COMMUNITY BENEFIT NARRATIVE

Effective for FY2015 Community Benefit Reporting

Health Services Cost Review Commission

4160 Patterson Avenue

Baltimore, MD 21215

December 15, 2015

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

Bed Designation:	**Inpatient Admissions** *(CY2014)*:	**Primary Service Area Zip Codes:**	**All other Maryland Hospitals Sharing Primary Service Area:**	**Percentage of Uninsured Patients, by County** *(CY2014)*:	**Percentage of Patients who are Medicaid Recipients, by County** *(CY2014)*:
87	1,802	20906 20878 20850 20854 20874 20852 20904 20902 20817 20886 20901 20910 20877 20853 20783 20814 20879 20895 20815 20882 20905 20740	**Holy Cross Silver Spring** 20904, 20902, 20906, 20901, 20910, 20783, 20853, 20877, 20874, 20878, 20895 **Johns Hopkins** 20854 **Montgomery General** 20906, 20853, 20905, 20904, 20882, 20874 **Suburban** 20852, 20854, 20814, 20817, 20815, 20850, 20906, 20902, 20878, 20874, 20895 **Laurel Regional Hospital** 20904, 20740 **Shady Grove Adventist** 20874, 20850, 20878, 20877, 20886, 20879, 20852 **Washington Adventist** 20783, 20904, 20901, 20910, 20902, 20740, 20906 **Adventist HealthCare Behavioral Health &**	**Montgomery County:** 0.65% **Prince George's County:** 0.14%	**Montgomery County:** 5.09% **Prince George's County:** 1.42%

			Wellness Services 20906, 20850, 20878, 20874, 20854, 20852, 20902, 20901, 20904, 20853, 20877, 20886, 20855, 20910, 20876, 20879		

2. For purposes of reporting on your community benefit activities, please provide the following information:

a) Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Adventist HealthCare Rehabilitation Hospital primarily serves residents of Montgomery County, Maryland. Therefore, for the purpose of this Community Health Needs Assessment, we will focus on local data from Montgomery County. Figure 1 shows the percentages of discharges by county for Adventist HealthCare Rehabilitation Hospital in 2014.

County	Percentage
Montgomery County	69%
Prince George's County	17%
District of Columbia	4%
Frederick County	4%
Other	6%

Figure 1. Adventist HealthCare Rehabilitation Hospital's Discharges by County, 2014

Approximately 85 percent of discharges come from our Total Service Area, which is known as Adventist HealthCare Rehabilitation Hospital's Community Benefit Service Area "CBSA" (see Figure 2). The CBSA is divided into Primary and Secondary Service Areas.

Sixty percent of discharges fall into the Primary Service Area, which includes the following ZIP codes and cities: Silver Spring (20906, 20902, 20901, 20904, 20910, 20905); Gaithersburg (20878, 20877, 20879, 20882); Rockville (20850, 20852, 20853); Germantown (20874); Potomac (20854); Bethesda (20814, 20817); Montgomery Village (20886); Hyattsville (20783); Chevy Chase (20815); College Park (20740); Kensington (20895).

The Secondary Service Area accounts for 25 percent of discharges and includes the following ZIP codes and cities:Takoma Park (20912); Derwood (20855); Olney (20832); Germantown (20876); Hyattsville (20785, 20782, 20784); Lanham (20706); Beltsville (20705); Rockville (20851); Damascus (20872); Washington, DC (20011, 20019, 20016, 20012); Silver Spring (20903); Upper Marlboro (20774, 20772); Boyds (20841); Greenbelt (20871); Laurel (20707, 20708); District Heights (20747); Bethesda (20816); Greenbelt (20770); Capitol Heights (20743); Riverdale (20737); Frederick (21701, 21702); Fort Washington (20744); Mount Rainier (20712); Bowie (20720, 20721).

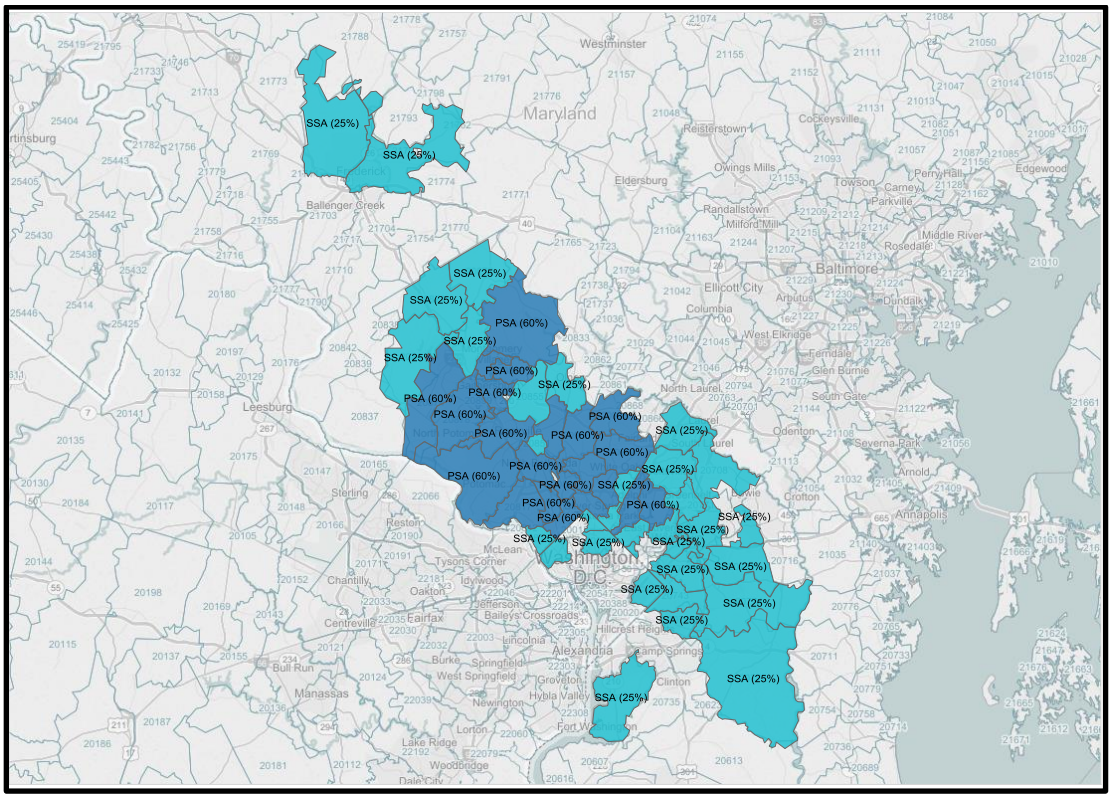


Figure 2. Map of Adventist HealthCare Rehabilitation Hospital's Primary (navy) and Secondary (teal) Service Areas, based on 2014 Inpatient Discharges

Our Community Benefit Service Area (CBSA), encompassing 85 percent of all discharges, includes 1,875,111 people from the racial/ethnic categories below (see Figure 3).

	2014 Estimates							
	White	**Black/AF American**	**American Indian / Alaska Native**	**Asian**	**Native HI/PI**	**Other Race**	**2+ Races**	**Hispanic / Latino**
Community Benefit Service Area (CBSA)	768,691	685,227	8,834	178,301	1,389	159,115	73,554	339,973
	40.99%	36.54%	0.47%	9.51%	0.07%	8.49%	3.92%	17.81%
Primary Service Area (PSA)	477,341	160,047	4,482	120,016	696	80,925	38,295	184,062
	54.13%	18.15%	0.51%	13.61%	0.08%	9.18%	4.34%	20.87%
Secondary Service Area (SSA)	291,350	525,180	4,352	58,285	693	78,190	35,259	149,911
	29.33%	52.87%	0.44%	5.87%	0.07%	7.87%	3.55%	15.09%

Figure 3. Population Estimates (2014) by Race/Ethnicity for Adventist HealthCare Rehabilitation Hospital's Total Service Area (85% of discharges), Primary Service Area (60% of discharges) and Secondary Service Area (25% of discharges)

Population demographics are rapidly changing in the state of Maryland, particularly among residents living in Montgomery County. We serve one of the most diverse communities in the United States, constantly undergoing the economic, social and demographic shifts that result from an ever-changing and growing population. Over the past decade, Montgomery County has become the most populous jurisdiction in Maryland, the second largest jurisdiction in the Washington, D.C. metropolitan area, and the forty-second most populous county in the nation, with a population of greater than one million (U.S. Census Bureau, 2013). Racial and ethnic diversity has increased concurrently with the expanding population. Non-Hispanic whites now comprise only 46 percent of the Montgomery County population, a decrease of more than 20 percent over the last two decades. For the first time, minorities account for more than half of Montgomery County's population making it a "majority-minority" county (U.S. Census Bureau, 2014). The percentage of Hispanics or Latinos in Montgomery County, currently at 18.7 percent, is also more than double the total percentage of Hispanics or Latinos in the state of Maryland (9.3 percent) (U.S. Census Bureau, 2014).

According to the U.S. Census Bureau, Maryland is one of the top ten destinations for foreign-born individuals, with 41 percent of the foreign-born in Maryland residing in Montgomery County.[1] The County's foreign-born population has gone from 12 percent in 1980 to greater than 30 percent today.[2] Immigrants contribute greatly to our community, and our hospital providers are committed to understanding their needs and working to treat them in a culturally competent manner.

As racial and ethnic minority populations become increasingly predominant, concerns regarding health disparities grow. Persistent and well-documented data indicates that racial and ethnic minorities still lag behind non-minority populations in many health outcome measures. These groups are less likely to receive preventive care and are more likely to suffer from serious illnesses such as cancer and heart disease.

Further exacerbating the problem are challenges around access that racial and ethnic minorities often disproportionately face. Minority populations may encounter barriers to accessing quality care due to being uninsured or underinsured or due to living in a community that lacks quality care facilities or providers. As the proportion of racial and ethnic minority residents continues to grow, it becomes even more important for the healthcare system to understand the unique characteristics of these populations in order to meet the health needs of the community as a whole. As a result, this report examines the health status and health outcomes among different racial and ethnic populations in Montgomery County, with the goal of eliminating disparities, achieving health equity, and improving the health and wellness of all groups.

b) In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

[1] "Literacy, ESL and Adult Education." *Literacy Council of Montgomery County.* http://www.literacycouncilmcmd.org/litadultedu.html
[2] "Foreign-Born Population of Montgomery County Region, 1950-2000-Census Years." *Montgomery Planning.* 2000. http://www.montgomeryplanning.org/research/data_library/population/po34.shtm

Table II

Median Household Income within the CBSA

Median Household Income
Montgomery County: $98,221
Source: U.S. Census Bureau, State and County Quick Facts, 2009-2013

Household income has a direct influence on a family's ability to pay for necessities, including health insurance and healthcare services. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities. Throughout the CBSA served by Adventist HealthCare Physical Health & Rehabilitation (Montgomery County), across racial and ethnic groups, non-Hispanic whites have the highest median household income, while blacks and Hispanics have the lowest (see Figure 4). However, when looking at the state of Maryland as a whole, Asians have the highest median income.

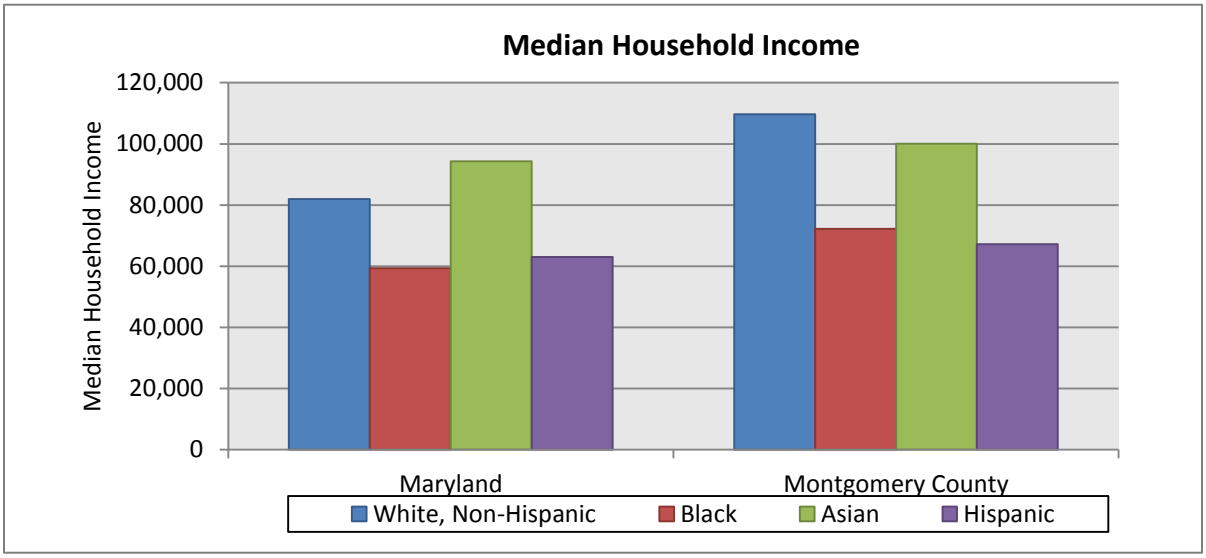


Figure 4. Median Household Income, Montgomery County, and Maryland by Race and Ethnicity 2014 (US Census Bureau, 2014 1-Year ACS Estimates)

Percentage of households with incomes below the federal poverty guidelines within the CBSA

From 2009-2013, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 7 percent of Montgomery County residents were living in poverty compared to 10.1 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.80 percent and highest among Blacks at 11.5 percent and Hispanics at 10.5 percent (see Figure 5).

