service and feels he could really benefit from seeing an endocrinologist, but we don't have one in Garrett County. A local diabetes class was mentioned but was unhelpful for this community member due to the extensive time commitment and the class being offered during the work day.

**Jobs, Wages, and Economic Development** continues to be a focus in Garrett County. Here's a quote that represents how the discussions around this issue began: *"Every few hundred yards you see a HELP WANTED sign, nobody wants to work!"*

These discussions took place on the heels of COVID-19 relief money in a variety of areas and provided us an opportunity to look at these issues from radically different viewpoints. We heard from business owners that are scaling back deliverables and limiting hours because they can not find enough staff to maintain what they were doing pre-COVID, or afford to do it with increases in wage requirements and the costs of workman's comp and insurance. Some employers are lowering requirements and offering increased wages. However, this causes another issue for many low-paid workers: *"The Cliff Effect"* - when a small increase in pay causes a sudden drop in public benefits. At this point, the low-wage earner has more expenses working than they do while unemployed or underemployed. It is considered by many to be the single greatest barrier to self-sufficiency. It leaves people hopeless and is very difficult to overcome. One community member shared that she could not accept a raise that her employer thought she deserved or to work more hours, because she would lose her apartment. Other issues discussed were the lack of affordable housing, lack of child care, lack of high-speed internet, and a lack of competitive job opportunities that allow people to progress from jobs to careers.

High-speed internet that is both available and affordable to the entire county continues to be a massive need. The consensus was broadly accepted as a solution. If high-speed internet was available in every area of the county (not just McHenry, according to focus group participants) it could support job growth and people being able to work remotely for larger employers and remain in the area (*via tele-work*). Some focus groups made the direct correlation between higher incomes and improved health outcomes, stating when you "have enough money, and a safe environment, the opportunity to live a healthier life is greater than those without."

# FOCUS GROUP ANALYSIS

## Community Conversations Run Deeper (Continued)

Vocational Training in areas where students are taught a trade, in some cases including certification such as journeyman or welder, was discussed as opportunities we have in the area.

Vocational programs in high schools exist (*although sadly underfunded*) and provide the bridge for students to transition to Garrett College, where free tuition is still perceived as a benefit for students. Challenges remain for the student to earn a living wage on this pathway. A disheartened community member shared his experience, "Once all my courses were completed, my employer still considered me a laborer, and I don't get paid more for going to Garrett College. They won't allow me to learn more because they don't want to pay me for skilled labor, so I'm stuck, and I didn't know that when I started."

Solutions included a more integrated approach with instructors at all levels and employers, so students are taught the skills needed for the jobs that exist in Garrett County with employers willing to reward people who have both the skill and desire to learn skilled trades.

**Affordable Housing** is becoming more concerning with each iteration of the Garrett County Community Health Assessment, and this topic was repeatedly introduced by focus group participants, despite being the 12th most common response in the community survey. The question is really, "*affordable for who?*" Because affordable housing ranked 12th on the community survey, it was not initially part of the focus group process. However, the topic was raised by community members in various ways, for an extended period of time, *in every focus group*. Many community members discussed the high price of real estate. One young family has been looking for a small starter home for almost three years and states, "Mobile homes are listed occasionally in our price range, but we have not found any traditional single-family homes that don't need thousands of dollars of improvements to purchase." A call to examine local policies and create sustainable solutions was declared as an immediate and urgent need by focus group participants.



# WHAT DO YOU LOVE ABOUT LIVING IN GARRETT COUNTY?

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"NATURE"

*"Volunteerism, working together for the greater good"*

*"We moved around a lot but out of all the places we have lived, we've lived here the longest and have found the natural resources enjoyable and we like knowing our neighbors"*

*"If you're plugged into services, they help you get all that's offered"*

*"Low crime compared to other areas"*

*"It's close-knit"*

*"I don't worry about sending my kids to school"*

*"I love the snow and that we have four distinct seasons"*

*"The community ties are strong"*

*"Outdoor recreation is abundant"*

*"People are pretty great"*

*"Sense of care and religious ideals"*

*"People want to help in this community."*

# WHAT DO YOU WISH YOU COULD CHANGE ABOUT GARRETT COUNTY?

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*"Too much fast food"*

*"More stuff to do, especially for young people"*

*"Affordable housing"*

*"Childcare, any childcare would be great"*

*"More Internet options"*

*"Better opportunities for a career"*

*"Adult daycare"*

*"Lower taxes"*

*"Better school system that teaches kids life skills"*

*"A sidewalk so I can drive my wheelchair to dollar general for food"*

*"Jobs that offer good pay and benefits"*

*"Cultural diversity"*

*"A strategic plan for Garrett County, especially as it relates to place-making issues"*

*"Mental health services for all ages"*

*"Make summer last longer"*

*"Lower prices for food, fuel, and fun"*

# EXTENDED TOOLS

## Community Health Assessment Research Portal (CHArp) v2.1

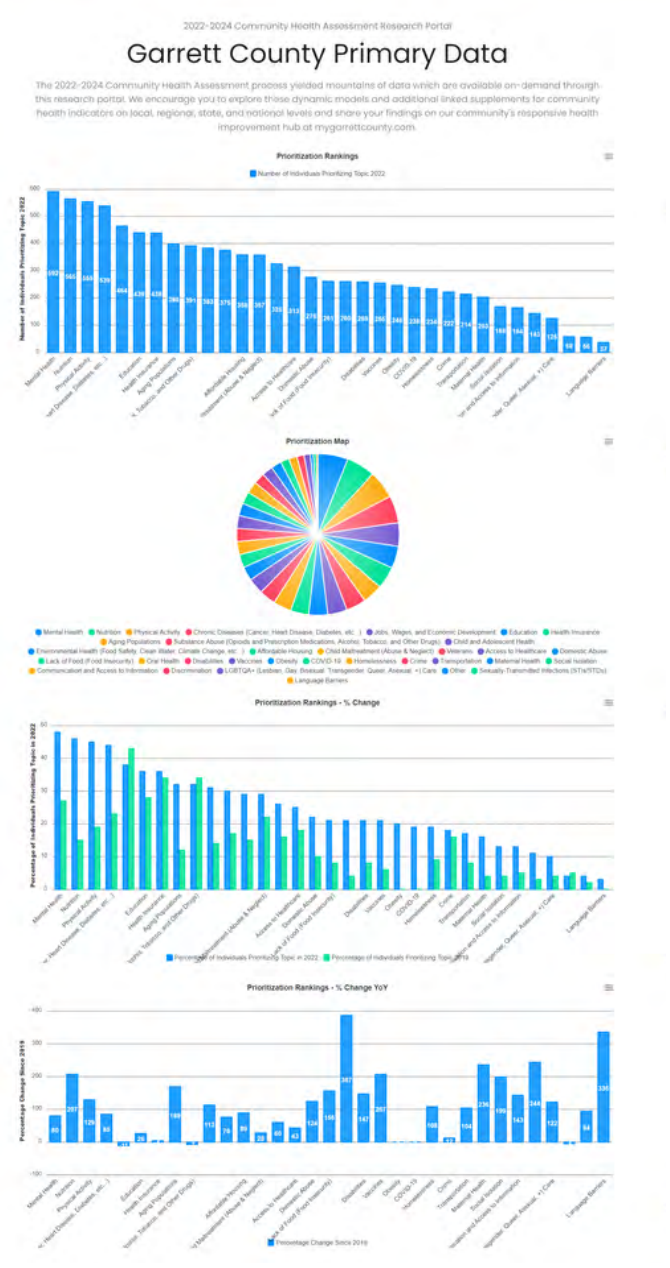
While the presence of narrative and thorough analysis of data is vital to guiding the community health improvement process, it is equally important to ensure that datasets and resources are accessible and interactive for end-users to draw their own conclusions. Thus, this cycle marks the second time that community stakeholders can explore a dynamic portal designed specifically for the assessment process to generate need reports, assess prioritization, and ensure that health equity is a concept central to all activities in and around population health in Garrett County, Maryland.