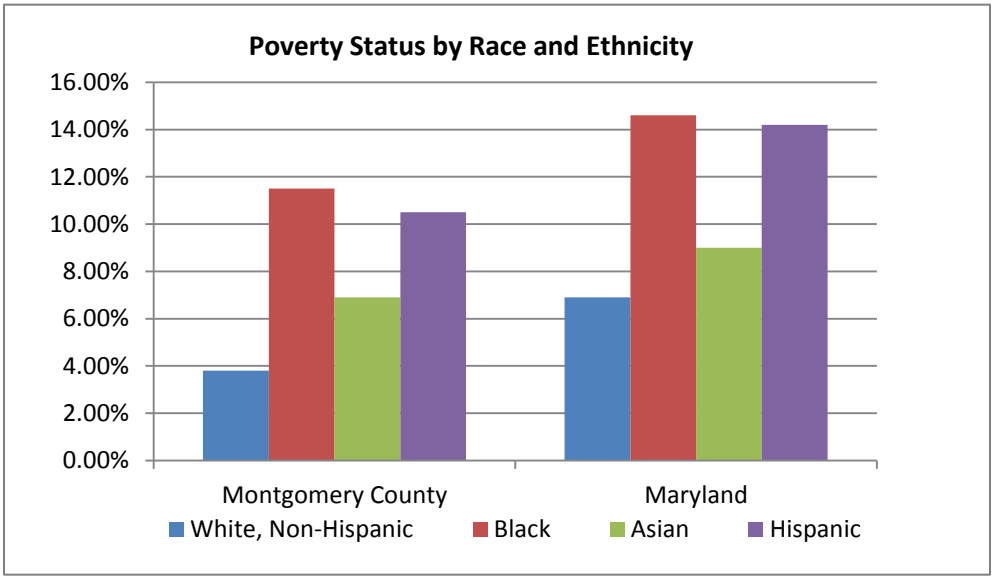


Figure 5. Poverty Status by Race and Ethnicity, Montgomery County, and Maryland 2014 (US Census Bureau, 2014 1-Year ACS Estimates)

Please estimate the percentage of uninsured people by County within the CBSA

Approximately 9.65 percent of all civilian non-institutionalized Montgomery County residents are uninsured (U.S. Census Bureau, ACS 1-Year Estimate, 2014). This number is compared to 7.87 percent of Maryland residents and 11.68 percent of U.S. residents (U.S. Census Bureau, ACS 1-Year Estimate, 2014).

Across Montgomery County and Maryland, Hispanics are uninsured at rates significantly higher than whites, blacks, and Asians. Twenty-five percent of Hispanics in Montgomery County and 26.6 percent in Maryland are uninsured (see Figure 6). Whites are least likely to be uninsured across Montgomery County and Maryland.

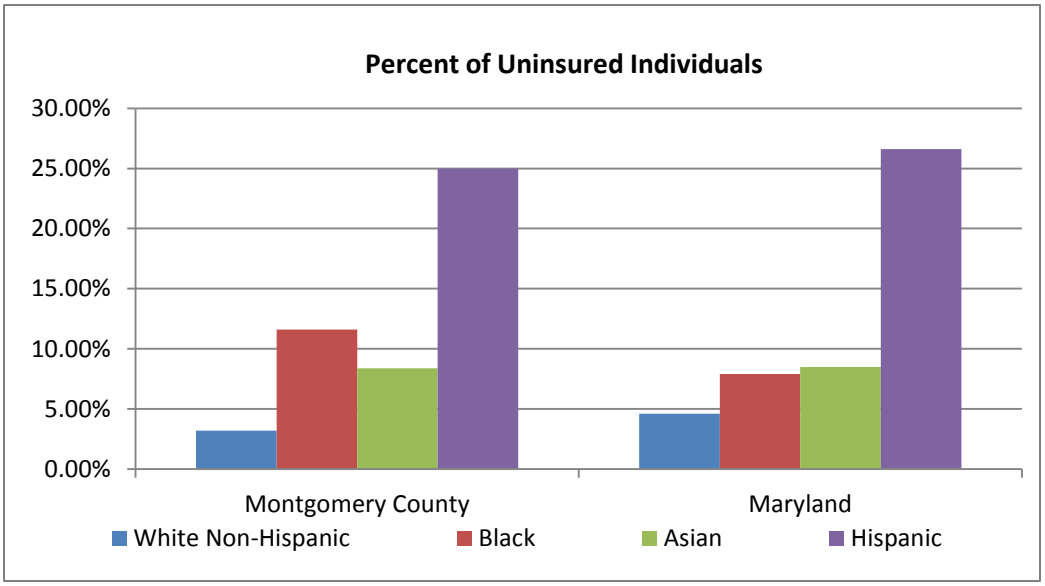


Figure 6. Percent Uninsured by Race and Ethnicity, Montgomery County, and Maryland, 2014

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA

Montgomery County: 13.31% (136,035)

Source: U.S. Census Bureau, American Community Survey 1-Year Estimate, 2014

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).

According to the 2013 Maryland State Health Improvement Process, the overall life expectancy for Montgomery County is 84.3 years, 4.7 years greater than that of Maryland (79.6) and 4.5 years greater than the Maryland 2017 target of 79.8 years (see Figure 7). However, when stratifying by race, a significant gap can be seen between black and white residents. The life expectancy for white residents of Montgomery County is 84.3 years and for black residents is 82.4 years (see Figure 7).

County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Montgomery	Increase life expectancy in Maryland	84.1	84.3	Black – 82.4 White – 84.3	79.6	Black – 77.2 White – 80.3	79.8

Figure 7. Life Expectancy at Birth in Montgomery County
(Maryland SHIP County Profile, 2013)

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).

Crude Mortality Rates

The mortality rate in Montgomery County is 573.2 per 100,000 population. These rates are lower than the mortality rate for the state of Maryland overall, at 766.5 per 100,000 population (see Figure 8). The highest mortality rates in Montgomery County and Maryland are seen among white residents and the lowest among Hispanic residents.

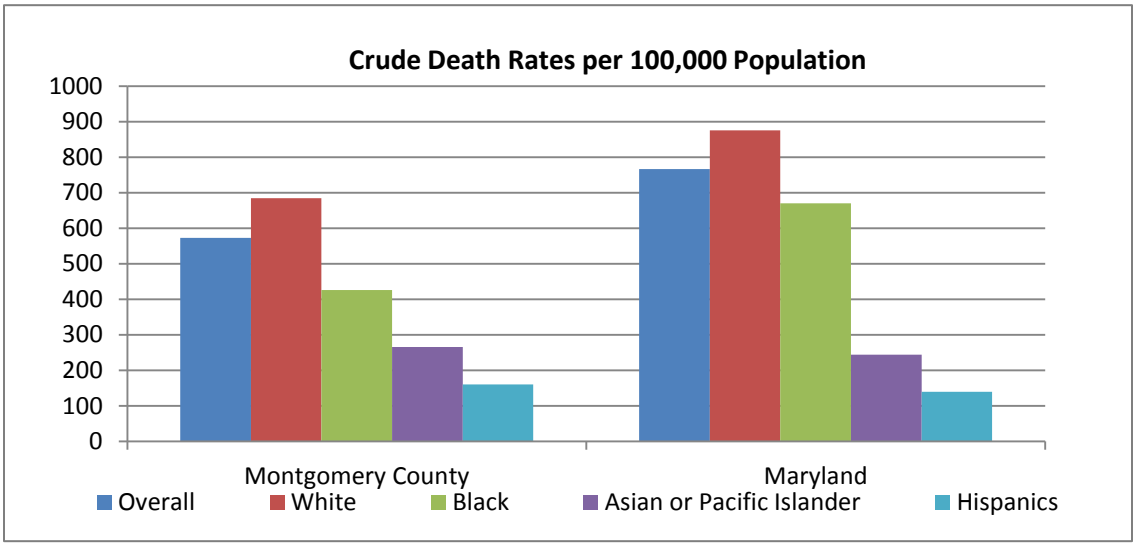


Figure 8. Crude Death Rate by Race and Ethnicity for Montgomery County and Maryland 2013
(Maryland Department of Health and Mental Hygiene, Maryland *Vital Statistics Annual Report, 2013.* Accessed: http://dhmh.maryland.gov/vsa/Documents/13annual.pdf)

Infant Mortality

Although Montgomery County has met and surpassed the Maryland SHIP 2017 target for infant mortality, black residents continue to experience higher rates of infant mortality (9.9 per 1,000 live births) than other racial and ethnic groups (see Figure 9).

County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Montgomery	Reduce Infant Deaths	5.1	4.7	NH Black - 9.9 Hispanic - 2.6 NH White -3.5	6.6	NH Black -10.6 Hispanic--4.7 NH White--4.6	6.3

Figure 9. Infant Mortality Rate (per 1,000 Live Births), by Race/Ethnicity, Montgomery County (Maryland SHIP County Profile, 2013)

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 33.3 percent of the adult population consumes five or more servings of fruits and vegetables daily. This proportion is higher than Maryland's average of 27.6 percent or the country's average of 24.33 percent (see Figure 10).

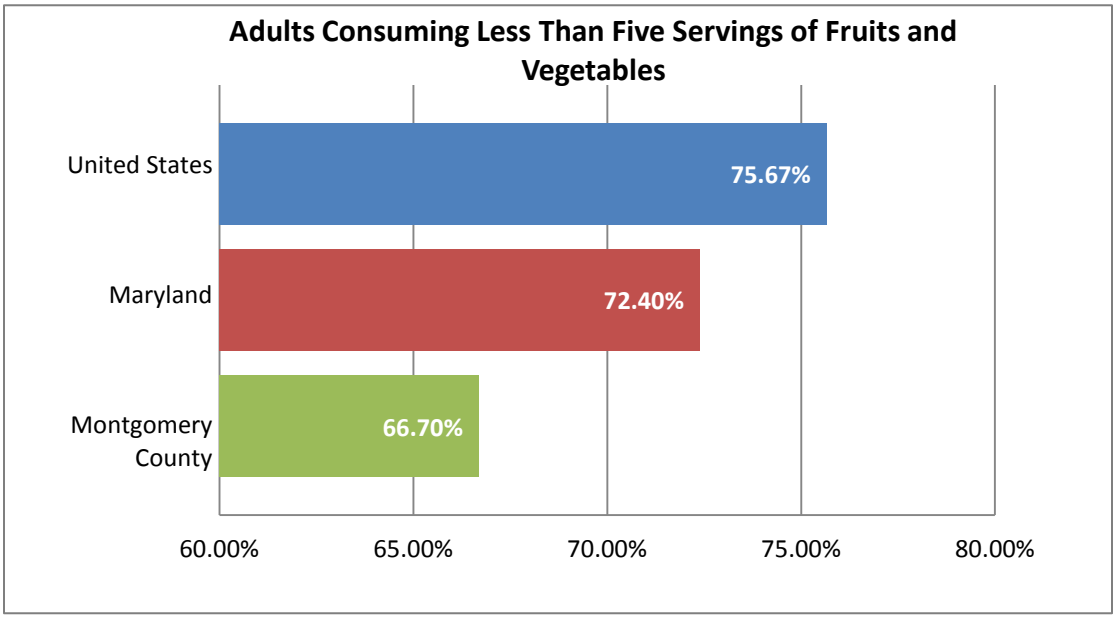


Figure 10. Adults Consuming Less Than 5 Servings of Fruits & Vegetables Each Day (Community Commons. *Community Health Needs Assessment,* 2013. http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

In Montgomery County, there are differences in fruit and vegetable consumption among racial and ethnic groups. A higher percentage of white (33%) and Asian (31%) residents consume five or more servings of fruits and vegetables daily, compared to the county as a whole (29.6 %). However, only 14.2 percent of the Hispanic residents in the county consume the recommended number of fruit and vegetable servings (see Figure 11).

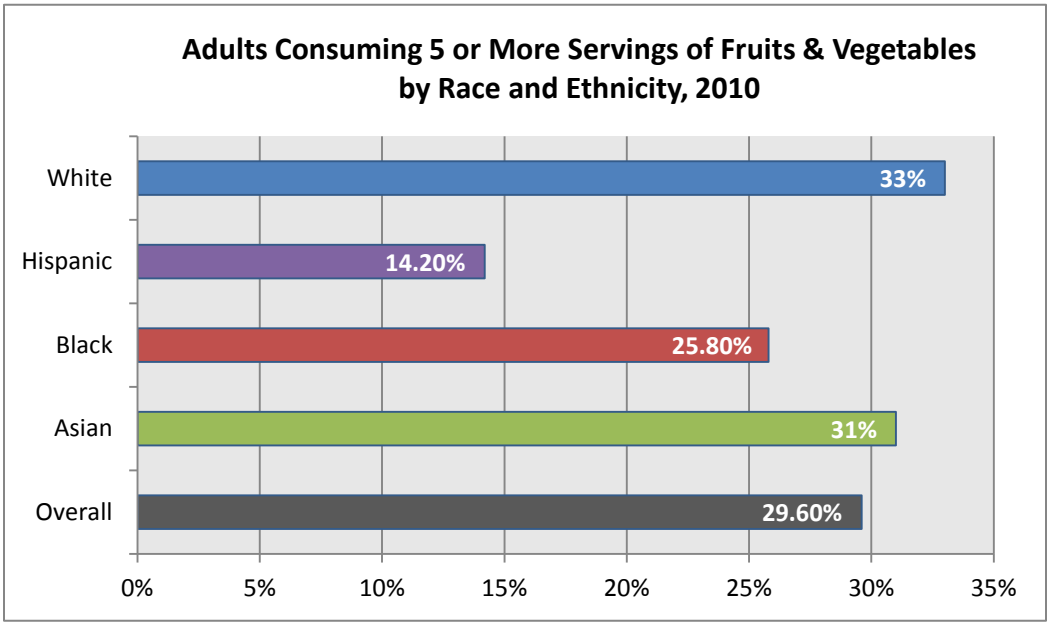


Figure 11. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010 (http://www.healthymontgomery.org/)

Food Environment

Food insecurity is defined by the USDA as lack of access to enough food for a healthy life and limited or uncertain availability of adequately nutritious foods (feedingamerica.org). In 2013, 7.9 percent of the Montgomery County population experienced food insecurity, compared to 12.8 percent of the Maryland population and 15.8 percent of the country's population (see Figure 12).

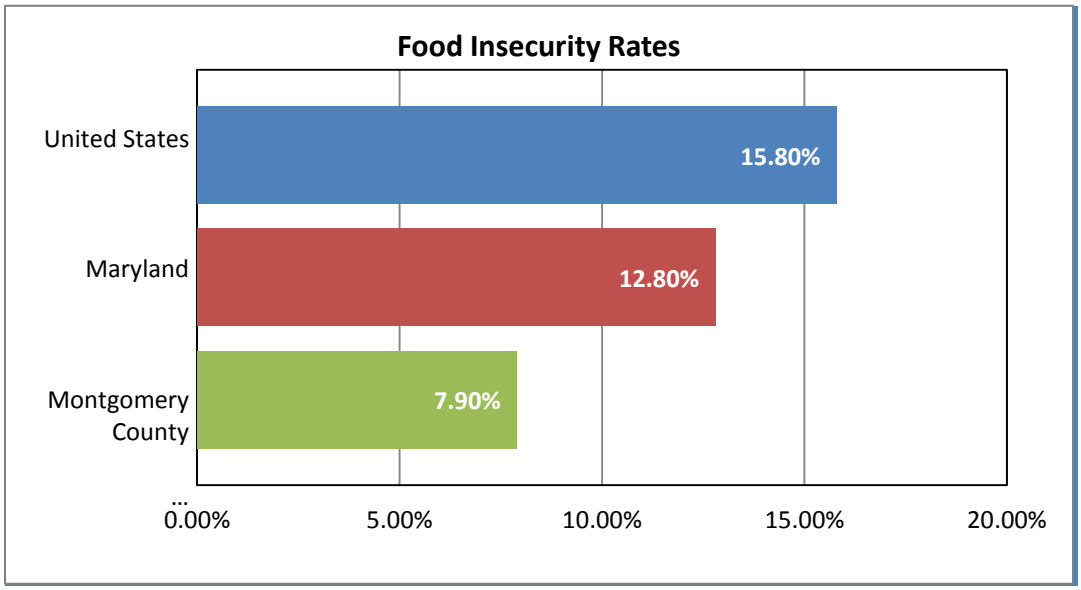


Figure 12. Percent of Food Insecure Population.
(Feeding America. *Map the Meal Gap,* 2013. Accessed: map.feedingamerica.org)

One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats,

fish, and poultry. In Montgomery County there are 21.1 grocery stores per 100,000 population, a rate very similar to that of Maryland (21.5 per 100,000 population) and the U.S. (21.2 per 100,000) (see Figure 13).

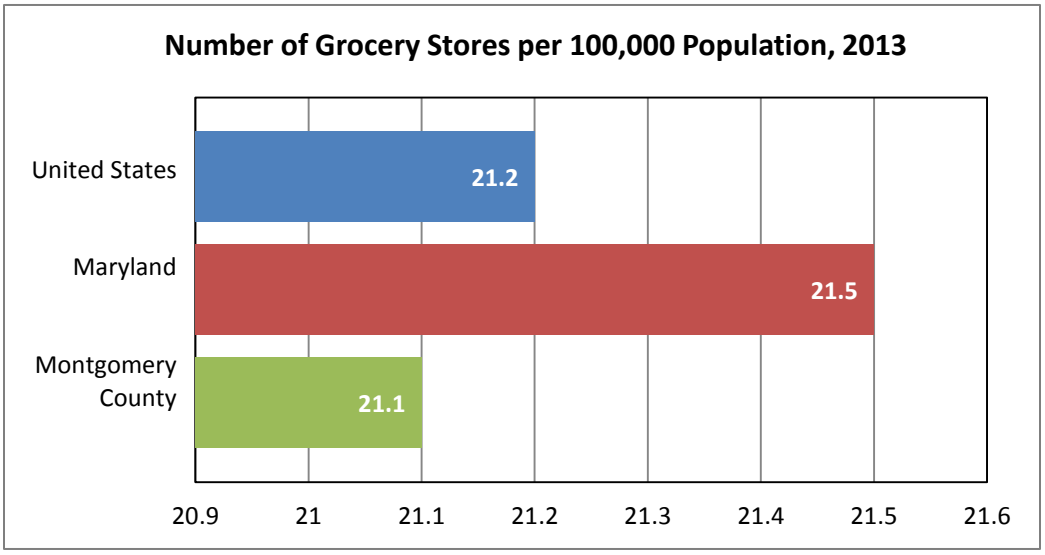


Figure 13. Number of Grocery Stores per 100,000 Population.
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

Fast food restaurant access has been on the rise over the past several years at the local and national levels. From 2009 to 2013, the rate in Maryland has increased from 85.77 to 86.6 per 100,000 population[3]. Residents have access to fast food restaurants at a rate of 81.6 establishments per 100,000 population in Montgomery County, a rate higher than that of the country overall (72.7 per 100,000 population) but lower than that of Maryland (86.6 per 100,000 population) (see Figure 14).

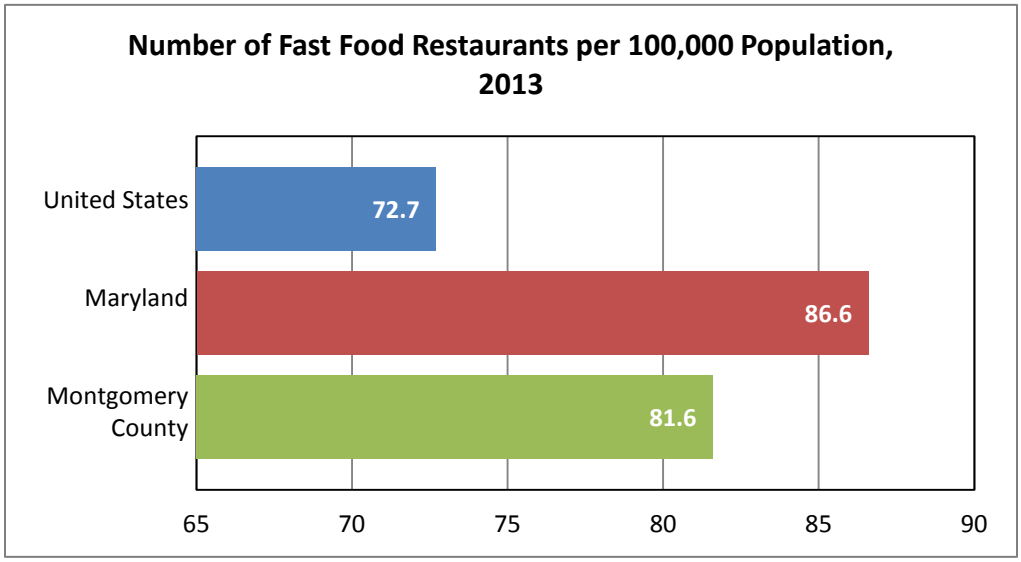


Figure 14. Number of Fast Food Restaurants per 100,000 Population.
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

[3] Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

Transportation

Commuting

The majority of Montgomery County (64.10 percent) residents drive to work alone or utilize public transportation (16 percent) (see Figure 15).

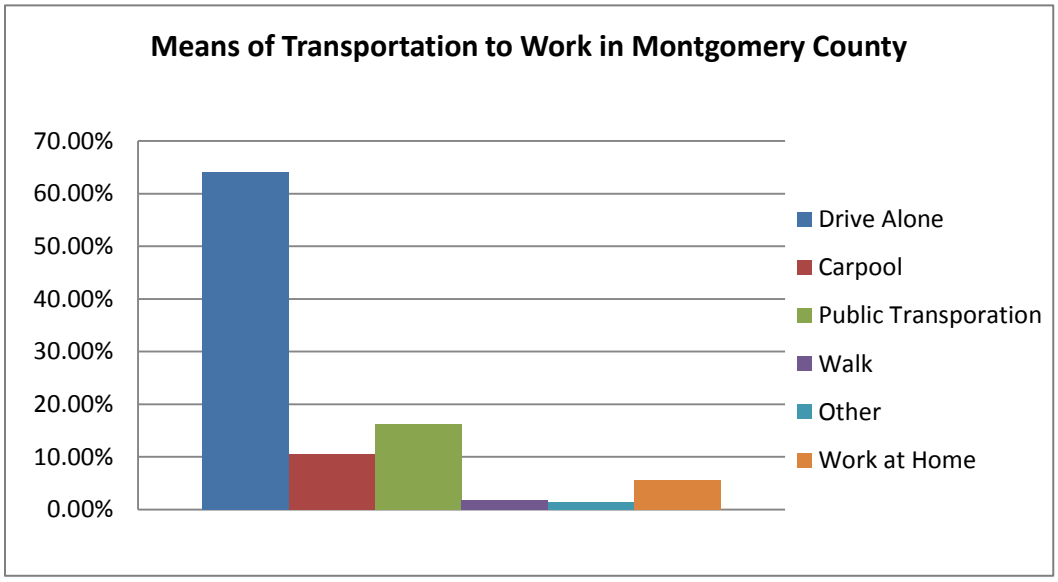


Figure 15. Means of Transportation to Work in Montgomery County.
(US Census Bureau, 2014 ACS 1-Year Estimates)

The mean travel time to work for Montgomery County is 34.2 minutes (Figure 16).

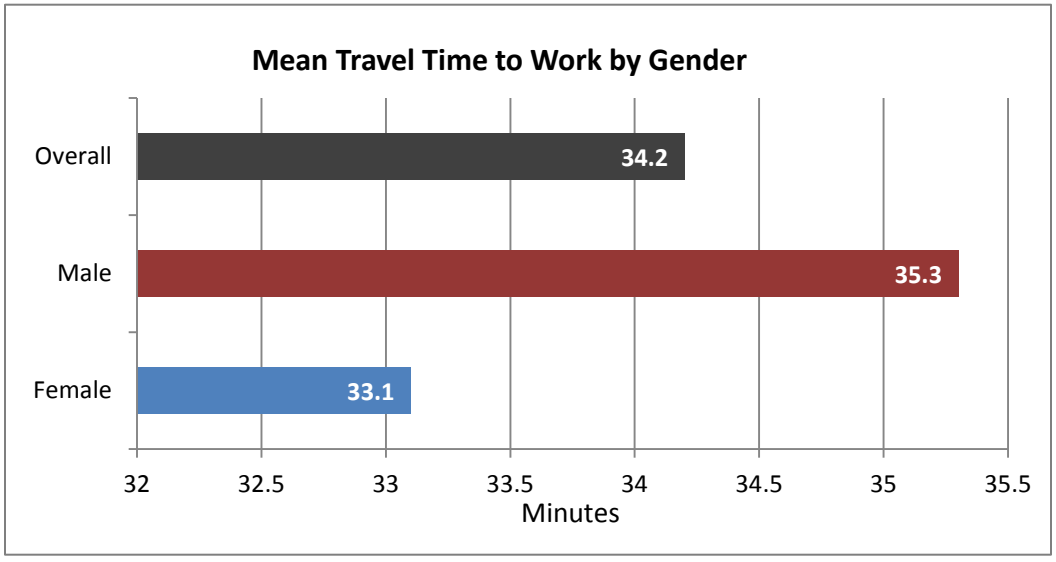


Figure 16. Mean Travel Time to Work by Gender for Montgomery County
(Healthy Montgomery, 2009-2013)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (41.3 per 100,000 population) is nearly equivalent to that of the state (42.5 per 100,000 population). The rates have increased since the 2013 County measures and they remain higher than the SHIP 2017 target of 35.6 per 100,000 population (see Figure 17).