To this end, Garrett County has developed an open source research tool available at:

<https://charp.garrettcountyapps.com>

In addition to the easily accessible and interactive digital tools, charts, and maps available within the tool, each interactive element is mapped to a metadata resource for further analysis.

We greatly welcome your feedback on this updated application.







# MOUNTAIN MARYLAND GATEWAY TO THE WEST Garrett County, Maryland

## GARRETT COUNTY

# Our Health

## SECONDARY DATA MAPPING



*Transportation*

Garrett County has a legacy as one of Maryland's most significant recreational areas, even dating back prior to the 20th century. It's natural beauty and resources inspired Native Americans, early settlers, and people from all walks of life including American presidents and prominent historical figures. Lush woods, rolling hills, and scenic views surround the county and today, Deep Creek Lake is still a premier home of several celebrities, executives, and politicians from the region. Explore Garrett County's many beautiful recreational areas!

- Hiking & Biking Trails
- Hunting
- White Water Rafting
- Deep Creek Lake

*Man and Nature*

Highlighting the unique natural resources which Garrett County has conventionally acknowledged and respected including coal, timber, and agriculture. In particular, the County has a unique landscape because it marks the Eastern Continental Divide in Maryland, which leaves a patchwork of diverse ecosystems. Garrett County's keen understanding of its rich farming history combined with its commitment to create a lush landscape unlike any other in Maryland. This includes rolling hills and breathtaking valleys in a patchwork of cultivated fields. These beautiful agricultural areas are located primarily in Garrett County but the best place to see them is in all the state roads.

- 4 State Parks & 1 State Forest
- 120 miles of Scenic Byways
- Coal Heritage Tours available at Garrett College
- Wine & Cheese
- Barn Skills Tours
- Working Farms Tours
- Mountain Mill

*Gateway to the West*

The overall heritage of the county is in the 18th and early 19th century. In fact Garrett County's Gateway to the West was one time in the history of the country's development as a major route for travelers and commerce. The Mountain Maryland Gateway to the West Heritage Trail is best characterized by its transportation, Man and Nature, Historic Recreation, and Culturally Unique resources.



# OUR HEALTH

## Secondary Data Background

In today's digital environment, data is more accessible than ever, and emerging innovations, such as the Garrett County Planning Tool ([mygarrettcounty.com](http://mygarrettcounty.com)), present tremendous opportunities to better understand the constructs at work within our communities.

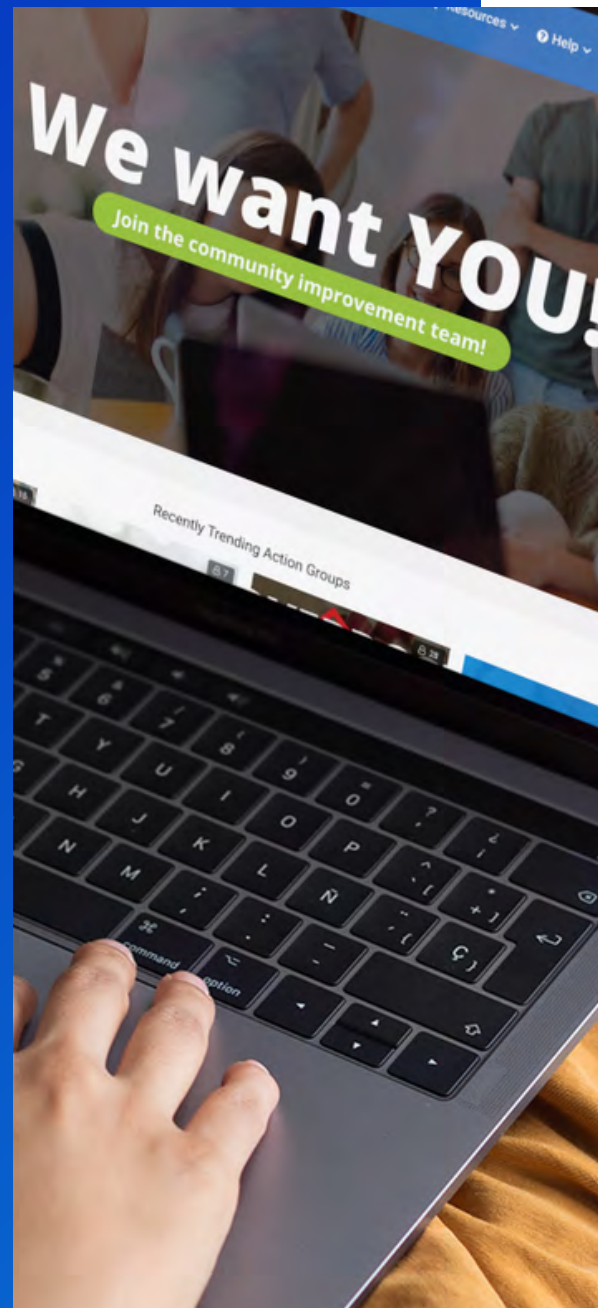
The supplemental datasets accompanying this document are assembled snapshots from a broad sweep of community, regional, state, and federal data warehouses, and are provided for reference. These resources are designed to be investigative prompts, rather than exhaustive datasets.