County	SHIP Objective	SHIP 2012 County Measure	SHIP 2013 County Measure	SHIP 2014 County Update	SHIP 2014 Maryland Update	Maryland SHIP 2017 Target
Montgomery	Reduce rate of pedestrian injuries	38.9	35.6	41.3	42.5	35.6

Figure 17. Rate of Pedestrian Injuries per 100,000 Population, Prince George's and Montgomery Counties (Maryland SHIP, 2014)

The pedestrian death rate in Montgomery County at 1.2 deaths per 100,000 population, is lower than that of Maryland (1.82 per 100,000 population)[4] and the Healthy People 2020 target of 1.4 deaths per 100,000 population. From 2009 to 2012 in Montgomery County, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants (see Figure 18).

Montgomery County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2009	2010	2011	2012
Occupants (All Vehicle Types)	Hispanic	4	4	0	2
	White Non-Hispanic	14	14	9	11
	Black, Non-Hispanic	3	8	1	7
	Asian, Non-Hispanic/Unknown	1	0	0	0
	All Other Non-Hispanic or Race	5	3	1	3
	Unknown Race and Unknown Hispanic	1	3	19	7
	Total	28	32	30	30
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	Hispanic	0	1	0	0
	White Non-Hispanic	9	7	2	4
	Black, Non-Hispanic	1	0	1	2
	Asian, Non-Hispanic/Unknown	0	0	0	0
	All Other Non-Hispanic or Race	1	2	0	0
	Unknown Race and Unknown Hispanic	0	5	7	1
	Total	11	15	10	7
Total	Hispanic	4	5	0	2
	White Non-Hispanic	23	21	11	15
	Black, Non-Hispanic	4	8	2	9
	Asian, Non-Hispanic/Unknown	1	0	0	0
	All Other Non-Hispanic or Race	6	5	1	3
	Unknown Race and Unknown Hispanic	1	8	26	8
	Total	39	47	40	37

[4] Traffic Safety Facts 2013 Data. U.S. Department of Transportation National Highway Traffic Safety Administration. February 2015. Accessed from: http://www-nrd.nhtsa.dot.gov/Pubs/812124.pdf

Figure 18. Montgomery County Fatalities by Person Type, Race and Ethnicity, 2009-2013
(National Highway Traffic Safety Administration, Traffic Safety Facts, 2013. Retrieved: http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Counties/Maryland_Montgomery%20County_2013.HTM)

Education

Graduation and Educational Attainment

In 2014, 89.69 percent of Montgomery County students graduated high school within 4 years. The 4 year graduation rate for the county is higher than that of the state (86.39 percent) and surpasses the Healthy People 2020 goal of 82.4 percent, but falls short of the Maryland SHIP 2017 target of 95 percent (www.mdreportcard.org).

While the overall 4 year graduation rate in Montgomery County has exceeded national targets, disparities are present among racial and ethnic groups. Asian and White students in Montgomery County have the highest graduation rates, exceeding 95 percent, while Hispanic students have the lowest rates at 80.03 percent (see Figure 19).

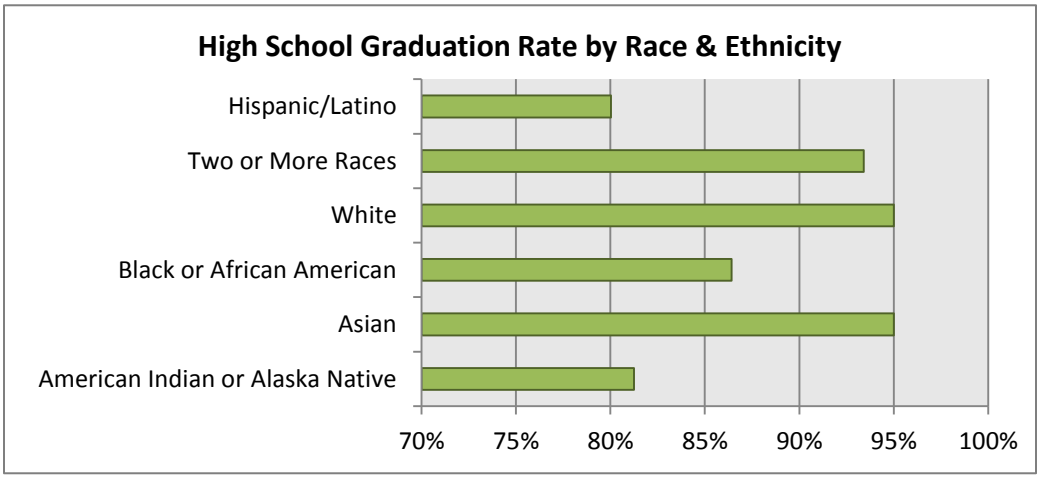


Figure 19. High School Graduation Rates by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

Disparities in education by race and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 58.46 percent. However, when stratified, the percentage goes as high as 66.29 among Whites and as low as 25.8 among Hispanics (see Figure 20).

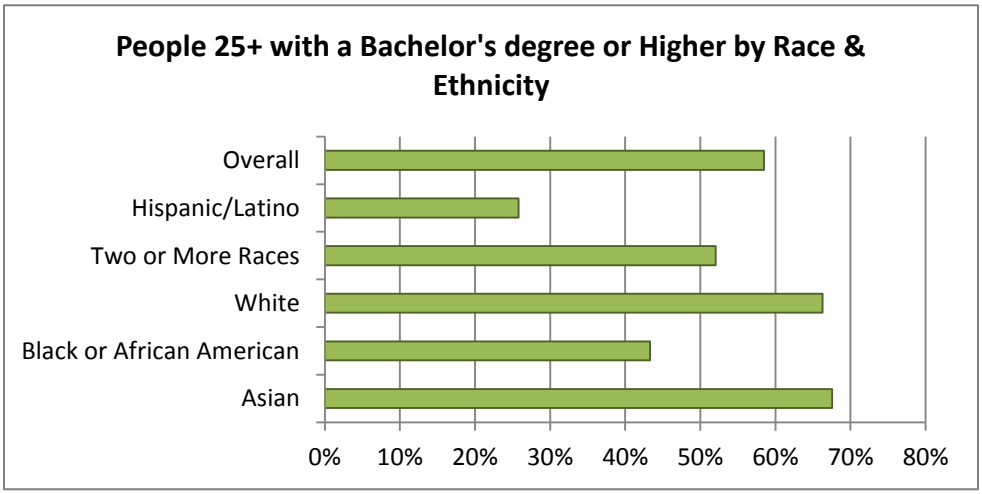


Figure 20. People 25 and over with a Bachelor's Degree or Higher by Race and Ethnicity for Montgomery County (US Census Bureau, 2014 1-Year ACS Estimates)

Reading and Math Proficiency

Based on student scores on the Maryland School Assessment, approximately 94 percent of white and Asian 8th graders are proficient in reading compared to 73 percent of Hispanic and 75 percent of Black students in Montgomery County (see Figure 21).

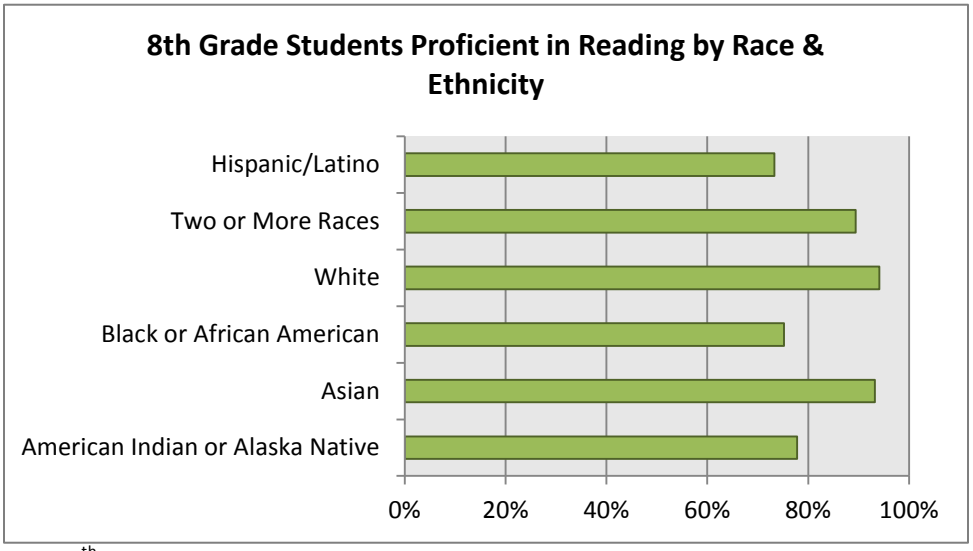


Figure 21. 8th Grade Students Proficiency in Reading by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

The same trend can be seen for math proficiency. In Montgomery County, approximately 87 percent of white and Asian 8th graders are proficient in math compared to only 49 percent of black and Hispanic students (see Figure 22).

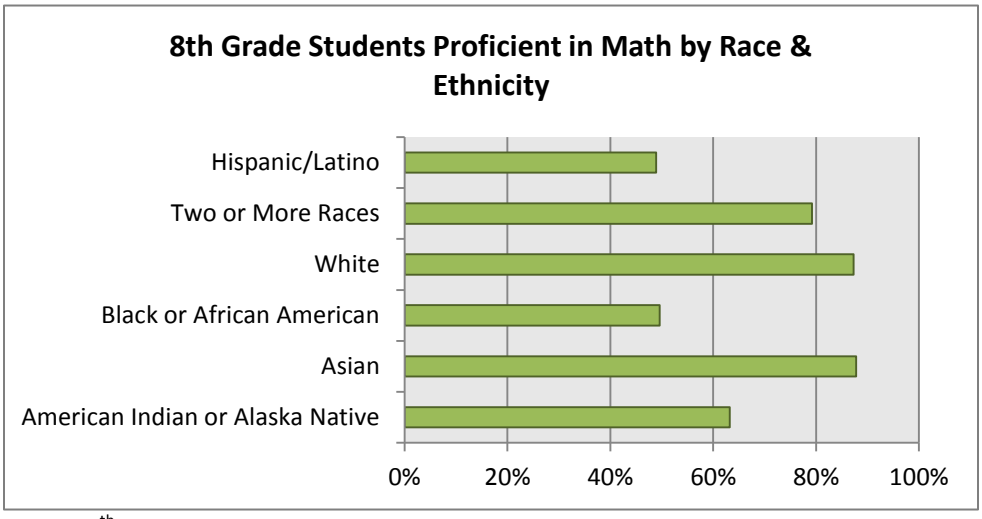


Figure 22. 8th Grade Students Proficiency in Math by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County rose in 2013 but remained lower than that of the state overall. Hispanic children were among those least likely to be prepared for kindergarten (71 percent). White (90 percent) and Asian (87 percent) children were among those most prepared to enter Kindergarten in Montgomery County (see Figure 23).

County	SHIP Measure	County 2012-2013 Measure	SHIP 2013-2014 County Update	SHIP 2013-2014 County Update (Race & Ethnicity)	SHIP 2013-2014 Maryland Update	Maryland Target 2017
Montgomery County	Percentage of children who enter kindergarten ready to learn	80%	81%	Asian–87%; AA-78% Hispanic-71% White-90%	83%	85.5%

Figure 23. Percentage of Children Entering Kindergarten Ready to Learn, Montgomery County (Maryland SHIP, 2014)

Housing Quality

A person's living situation – the condition of their homes and neighborhoods – is a crucial determinant of health status. Across the United States, a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 24).

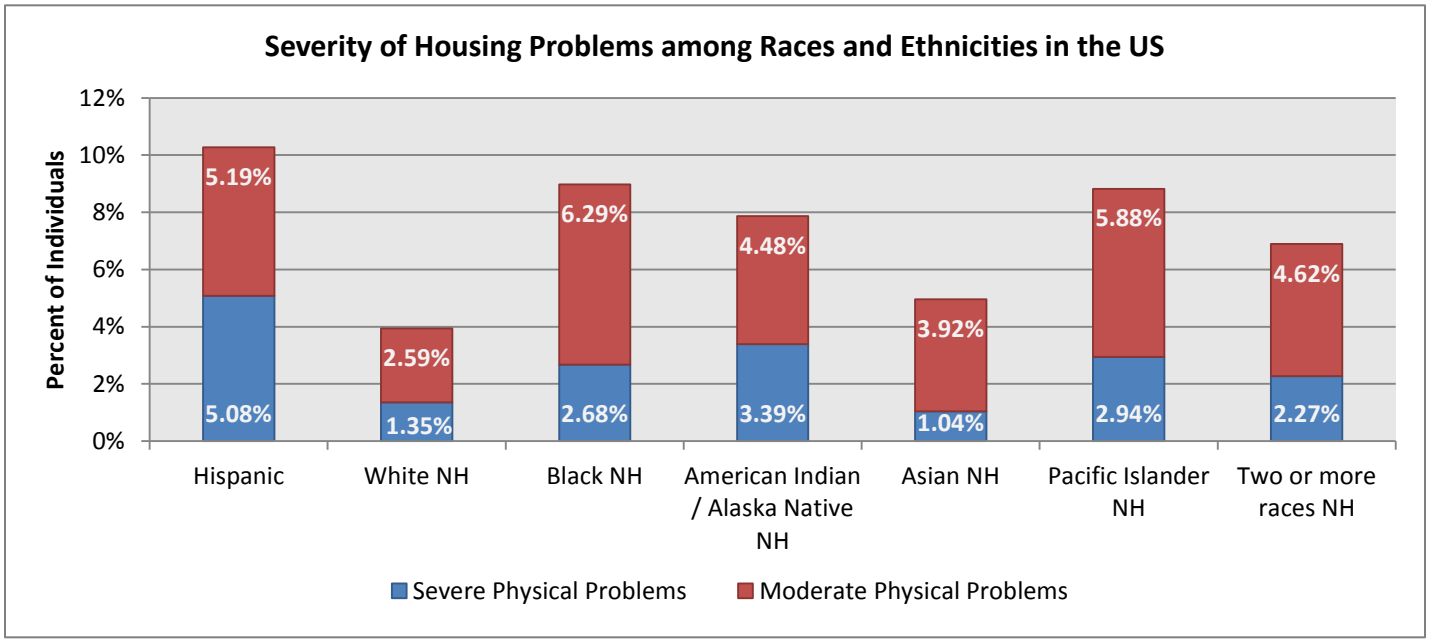


Figure 24. Severity of Housing Problems among Races and Ethnicities in the US, 2013
Note: Physical problems include plumbing, heating, electrical, and upkeep
(US Census Bureau, American Housing Survey, 2013)

At the local level, 17 percent of households in Maryland and 18 percent of households in Montgomery County were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (www.CountyHealthRankings.org, 2007-2011).

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 51.6 percent

- Homeowner vacancy rate: 1.1
- Housing units in multi-unit structures: 33.7 percent
  (Source: U.S. Census, ACS, 1-YearEstimate, 2014)
- Housing units: 385,721 (2014)
- Homeownership rate: 67.3 percent (2009-2013)
- Median value of owner-occupied housing units: $446,300 (2009-2013)
- Households: 360,563 (2009-2013)
- Persons per household: 2.72 (2009-2013)
  (Source: U.S. Census, State and County Quick Facts)

Spotlight on Homelessness

Perhaps the most extreme case of living situation having a negative impact on health is that of homelessness. Homelessness amplifies the threat of various health conditions and introduces new risks, such as exposure to extreme temperatures. People who experience homelessness have multidimensional health problems and often report unmet health needs, even if they have a usual source of care.

In January 2015, a Point-In-Time Enumeration survey found there has been an increase in the homeless population in Montgomery County (see Figure 25)[5].

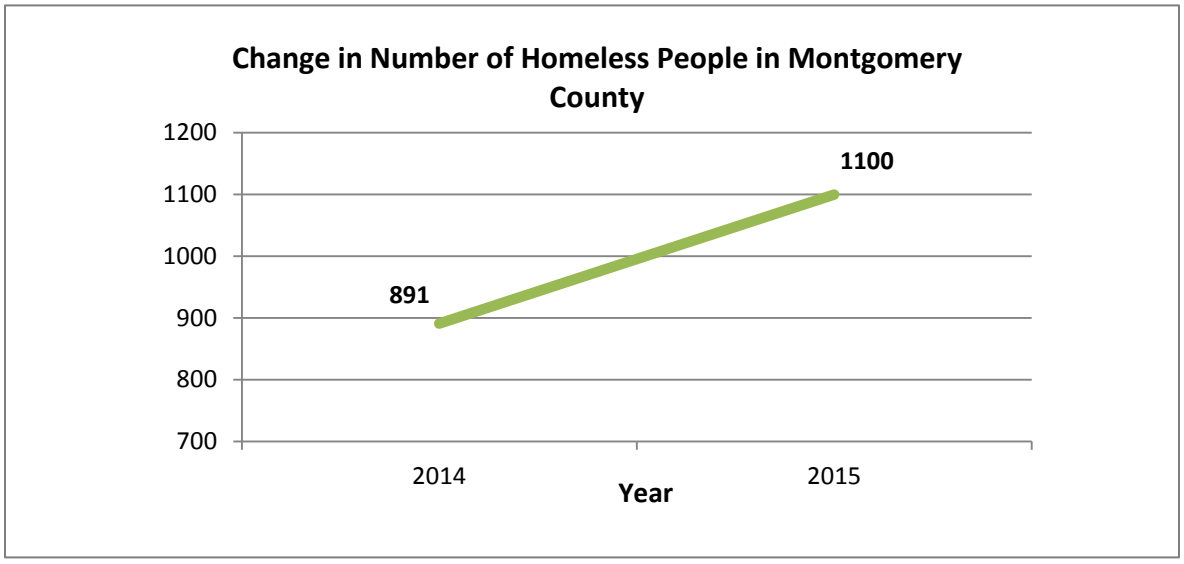


Figure 25. Change in Number of Homeless People in Montgomery County and Prince George's County from 2014 to 2015 (Metropolitan Washington Council on Governments Point-in-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

In Montgomery County, the homeless population included 598 individuals and 159 homeless family units, made up of 184 adults and 318 children (see Figure 26).

[5] Homelessness in Metropolitan Washington. May 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf

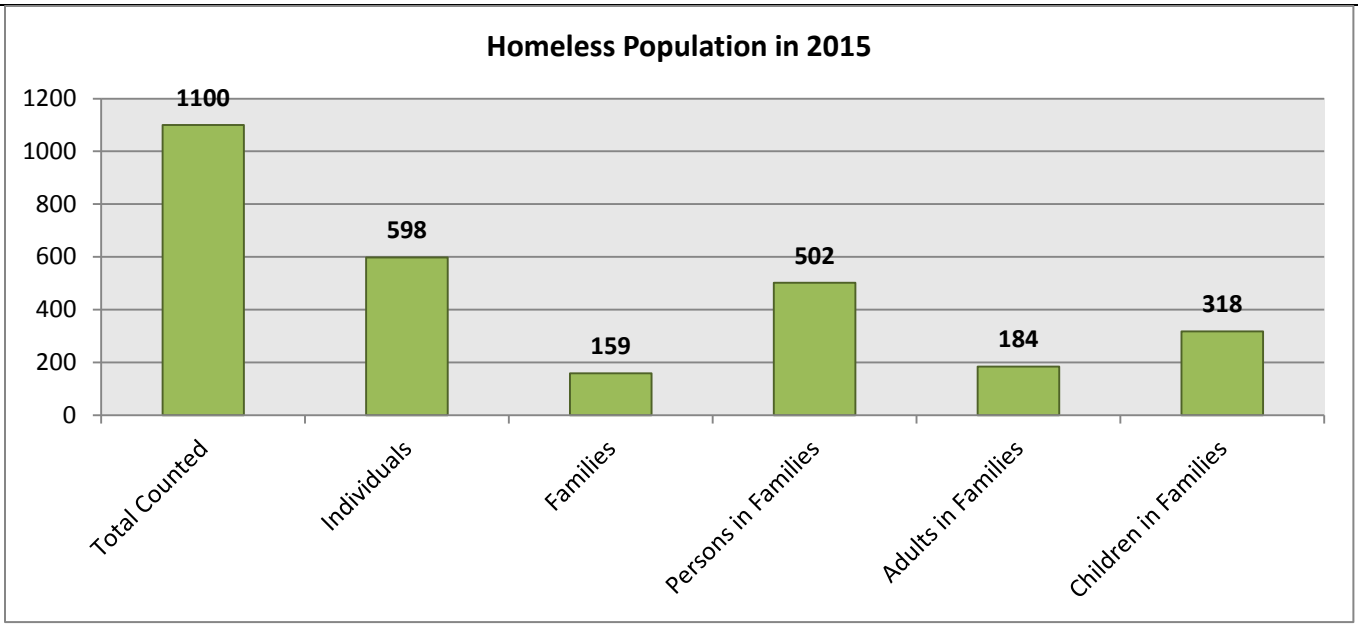


Figure 26. Homeless Populations in Montgomery County in 2015
(Metropolitan Washington Council on Governments Point-In-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

Among the homeless populations, numerous individuals reported various health, mental, and physical issues. In Montgomery County, 162 individuals were chronically homeless, 24 were US veterans, 291 were victims of domestic violence, 144 were suffering from co-occurring disorders (mental and substance abuse), 80 were physically disabled, and 15 were living with HIV/AIDS (see Figure 27).

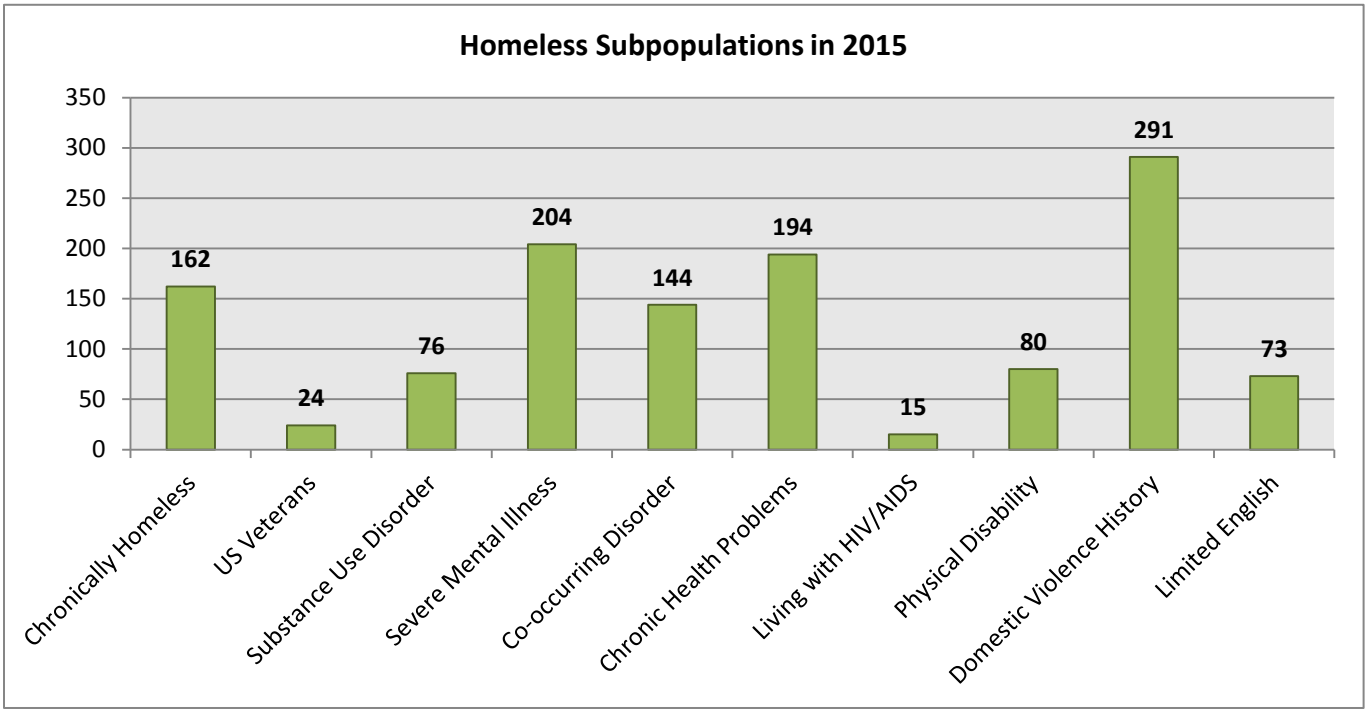


Figure 27. Homeless Subpopulations in Montgomery County in 2015
(Metropolitan Washington Council on Governments Point-In-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

Exposure to Environmental Factors that Negatively Effect Health Status

Air Pollution

Air pollution, measured by ozone levels, poses a serious threat in Montgomery County. Ozone is an extremely dangerous gas that attacks lung tissues when breathed in. Based on the number of days its ozone levels surpass the US standards in three years, Montgomery County received a grade of D from the American Lung Association.
Source: Healthy Montgomery, 2013.