Many of these reports and datasets were aggregated from numerous sources, and often, compared across state and regional boundaries to better illuminate the disparities that exist within different data frames. This means that some data may not be an exact match, and further analysis may be needed to flush out the differences in reporting across jurisdictions (i.e.; broadband access matches, Maryland vs. West Virginia vs. federal reporting, et cetera) .

All information, data, tools, and materials contained within this report are provided without warranty. While every attempt was made to verify data throughout the process, many datasets, archives, and agencies sourced throughout are still striving to improve data quality and consistency in reporting.

The reports that follow were assembled with resources from secondary sources, and should not be considered conclusive or valid, nor interpreted for use, without reconciliation and verification outside of the discussion and supplements within this document. This report is an ongoing endeavor to reconcile these datasets, and results/data points may evolve or change over time, or as additional information becomes available.

Verification and further research are vital to ensuring that data provides transparency and promotes the most effective and efficient courses of action for community health improvement.



GARRETT COUNTY

# Local Resources


GARRETT COUNTY ON-LINE COMMUNITY ASSET MAP



**GARRETT COUNTY  
RESOURCE GUIDE**

***Explore Garrett County's digital asset map -  
updated in real-time!***

Visit [GarrettGuide.org](http://GarrettGuide.org) for the most up-to-date information on local resources (including clinic hours, medical transportation, healthcare providers, insurances accepted, cost schedules, etc...), and explore individuals and community groups working on health improvement strategies, local institutions and organizations, community facilities, parks, trails, and recreational resources, and community businesses dedicated to improving the health and well-being of Garrett County!

<b>GARRETT REGIONAL MEDICAL CENTER</b> A Proud Affiliate of 	<b>Department:</b> <b>Patient Financial Services</b>	Caring Program
	<b>Submitted by:</b>	<b>Originating Date:</b> 11/2020

**Policy Statement:**

The Caring Program enables Garrett Regional Medical Center (GRMC) to offer financial assistance for healthcare services rendered to underprivileged, underemployed, and/or underinsured patients who have difficulty providing themselves with life's necessities, i.e., food, clothing, shelter, and healthcare. In an effort to assist those in need and to further the hospital's charitable mission, GRMC has established a financial assistance program to allow the write-off of unpaid account balances upon determination of the "Caring Program" eligibility. GRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Individuals with a demonstrated inability to pay rather than unwillingness to pay are eligible to apply for the financial assistance program at GRMC. Patients are expected to cooperate with GRMC's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.

**Objective:**

The qualifying criteria are minimal and broad so GRMC can exercise maximum flexibility to offer financial assistance to program applicants. Eligibility to the "Caring Program" represents "free" or reduced healthcare and as such, is included as part of the hospital's outreach mission.