Available detail on race, ethnicity, and language within CBSA
See SHIP County profiles for demographic information of Maryland jurisdictions.

Demographics	**Montgomery County**	**Maryland**
Total Population*	1,030,477	5,976,407
Age, %*		
Under 5 Years	6.5%	6.2%
Under 18 Years	23.5%	22.6%
65 Years and Older	13.7%	13.8%
Race/Ethnicity, %*		
White	62.0%	60.1%
Black or African American	18.8%	30.3%
Native American & Alaskan Native	0.7%	0.6%
Asian	15.2%	6.4%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%
Hispanic	18.7%	9.3%
Language Other than English Spoken at Home, % age 5+**	39.1%	16.7%
Median Household Income**	$98,221	$73,538
Persons below Poverty Level, %**	7.0%	10.1%
Pop. 25+ Without H.S. Diploma, %**	8.8%	11.3%
Pop. 25+ With Bachelor's Degree or Above, %**	57.1%	36.8%

*Sources: *U.S. Census Bureau, State and County Quick Facts, 2014 Estimates*
***U.S. Census Bureau, State and County Quick Facts, 2009-2013 Estimates*

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. **Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?**

   _X_Yes
   ___No

   Provide date here. 10/23/2013 **(mm/dd/yy)**

   If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).
   http://www.adventisthealthcare.com/app/files/public/3275/2013-CHNA-ARHM.pdf

2. **Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?**

   _X_Yes Enter date approved by governing body here (mm/dd/yy): 04/24/2014
   ___No

   If you answered yes to this question, provide the link to the document here.
   http://www.adventisthealthcare.com/app/files/public/3446/2013-CHNA-ARHM-ImplementationStrategy.pdf

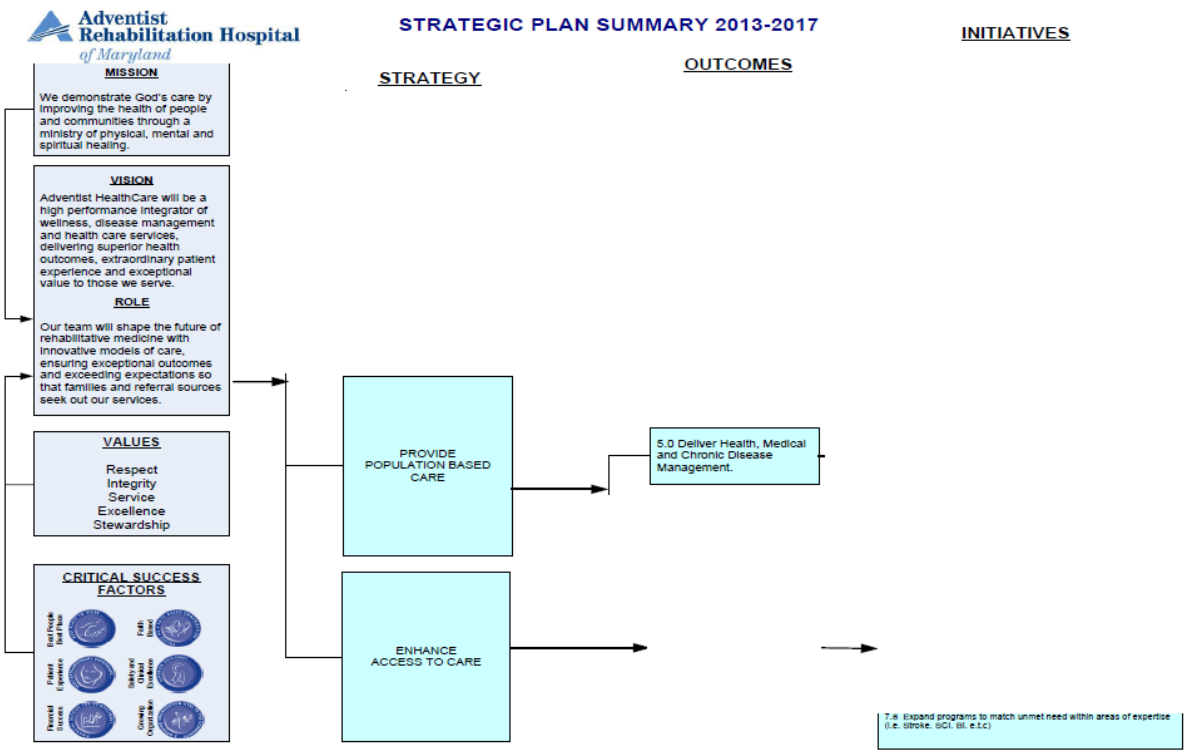
III. COMMUNITY BENEFIT ADMINISTRATION

1. **Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?** *(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)*

   a. **Is Community Benefits planning part of your hospital's strategic plan?**

      _✓_Yes
      ___No

      If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.
      Community Benefit is integrated throughout Adventist HealthCare Physical Health & Rehabilitation's strategic plan. Three guiding principles are listed on the strategic plan from which the strategies, objectives and initiatives directly stem. These guiding principles are the mission, vision, and values of the organization. AHC's mission is to demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing. The values which include respect, integrity, service, excellence and stewardship, exemplify the ideals strived for in fulfilling the mission. Specific strategies listed on the strategic plan include providing population based care and enhancing access to care. Specific outcomes and initiatives include delivery of health, medical and chronic disease management and expanding programs to match unmet need within areas of expertise.



b. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?** *(Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary)*

i. Senior Leadership

1. **_✓_CEO**
2. **_✓_CFO**
3. **_✓_Other (please specify:** AVP, Operations; AVP, Rehabilitation)

Describe the role of Senior Leadership.
The senior leaders listed above play a large role in the community benefit planning for Physical Health & Rehabilitation. This leadership group played a lead role in completing the prioritization of needs process and provided input and approval on the implementation strategy prior to board approval. The AVP of Rehabilitation acted as a champion for the initiatives and served on the AHC Community Benefit Council on behalf of Physical Health & Rehabilitation. The CFO and Manager of Finance at Physical Health & Rehabilitation work closely with finance and provide final approval of financials submitted.

ii. Clinical Leadership

1. **_✓_Physician**
2. **_✓_Nurse**
3. **___Social Worker**
4. **___Other (please specify)**

Describe the role of Clinical Leadership
Clinical leadership assists with the planning and implementation of community benefit activities including identifying need in the community.

iii. Community Benefit Operations

1. **_✓_Individual (please specify FTE:** Cultural Diversity Liaison**)**
2. **_✓_Committee (please list members:** Adventist HealthCare Community Benefit Council - members listed below**)**
3. **___Department (please list staff)**
4. **___Task Force (please list members)**
5. **___Other (please describe)**

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.
Adventist HealthCare has a Community Benefit Council with representatives from each of the 5 hospital entities in addition to key departments from the corporate office. The Council meets every other month and takes part in the planning, execution, and monitoring of the community benefit activities taking place at their entities and across AHC. They also play a large role in the development of each hospital's CHNA, Implementation Strategy, and Community Benefit Reports. Members of the council include:

- Executive Director, Center for Health Equity and Wellness (AHC) - CHAIR
- Project Manager for Community Benefit (AHC)
- Manager of Community Health and Outreach (AHC)
- VP of Operations of Shady Grove Medical Center
- Director of Case Management for SGMC and Washington Adventist (WAH)
- Director of Population Health (AHC)
- Chief Medical Officer at WAH
- AVP, Rehabilitation at Physical Health & Rehabilitation
- Cultural Diversity Liaison at Physical Health & Rehabilitation
- Manager, Business Development at Behavioral Health and Wellness Rockville
- Director of Clinical Services at Behavioral Health and Wellness Eastern Shore
- Project Accountant, AHC
- Senior Tax Accountant, AHC
- Financial Services Project Manager, AHC
- PR Marketing Coordinator, AHC

c. Is there an internal audit *(i.e., an internal review conducted at the hospital) of the Community Benefit report?)*

Spreadsheet	**_✓_yes**	**____no**
Narrative	**____yes**	**_✓_no**

If yes, describe the details of the audit/review process *(Who does the review? Who signs off on the review?)*
Prior to finalizing the spreadsheet, the finance team meets in person with the CFO to go over the spreadsheet in detail. The narrative is not formally audited; however, it is put together and reviewed in partnership with key hospital staff and leadership.

d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet	**_____yes**	**__✓__no**
Narrative	**_____yes**	**__✓__no**

If no, please explain why.

The hospital's Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Adventist HealthCare Board of Trustees only meets twice per year so they have not yet had a chance to review this report, but they will review this Community Benefit report when they next meet in Q1 2016.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

_____ Other hospital organizations
_____ Local Health Department
_____ Local health improvement coalitions (LHICs)
__✓__ Schools
_____ Behavioral health organizations
_____ Faith based community organizations
__✓__ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	**Healthy Montgomery**
Name of Key Collaborator	Healthy Montgomery Steering Committee Co-Chairs: • Mr. George Leventhal, Council Member, Montgomery County Council • Ms. Sharon London, Vice President, ICF International

	Additional Committee Members can be found here: http://www.healthymontgomery.org/index.php?module=htmlpages&func=display&pid=5000
Title	*See previous row*
Collaboration Description	Physical Health & Rehabilitation collaborates with Healthy Montgomery (HM), which serves as the Local Health Improvement Coalition in Montgomery County. PH&R worked with HM to complete a 2011 Community Health Needs Assessment, which helped to inform our CHNA, and the website maintained by HM provides current data which was utilized by PH&R to identify needs and set priorities. PH&R was also represented on the HM Steering Committee, which sets the direction for the group, and the Data Project subcommittee, which selected core measure indicators in the identified priority areas.

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

_____yes __✓__no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__✓__yes _____no

Dr. Deidre Washington, Research Associate at the Adventist HealthCare Center for Health Equity & Wellness is a member of the Healthy Montgomery Steering Committee on behalf of Shady Grove Medical Center, Washington Adventist Hospital, Behavioral Health & Wellness Services Rockville, and Physical Health & Rehabilitation. Dr. Washington, as well as Gina Maxham, MPH (Project Manager of Community Benefit, at the Center for Health Equity and Wellness) are also members of the Healthy Montgomery Community Health Needs Assessment Committee on behalf of Shady Grove Medical Center, Washington Adventist Hospital, Behavioral Health & Wellness Services, and Physical Health & Rehabilitation.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

For example*: *for each principal initiative, provide the following:

a. *1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.*
   2. Please indicate whether the need was identified through the most recent CHNA process.
b. *Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: http://www.thecommunityguide.org/)*
   (Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)
c. *Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?*
d. *Total number of people reached by the initiative (how many people in the target population were served by the initiative)?*
e. *Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.*
f. *Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?*
g. *Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.*
h. *Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.*
   - *What were the measurable results of the initiative?*
   - *For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.*
i. *Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.*
j. *Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?*
k. *Expense:*
   A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
   B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III

Identified Need Was this identified through the CHNA process?	The CDC estimates that there are more than 3.8 million sports-related concussions per year in the U.S. Data from 2004 to 2009 college sports seasons show sports-related concussions comprised 9.2% of all injuries sustained in women's soccer, 7.4% in football, 6.3% in field hockey, 5.5% in men's soccer and 4.1% in women's volleyball[6]. A national high school sports-related injury surveillance study for the 2014-2015 school year found that concussions comprised 25% of injuries sustained during competitions and 17% of injuries sustained during practice sessions[7]. From 2006 to 2010, Montgomery County had the highest percentage of traumatic brain injury (TBI) related emergency department visits in the state as well as the fourth highest percentage of TBI related hospital discharges[8]. From 2010 to 2011, Adventist HealthCare Physical Health & Rehabilitation had a higher percentage (12.78 percent) of brain injury discharges than the region (11.4 percent) and the nation (10.73 percent)[9]. The need was identified prior to the CHNA but was reinforced in the CHNA.
Hospital Initiative	Adventist HealthCare Physical Health & Rehabilitation Athletic Trainer and Montgomery County Student Athlete Concussion Program
Total Number of People within the Target Population	The target population includes 7500 student athletes at 13 Montgomery County High Schools.
Total Number of People Reached by the Initiative within the Target Population	The total number of people reached was 7500. 100% of student athletes have been baseline tested.
Primary Objective of the Initiative	The primary objective of this initiative is to help improve concussion diagnoses and treatment among Montgomery County Public School student athletes. Adventist HealthCare Physical Health & Rehabilitation has partnered with the Montgomery County Public School system to provide baseline concussion testing in 13 of the 26 high schools. Baseline testing is a pre-season exam conducted by trained professionals to assess an athlete's cognitive functions including learning and memory skills, ability to concentrate and problem solving skills. In the event that the athlete suffers a concussion, the results from these tests can be used in comparison with similar post-injury tests. Adventist HealthCare Physical Health & Rehabilitation uses ImPACT™ (Immediate Post-Concussion Assessment Cognitive Test), a web-based, computerized tool used to measure memory, processing speed, reaction time, attention span and problem solving skills. It is not an IQ test. This test takes between 30 to 45 minutes to complete and is considered one

[6] Datalys Center: Sports Injury Research and Prevention, 2004-2009

[7] National High School Sports-Related Injury Surveillance Study: 2014 – 2015 School Year Convenience Sample Summary Report. http://www.ucdenver.edu/academics/colleges/PublicHealth/research/ResearchProjects/piper/projects/RIO/Documents/Convenience%20Report_2014_15.pdf

[8] Department of Health and Mental Hygiene, 2006-2010.