**Guidelines:**

GRMC will grant financial assistance to eligible applicants for medically necessary services that are urgent, emergent, or acute in nature and are provided by GRMC.

- A. Screening for Medicaid eligibility is required.
  - a. If Medicaid eligibility is likely, the patient must apply for Medicaid within the required timeframe of the service date or the date the patient assumes financial responsibility for services rendered (specific to state Medicaid requirements).
  - b. Hospital Presumptive Eligibility (HPE) is offered at GRMC. The Patient Liaisons will screen self-pay patients and determine Medicaid eligibility, approval, or denial.
  - c. Those who are eligible for the following programs will receive free care at 100% participation, unless otherwise eligible for Medicaid or CHIP. Proof of participation in a program listed below is required.
    - i. Household with children enrolled in free and reduced-cost meal program
    - ii. Supplemental Nutrition Assistance Program (SNAP)
    - iii. State's Energy Assistance Program
    - iv. Federal Special Supplemental Food Program for Women, Infants, and Children (WIC)
    - v. Any other social service program as determined by the Maryland Department of Health or Health Services Cost Review Commission.

- d. If Medicaid is not likely to be approved, i.e. no extraordinarily high medical bills, not children in the household, any disability, etc., a formal denial from Medicaid is not required. However, all Patient Financial Services (PFS) representatives have the authority to request the Medicaid application whenever there is a chance of Medicaid eligibility.
    - i. All inpatient and observation visits require Medicaid status denial within six months from date of service.
    - ii. Exception – patients who are deceased and are unable to apply or do not have a representative who can apply for them will not need a denial letter.
  - e. Any patient who is not eligible for full Medicaid benefits may apply for financial assistance through the Caring Program.
  - f. Any patient who is eligible for Medicaid but has a "spend-down" requirement to meet before Medical Assistance begins to cover charges, may apply for the Caring Program.
  - g. Incomplete applications and/or failure to apply and follow up with the Medicaid application will result in a denial from the Caring Program.
- B. The Caring Program application must be completed and returned via US Postal Service, delivered in person, emailed, or completed over the telephone within 60 days of the date the patient becomes financially responsible for services rendered. The patient, a family member, a close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.
- a. All applications require the signature of the individual who is financially responsible for the unpaid bills as well as proof of financial information used to determine program eligibility.
  - b. If the application is completed over the telephone for the patient by the PFS representative then the application will then be mailed to the patient for a signature. The application will then be either mailed or faxed back to the PFS Department.
  - c. If the applicant cannot read/write, PFS will read the policy to the applicant and assist with the form completion, requiring only a witnessed signature of an "X."
  - d. Any required signatures or additional information requested by a Patient Financial Services Representative must be returned to the Patient Financial Services (PFS) Department within 30 days of the request. If the information is not returned within that time, the patient is ineligible for assistance through the "Caring Program" for those service dates that related to the application.
- C. In order for an individual to qualify, he/she must have exhausted all other sources of payment, including assets easily liquidated, i.e., bank accounts, money market accounts, Certificate(s) of Deposit, savings bonds, etc.
- D. The following definitions of family size and income will assist in the "Caring Program" eligibility determination:
- a. Family: Using the Census Bureau definition, a family is a group of two or more persons related by birth, marriage, adoption or step-children, living in the same residence, sharing income and expenses. When a household includes more than one family, GRMC will use each separate family's income for eligibility

determination. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.