[9] Patient Outcomes Report. Adventist Rehabilitation Hospital of Maryland. 2011. http://www.adventistrehab.com/app/files/public/213/pdf-ARHM-Patient-Outcomes.pdf

	of the standard baseline tests for athletes.
	
	In addition to the baseline testing, Adventist HealthCare Physical Health & Rehabilitation has assisted with implementing an athletic trainer program at each of the 13 schools. This has included training and placing an athletic trainer in each of the schools to assist with timely on-site injury prevention and management. Additional details are described below.
	
	Specific objectives for the initiative include:
	1. By the end of the 2014-2015 school year, complete ImPact™ baseline testing for 100% of student athletes at 13 Montgomery County High Schools.
	2. By the end of the 2016-2017 school year, place trainers in 13 of the 26 Montgomery County High Schools to aide in the development of an injury management and prevention program for student athletes.
	
	Strategies for this initiative include:
	• Increasing knowledge and awareness of concussion risks; concussion identification, care, and management in the community and the Montgomery County Public School system
	• Implementing ImPact™ baseline testing for student athletes in 13 Montgomery County high schools (with each student baseline tested every 2 years)
	• Maintaining and making available baseline test results to students, parents, and students' health care providers at no cost
	• Providing retests following a concussion at no cost (analysis and treatment are an additional cost)
	• Providing follow-up testing and analysis for students as needed at a reasonable rate
	• Serving as a resource on concussion education for students, parents, and coaches
	• Training and placing full-time athletic trainers in 13 Montgomery County high schools
	  ○ Trainers attend all 'home' athletic events as well as 'away' varsity football games
	  ○ Trainers perform functions within the six domains of athletic trainers as established by the National Athletic Trainers Association: prevention; clinical evaluation and diagnosis; immediate care; treatment, rehabilitation, and reconditioning; organization and administration; and professional responsibilities.
	  ○ In addition, trainers assist in implementing school and system wide responsibilities related to the health and safety of student athletes.
	• Providing American Heart Association CPR/AED recertification for athletic staff at 13 Montgomery County high schools

Single or Multi-Year Initiative Time Period	This is a **multi-year** initiative that began in the fall of 2013 and will continue into 2016 and 2017 with the potential to continue for an additional 3 years thereafter (contingent on agreement renewal with Montgomery County Public Schools).
Key Collaborators in Delivery of the Initiative	**Key partners involved in this initiative include:** • Montgomery County Public Schools ○ Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, Wooton • Johns Hopkins Medical Center

<table>
<tr><td>Impact/Outcome of Hospital Initiative</td><td colspan="2">Baseline Concussion Testing
Baseline testing was coordinated with school personnel for 13 Montgomery County high schools for the 2014-2015 school year
ImPact™ baseline testing was completed at 13 Montgomery County high schools
A total of 2,302 student athletes were baseline tested
Athletic Trainer Program
13 certified athletic trainers were present for the 2014-2015 athletic season in the 13 Montgomery County high schools
Between August 2014 and May 2015, among the 13 high schools:
1880 injuries were evaluated and documented
168 concussions were diagnosed or suspected
CPR/AED recertification was provided by Physical Health & Rehabilitation staff. 116 coaches were recertified.</td></tr>
<tr><td>Evaluation of Outcomes</td><td colspan="2">The Maryland State Board of Education established The Traumatic Brain Injury/Sports-Related Concussion Task Force in 2012 to research existing best practices regarding the prevention and treatment of TBI/concussions and to propose prevention, recognition, and management recommendations for schools in Maryland. In 2013, the Task Force submitted seven recommendations[10], some of which include: using the public health Levels of Prevention Model to implement prevention strategies; using educational programs to train coaches, athletic trainers, school nurses, teachers, counselors, student-athletes; promoting educational opportunities related to the evaluation and management of concussions; and improving communication with student-athletes, parents/guardians, schools, athletic departments and health care providers.

Adventist HealthCare Physical Health & Rehabilitation’s comprehensive concussion care initiative addresses many of the Task Force’s recommendations in Montgomery County high schools by raising awareness of concussion risks, teaching ways to identify, treat and manage concussions, providing baseline testing for every student-athlete, making test results available for students and family, and placing trained full-time athletic trainers at the 13 Montgomery County high schools. The Athletic Trainer and Montgomery County Student Athlete Concussion Program have been successfully working towards the improvement of concussion diagnoses and treatment in the 13 Montgomery County high schools.</td></tr>
<tr><td>Continuation of Initiative</td><td colspan="2">Adventist HealthCare Physical Health & Rehabilitation will continue this initiative into 2016 and 2017, at which point the contract with Montgomery County Public Schools will be up for renewal, for a potential additional 3-year term.</td></tr>
<tr><td>A. Total Cost of Initiative for Current Calendar Year
B. What amount is from Restricted Grants/ Direct offsetting</td><td>A. Total Cost of Initiative

Total estimated costs: $470,000</td><td>B. Direct offsetting revenue from Restricted Grants

Total estimated revenue and funding from Montgomery County Public Schools: $260,000</td></tr>
</table>

[10] Maryland State Department of Education. Report of the Traumatic Brain Injury/Sports-Related Concussions Task Force, January 2013. http://www.marylandpublicschools.org/w/ConcussionTaskForceReport_012013.pdf

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Areas of Need not Directly Addressed by Adventist HealthCare Physical Health & Rehabilitation and Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Asthma	In 2013, 11.9 percent of adult residents in Montgomery County were estimated to have been diagnosed with asthma. Black residents of Montgomery County have an asthma emergency department visit rate about 3.4 times higher than white residents. Hospitalization rates due to asthma exhibit a similar trend.	Support other organizations that provide services related to asthma. Refer patients to other Adventist HealthCare entities or community organizations as appropriate.	Montgomery County has established the Asthma Management Program which focuses on Latino children. This intervention program provides education, support and follow-up care. Other resources include the American Lung Association in Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	Adventist HealthCare Physical Health & Rehabilitation does not directly address Asthma because it is not a specialty area of the hospital. Sufficient resources and expertise are not available to meet these needs. Additional resources are available in the community.
Influenza	Influenza activity level across Maryland for the 2015-2016 flu season was minimal. However the rate of ED visits due to immunization-preventable pneumonia and influenza in Montgomery County was much higher among younger adults (18-24 years old) and Blacks than among any other adult age or racial group.	Support other organizations that provide services related to influenza. Refer patients to other Adventist HealthCare entities or community organizations as appropriate.	Adventist HealthCare Shady Grove Medical Center offers annual flu shot clinics in Montgomery County beginning in early September and continuing through January. Flu shot clinics are held at community centers, congregations, subsidized apartment complexes, and at Adventist HealthCare Shady Grove Medical Center. The Montgomery County Health Department has immunization outreach and education services for county residents. An Annual campaign is offered to residents for flu prevention. Other local health care providers, pharmacies, WIC providers, schools,	Adventist HealthCare Physical Health & Rehabilitation does not directly provide influenza services as they fall outside the scope of the hospital as a rehabilitation center. Influenza services are already provided by the acute care hospitals in the Adventist HealthCare System, Adventist HealthCare Shady Grove Medical Center and Adventist HealthCare Washington Adventist Hospital, as well as by several other organizations in Adventist HealthCare Physical Health & Rehabilitation's service area.

Areas of Need not Directly Addressed by Adventist HealthCare Physical Health & Rehabilitation and Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			child care providers, and clinics provide flu vaccinations in addition to outreach and education.	
HIV/AIDS	Blacks represent about 18.8% of the Montgomery County population, yet 66.8% of HIV cases diagnosed in 2013 were black residents. While HIV-related deaths in the County have greatly decreased in the past decade, the death rate remains high among black residents at 9.7 HIV-related deaths per 100,000 population.	Support other organizations that provide services related to HIV/AIDS. Refer patients to other Adventist HealthCare entities or community organizations as appropriate.	HIV case management from the Montgomery County Health Department helps to provide dental care, counseling, support groups, and home care services as needed. Education and outreach to at-risk populations is also provided. The Montgomery County Health Department also provides clinical services, lab tests, and diagnostic evaluations. The Maryland AIDS administration educates public health care professionals.	Adventist HealthCare Physical Health & Rehabilitation does not provide HIV/AIDS services as they fall outside the scope of the hospital as a rehabilitation center. HIV/AIDS services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in Adventist HealthCare Physical Health & Rehabilitation's service area.
Population Health • Maternal and Infant Health • Behavioral Health • Senior Health	**Maternal and Infant Health:** In Montgomery County, blacks and Hispanics were most likely to receive late or no prenatal care at 7 percent and 6.8 percent respectively, compared to only 2.6 percent of Asians, and 4.4 percent of whites. Although infant mortality is generally decreasing, blacks continue to experience the highest rates of infant mortality in Maryland as well as in Montgomery County.	Support other organizations that provide services related to maternal and infant health, behavioral health, and senior health. Refer patients to other Adventist HealthCare entities or community organizations as appropriate.	**Maternal and Infant Health:** Adventist HealthCare Shady Grove Medical Center and Adventist HealthCare Washington Adventist Hospital offer a full spectrum of services for expectant mothers, new mothers, and infants. Child birth and education classes are offered as well as lactation consultants. Free post-partum support groups are available as well. The Montgomery County Health Department works with Holy Cross, Adventist HealthCare Washington Adventist Hospital, and Adventist HealthCare Shady Grove Medical Center to provide prenatal services to low-	**Maternal and Infant Health:** Adventist HealthCare Physical Health & Rehabilitation does not provide maternal and infant services as they fall outside the scope of the hospital as a rehabilitation center. A full spectrum of maternal and infant services are already provided by Adventist HealthCare Shady Grove Medical Center, Adventist HealthCare Washington Adventist Hospital and several other organizations in Adventist HealthCare Physical Health &

Areas of Need not Directly Addressed by Adventist HealthCare Physical Health & Rehabilitation and Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Behavioral Health: In Montgomery County, 11.2 percent of the adult residents have been diagnosed with an anxiety disorder and nearly 15 percent have been diagnosed with a depressive disorder. Among the youth, 12-17 year olds, 10.7% were diagnosed with major depressive episodes in 2013. The rate of hospital discharges for bipolar disorders in Montgomery County has increased and there was a two-fold increase in readmission rates in the past decade. **Senior Health:** In Montgomery County, 6.6 percent of seniors live below the poverty line with higher percentages among minority seniors and women. In Montgomery County, 13.7 percent of the population is over age 65 and 87.5 percent of residents over the age of 65 have some type of health insurance. These rates are comparable to the State of Maryland. Rates of hospitalization for dementia/Alzheimer's for Montgomery County (142.7 per 100,000) were lower than rates in		income and uninsured residents. To address teen pregnancy, school nurses work in accordance with Maryland state regulations providing Montgomery County Public School (MCPS) students with education and referrals that promote healthy lifestyle choices. The Teen Parent Support Program provides peer group education on raising children, healthy relationships, and prevention of repeat teenage pregnancy. Additional services and resources include the WIC program, safety net clinics, mental health care for pregnant women and new mothers at risk for depression, home visitation services to first time parents and well-baby care programs. **Behavioral Health:** Montgomery County Crisis Center providers 24 hour telephone or walk-in services for children and adolescents. Many additional organizations provide assessment and care services such as: Children's National Medical Center, Affiliated Community Counselors, Inc., City of Rockville Youth and Family Services, and Community Connections.	Rehabilitation's service area. **Behavioral Health:** Adventist HealthCare Physical Health & Rehabilitation does not provide behavioral health services because these services are already provided by a neighboring specialty care hospital within its hospital system, Adventist HealthCare Behavioral Health and Wellness Services. In addition to Adventist Behavioral Health, there are many organizations that provide behavioral health services within the Adventist HealthCare Physical Health & Rehabilitation service area. **Senior Health:** Adventist HealthCare Physical Health & Rehabilitation does not directly provide senior care community outreach services as they fall outside the scope of the hospital as a rehabilitation center. Many older adults and seniors are served by various programs at Adventist HealthCare Physical Health & Rehabilitation, although these are not specifically/exclusively offered to seniors. Senior health services are already provided by other

Areas of Need not Directly Addressed by Adventist HealthCare Physical Health & Rehabilitation and Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Maryland (194.1 per 100,000).		The Mental Health Association and the National Alliance on Mental Illness provide support, education, and advocacy. **Senior Health:** The Montgomery County Department of Aging offers nutrition programs, runs community senior centers, and heads several multicultural health initiatives. The Jewish Council for the Aging has information and referral services, adult day care services, a senior help line, and Connect-A-Ride. Local community senior centers provide education classes, social activities, and health screenings. Additionally available are hospital-based programs including support groups, senior resource programs, and a variety of education services. Health promotion services focus on fall prevention, end of life health decisions, and overall health issues. Support groups for family caregivers, respite care, and in-home services are also available. This area also has all levels of care available for seniors such as acute care, skilled nursing care, assisted living facilities, and home health care services.	entities in the Adventist HealthCare network, as well as by several other organizations in Adventist HealthCare Physical Health & Rehabilitation's service area.