- b. Individual: An individual is a person who is emancipated, married, or 18 years of age or older (excluding inmates of an institution) who is not living with relatives. An individual may be the only person living in a housing unit, or may be living in a housing unit with unrelated persons. An individual is also, for the purposes of this policy, someone 18 years of age or older who lives with relatives but has his/her own source of income. A patient's eligibility is not based on immigration status, legal residency, or citizenship. The hospital will not withhold or deny financial assistance based on race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability.
- c. Income: Before taxes from all sources, as follows:
  - i. Wages and salaries
  - ii. Interest and Dividends
  - iii. Cash value of stocks, bonds, mutual funds, etc.
  - iv. Net self-employment income based on a tax return as calculated by GRMC. Non-cash deductions (depreciation), income tax preparation fees, expenses for use of part of a home, entertainment, and any other non-essential expense will be subtracted from the reported business expense deductions in determining financial need and program eligibility.
  - v. Regular payments from Social Security, railroad retirement, unemployment compensation, veterans' payments, etc.
  - vi. Strike benefits from union funds
  - vii. Workers' compensation payments for lost wages
  - viii. Public assistance including Aid to Families with Dependent Children
  - ix. Supplemental Security Income
  - x. Non-Federally funded General Assistance or General Relief money payments
  - xi. Alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household
  - xii. Private pensions or government employee pensions (including military retirement pay)
  - xiii. Regular insurance or annuity payments
  - xiv. Net rental income, net royalties, and periodic receipts from estates or trusts
  - xv. Net gambling or lottery winnings

- xvi. Assets withdrawn from a financial institution one year or less before program application
  - xvii. Proceeds from the sale of property, a house, or car
  - xviii. Tax refunds
  - xix. Gifts of cash, loans, lump-sum inheritances
  - xx. One-time insurance payments or compensation for injury
- d. Assets – all assets owned by applying individual shall be listed on the application and recorded as value to the individual
- i. The following assets will be excluded in calculating total assets owned by the applicant:
    - 1. First \$10,000 in monetary assets
    - 2. A “safe harbor” equity of \$150,000 in a primary residence
    - 3. One motor vehicle used for the transportation needs of the beneficiary or any member of the family.
    - 4. Any resources excluded in determining the eligibility under Maryland Medicaid
    - 5. Prepaid higher education funds in Maryland 529 Program account
    - 6. Retirement assets to which the IRS has given preferential tax treatment as a retirement account including the following:
      - a. Individual Retirement Account
      - b. 401k
      - c. 403b
      - d. Deferred-compensation plans
      - e. Roth IRAs
      - f. SIMPLE IRAs
      - g. Simple Employee Pension (SEP)
      - h. Profit-Sharing plans
      - i. Defined Benefit Plans
      - j. Governmental Plans
      - k. 457 Plans

E. Eligibility for 100% financial assistance at GRMC is available to applicants whose income is at or below 200% of the current Federal Poverty Guidelines. Any individual treated at GRMC, regardless of permanent State residence, may apply for financial assistance through “The Caring Program.” Partial assistance is available with incomes up to 300% (after the \$10,000 net asset exclusion) of the Federal Poverty Guidelines, as follows:

- a. Eligibility for 95% financial assistance is available for incomes at 201%-210% of the Federal Poverty Guidelines.
  - b. Eligibility for 85% financial assistance is available for incomes at 211%-220% of the Federal Poverty Guidelines
  - c. Eligibility for 75% financial assistance is available for incomes at 221%-230% of the Federal Poverty Guidelines
  - d. Eligibility for 65% financial assistance is available for incomes at 231%-240% of the Federal Poverty Guidelines.
  - e. Eligibility for 55% financial assistance is available for incomes at 241%-250% of the Federal Poverty Guidelines.
  - f. Eligibility for 45% financial assistance is available for incomes at 251%-260% of the Federal Poverty Guidelines.
  - g. Eligibility for 35% financial assistance is available for incomes at 261%-270% of the Federal Poverty Guidelines.
  - h. Eligibility for 25% financial assistance is available for incomes at 271%-280% of the Federal Poverty Guidelines.
  - i. Eligibility for 15% financial assistance is available for incomes at 281%-290% of the Federal Poverty Guidelines.
  - j. Eligibility for 5% financial assistance is available for incomes at 291%-300% of the Federal Poverty Guidelines.
- F. If ineligibility results from the financial guidelines stated above or the applicant is eligible for partial assistance only and the applicant indicates an inability to pay the outstanding balance, the applicant will be asked to complete a financial statement to determine if his/her available monthly income is consumed by the daily necessities of life. Individual consideration of eligibility for applicants in this situation will apply to assure members of our community who cannot pay for their hospital care are included in our financial assistance program.
- a. Mutually agreed upon interest-free monthly payments (based on available income after expenses) will be discussed and offered to those who are otherwise ineligible for the Caring Program and have expressed a need for an extended repayment period.
- G. Individuals with a need for financial assistance who are unable to apply or do not have an individual to apply on their behalf are not overlooked for financial assistance through the Caring Program. This includes anyone determined to be homeless, patients who have filed for bankruptcy, and/or patients who are deceased with no estate or with an estate too small to cover the patient's hospital bills. Any patient falling into these categories will be eligible for 100% coverage of his/her hospital bills through The Caring Program. (Homeless patients are only eligible for the date of service in question). The following indicates the available methods for GRMC to obtain information needed for eligibility determination in these situations and for whom a completed, signed application is not required:



- a. Telephone contact, including TTY communication and verbal information about the individual's financial situation
  - b. Discussion of the situation with the individual's state Medicaid office to obtain a preliminary determination of Medicaid eligibility
  - c. Research the applicant's other GRMC accounts
  - d. Information from the next of kin or other person able to speak about the individual's financial condition-Within HIPAA guidelines
  - e. Have personal knowledge of the individual's living situation
- H. Documentation requirements include the application for financial assistance, proof of income and/or any unusual expenses, financial statement, release of information, etc.
- I. GRMC has posted signs publicizing the Program at all registration areas and in the reception area of the Patient Financial Services (PFS) Department. Information about the program is printed in the "Patient Handbook" and on the hospital's web site. Monthly self-pay statements include a pre-printed notification of the financial assistance program and instructions for applying to the "Caring Program." Included with every self-pay statement is the "Maryland Hospital Patient Information Sheet" that mentions the hospital's financial assistance program. Automated monthly statement messages also encourage applications for financial assistance. Whenever a patient/guarantor inquires about the availability of a financial assistance program at GRMC, staff members should refer the inquiry to the PFS Department; offer to supply the telephone number of the PFS department, and/or direct patients to the PFS department. All PFS personnel review the financial assistance policy annually, at a minimum, discuss policy changes at departmental meetings, and have access to the current financial assistance policy during all work hours.
- J. GRMC will post, at least on an annual basis, an ad in the local newspaper informing residents of the availability of its financial assistance program, or upon approval of updates to the program guidelines. Printed copies of the application forms are available at the time of registration or at any registration location. Copies of the financial assistance policy and applications are also available in the Patient Financial Services Department upon request and may be picked up in person or mailed to the patient's or guarantor's home
- K. Self-pay accounts will be screened for financial assistance regardless of the dollar amount of the account; however, self-pay balances resulting from insurance company payment to the individual or from the individual's failure to respond to an insurance or GRMC query will not be considered eligible for the program.
- L. Financial assistance is not available for any account already referred to a collection agency or attorney for formal collection action. Excluded from this statement are accounts where an individual/family has declared bankruptcy or has deceased with no estate or has an estate too small to pay our claims. Any outsourced third party collection agencies receive a copy of the financial assistance policy on an annual basis, or when changed, whichever occurs first.

- M. Financial assistance through the Caring Program will continue for a period of six months or one year after the eligibility approval date based on date of service, unless income significantly changes, when based on fixed incomes such as social security or retirement, or the tax return of a self-employed individual. Eligibly for six months is based on unemployment or three months of paystubs. Twelve month eligibility is based on a federal fixed income statement or annual tax return, retirement, and self-employed income. Eligibility for the Caring Program would be based on the financial information supplied unless the income of the applicant changes significantly.
- a. After the designated period of eligibility, a new application for financial assistance must be completed/signed by the guarantor. Fixed income verification is required annually and applies for one calendar year (January through December) for eligibility determination if the applicant completes the renewal application at the appropriate time.
  - b. Upon application approval, GRMC will write-off eligible account balances. GRMC may reverse the determination of eligibility if any of the information supplied on the application was incorrect.
  - c. If an individual's financial status deteriorates and he/she cannot pay the agreed upon monthly payment amount, GRMC will again review (upon request) the individual's eligibility to the program.
  - d. Once GRMC has determined that an account is eligible for financial assistance or is not collectible, that financial classification is final.
  - e. GRMC will post payments received from any source (after the eligible account balance is written-off) to the appropriate hospital account and will adjust the amount of the financial assistance write-off accordingly.
- N. Individuals who have incurred hospital expenses for care and/or treatment ordered through the Garrett County Health Department (GCHD) as part of the Garrett County Cancer Control Program shall be eligible for financial assistance for balances remaining after payment from GCHD. GCHD is responsible for notifying GRMC of all claims that fall into this category.
- O. Individuals or families with an income below 500% of the federal poverty level that can prove medical hardship will be eligible for The Caring Program for a 15% financial assistance or reduction in charges. In order to meet the medical hardship criteria, the patient/family must have medical debt at Garrett Regional Medical Center (excluding co-pays, co-insurance, and deductibles) that exceeds 25% of the individual's/family's annual income. Medical debt is any out-of-pocket expense (excluding co-pays, co-insurance, and deductibles) for medically necessary care that the individual/family has incurred at Garrett Regional Medical Center in a 12 month period. Medically necessary care, for the purposes of this policy, does not include elective or cosmetic procedures. If an individual/ family meets these criteria and is found eligible for The Caring Program, that eligibility will last for 12 months from the date on which the reduced-cost medically necessary care was initially received, unless there is a significant change in the individual or family's income. Once found eligible, The Caring Program covers medical

bills for all members of the household. Eligible medical debt does not include any accounts which the patient chooses to opt out of insurance coverage or insurance billing.

- P. Upon receipt or notification of an individual's or a guarantor's notice of bankruptcy filing, all accounts with an outstanding self-pay balance for that individual or guarantor will become eligible for 100% financial assistance through the Caring Program.
- Q. Self-pay accounts for individuals who are deceased and have no assets or estate shall be eligible for 100% financial assistance through the Caring Program, if not already an established Charity Care recipient. Estates will be monitored and checked for 90 days by the Patient Financial Services Representative. If no estate is found the patient's self-pay balance will then be adjusted to Charity Care.
- R. A probable eligibility determination will be given to the applicant within 2 business days of PFS representative receiving the patient's request.
- S. A final approval or denial letter will be mailed out to the applicant within 14 days of receipt of the completed application.
- T. If no auto benefits apply and commercial insurance has processed the claim. At this time Charity Care can be applied to the account.
- U. In implementing this Policy, GRMC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to the Policy.
- V. It is recognized that Old Order Amish and Old Order Mennonite patients do not rely in any manner on any type of government programs or private insurance based upon their religious beliefs. These two Orders rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay will be granted a 25% discount when paid in full within 30 days of service.
  - a. A letter from the Old Order Amish Church and Old Order Mennonite Church will be presented to Garrett Regional Medical Center to be kept on file.
  - b. Any patient applying for this discount will be required to fill out an application form.
  - c. Patients requesting this assistance must present to the Patient Financial Services Department and speak to a PFS Representative.
  - d. Financial assistance through the Caring Program will continue for a period of five years after the eligibility approval date.
- W. Under Charity Care a person is eligible for standard Charity Care or Older Order Amish/Mennonite Charity Care. A patient may not pick and choose or have both.
- X. Patients may request the hospital to reconsider the denial of free or reduced care by contacting the Health Education and Advocacy Unit (HEAU). This organization is dedicated to providing services to Marylanders who need assistance with consumer or health billing issues. They can be reached at 410-528-1841 or toll free 1-877-261-8807. Their fax number is 410-576-6571 and email address is [heau@oag.state.md.us](mailto:heau@oag.state.md.us).

HEAU's mailing address is 200 St. Paul Place, Baltimore, MD 21202. You may also access this information at the HEAU website ([marylandattorneygeneral.gov/pages/cpd/heau](http://marylandattorneygeneral.gov/pages/cpd/heau)).