Areas of Need not Directly Addressed by Adventist HealthCare Physical Health & Rehabilitation and Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Social Determinants of Health • Food Access • Housing Quality • Education • Transportation	**Food Access:** Montgomery County performs better than state and national baselines with regard to food deserts. **Housing Quality** – 51.6 percent of renters in Montgomery County spend 30% or more of household income on rent. In 2015, an annual survey found there were 1100 homeless people in Montgomery County. **Education:** Montgomery County performs better than the state baseline with regard to percentage of students who graduate high school within 4 years. While the overall graduation rate is higher than the state, there are disparities in graduation rates among racial and ethnic groups. **Transportation** – Montgomery County ranks in the top quartile of longest commute times among all U.S. counties. The rate of pedestrian injuries on public roads in Montgomery County (41.3/100,000) is lower than that of the state (42.5/100,000) but remains higher than the SHIP 2017	Partner with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.	**Food Access:** Manna Food Center, a central food bank in Montgomery County, provides food assistance directly to individuals from 14 locations across the county. Manna works with local farms and orchards to provide fresh fruits and vegetables to their clients. Several local food programs deliver boxes of food to their clients, including Germantown HELP and Manna Food Center. Whether they offer delivery, transportation, or programs directed to children in need, these organizations have worked to overcome access challenges to deliver food and other services to those who need it. **Housing Quality:** Adventist HealthCare Physical Health & Rehabilitation supports and partners with a non-profit organization in Montgomery County called Interfaith Works, which provided shelter to 824 homeless men, women, and children, while providing 13,073 income-qualified residents with free clothing and household goods in 2014 alone. Additionally, the Montgomery County Coalition for the Homeless has shelters and emergency housing as well as a program to provide permanent housing for families throughout the county.	Adventist HealthCare Physical Health & Rehabilitation does not directly address many of the social determinants of health as they fall outside the specialty areas of the hospital and Adventist HealthCare Physical Health & Rehabilitation does not have the resources or expertise to meet those needs. Instead Adventist HealthCare Physical Health & Rehabilitation supports and partners with other organizations in the community that specialize in addressing needs related to food access, housing quality, education, and transportation.

Areas of Need not Directly Addressed by Adventist HealthCare Physical Health & Rehabilitation and Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	target of 35.6/100,000 population.		**Education:** Local community colleges offer low-cost higher education opportunities. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy – a common reason teenagers drop out of school. **Transportation:** A number of public transportation options are available in Montgomery County including Ride On, Park and Ride, Metrobus, Metrorail, MetroAccess, Call "N" Ride, AMTRAK, MARC, and taxis. Many of these options offer free of discounted fares for low income individuals.	

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

The State's initiatives for improvement in population health include efforts to integrate medical care with community-based resources, a framework and measures (with targets) in distinct focus areas to continue to promote optimal health for all Maryland residents, promoting programs that enhance patient care and population health, and efforts to expand access to health care in underserved communities. Also, in the context of the State's unique all-payer rate setting model, hospitals are tasked with improving quality, including decreasing 30-day readmissions. Physical Health & Rehabilitation's community benefit operations/activities are aligned with many of these initiatives. For example, the AHC-PH&R initiative to build a comprehensive concussion screening and treatment program provides services to student athletes at high schools across Montgomery County. The initiative includes baseline testing every two years; tests are offered at a discounted rate or free of charge for students with economic difficulties. Athletic trainers are also placed at high schools, and attend all home games and away varsity football games. A Concussion Clinic is also provided to community members. With Montgomery County having a high percentage of traumatic brain injury-related emergency department visits, these initiatives help to promote the health of students in our community (while also promoting physical activity) and provide health services to those who may not otherwise have access to them.

VI. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

According to Healthy Montgomery, the percentage of adults in 2012 that reported being unable to afford to see a doctor was 10 percent (see Figure 29). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, among adults ages 18 to 44, 11.4 percent are unable to see a doctor (see Figure 29), and among Hispanics and "other" racial groups, 18.3 and 17.9 percent respectively, are unable to afford to see a doctor (see figure 30). Additionally, 9.7 percent of Montgomery County residents do not have health insurance (American Community Survey, 2014). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

Adventist HealthCare Physical Health & Rehabilitation is committed to providing access to quality patient care. As a member of Adventist HealthCare, we are the only specialty provider of inpatient rehabilitation care in the county. We are also CARF accredited for our Amputee, Brain Injury, Spinal Cord and Stroke programs, which indicates that our programs and services have demonstrated that they substantially meet internationally recognized standards of care.

In addition to our inpatient care, we also offer support groups for our patients and their families as they return to their lives outside of our facility. Our support groups, which include amputee, brain injury and aphasias, meet monthly and are open to all of our patients.

In providing this care, our expenses outweigh the revenue associated with providing the care detailed above. Accordingly, to provide a continuum of quality care and narrow the gap in availability of providers to the uninsured / underinsured, we subsidize our physician practices.

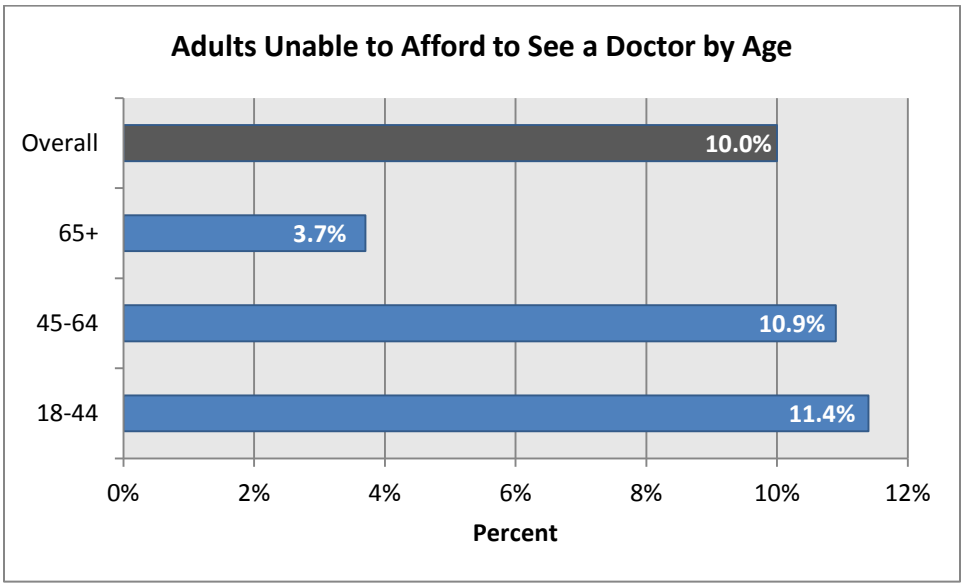


Figure 28. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery County, 2012 (www.HealthyMontgomery.org)

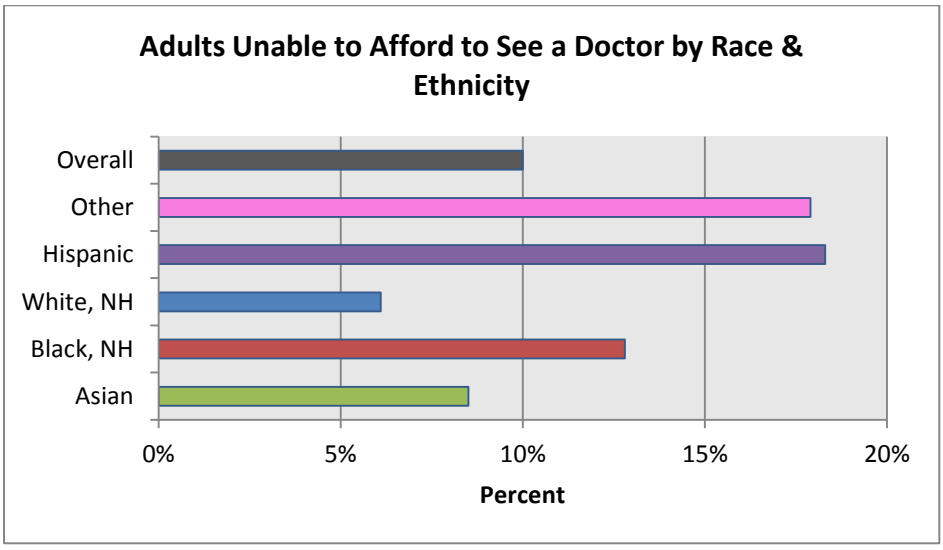


Figure 29. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery County, 2012 (www.HealthyMontgomery.org)

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

In accordance with Adventist Healthcare's mission of demonstrating God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing, Adventist HealthCare Physical Health & Rehabilitation provided the following physician services, by category, as a community benefit in 2014:

Non-Resident House Staff & Hospitalists

- Inpatient Rehabilitation Services

- Outpatient Rehabilitation Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Athletic Trainers In Montgomery County Schools

Physician Recruitment to Meet Community Need

- Inpatient Rehabilitation Services
- Outpatient Rehabilitation Services
- Physical Therapy
- Occupational Therapy
- Speech Therapy

The following table details the dollar amount of physician subsidies that Adventist HealthCare Rehabilitation Hospital provided:

Physician Category	Amount
Non-Resident House Staff & Hospitalist	$70,117.14
Recruitment of Physicians To Meet Community Need	$700,915.83
Total	**$771,032.97**

VII. APPENDICES

To Be Attached as Appendices:

1. **Describe your Financial Assistance Policy (FAP):**
    a. **Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)**

*For **example**, state whether the hospital:*

- *Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):*
    - *in a culturally sensitive manner,*
    - *at a reading comprehension level appropriate to the CBSA's population, and*
    - *in non-English languages that are prevalent in the CBSA.*
- *posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;*
- *provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;*
- *provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;*
- *includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or*
- *discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.*

b. *Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).*
c. *Include a copy of your hospital's FAP (label appendix III).*
d. *Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).*

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).

Appendix I

Financial Assistance Policy Description

Adventist HealthCare Physical Health & Rehabilitation is committed to providing medically necessary health care services for all patients admitted to our facility. Inpatient and outpatient rehabilitation services are provided to all patients regardless of their individual ability to pay for such services. For those patients without medical insurance or personal resources, Adventist Rehab has a Financial Assistance Policy that they may be eligible to receive. Adventist HealthCare Rehabilitation Hospital informs patients and persons of their eligibility for financial assistance according to the National CLAS standards and provides this information in both English and Spanish.

Prior to admission, a nurse liaison reviews each case. If it is determined that a patient does not have the financial means to pay for their services the patient is reviewed for eligibility for Medical Assistance by an outside contractor experienced in qualifying patients for Medicaid and other governmental programs. Patients are also informed about the Hospital Financial Assistance Policy. Applications are reviewed for approval in accordance with the Adventist HealthCare Financial Assistance Policy.

Upon admission, a disclosure statement is reviewed with each patient that explains how their hospital costs will be covered. Any out of pocket expenses are reviewed with the patient as well.

Appendix II

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

Adventist HealthCare Physical Health & Rehabilitation is committed to providing medically necessary health care services for all patients admitted to our facility. Inpatient and outpatient rehabilitation services are provided to all patients regardless of their individual ability to pay for such services. For those patients without medical insurance or personal resources, Adventist Rehab has a Financial Assistance Policy that they may be eligible to receive. The Policy is designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs.

The only change made to the financial assistance policy was the annual update to the Income Poverty Guidelines established by the Community Services Administration. It was not necessary to make any additional changes to the policy as the hospital considers Financial Assistance to any patient responsibility amount as long as the patient has followed our requirements.

Appendix III

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

Effective Date	01/08	Policy No:	AHC 3.19.0
Cross Referenced:	Financial Assistance - Decision Rules/Application (see Master Policy 3.19 Financial Assistance)	Origin:	PFS
Reviewed:	02/09, 06/15/10, 9/19/13	Authority:	EC
Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	1 of 12

DECISION RULES:

A. The patient would be required to fully complete an application for Charity Care and/or completion of the "Income" and "Family Size" portions of the State Medicaid Application could be considered as "an application for Charity Care." A final decision will be determined by using; an electronic income estimator, the state of Maryland poverty guidelines and the review of requested documents. An approved application for assistance will be valid for twelve (**12**) months from the date of service and may[1] be applied to any qualified services (see "A" above), rendered within the twelve (**12**) month period. The patient or Family Representative may reapply for Charity Care if their situation continues to merit assistance.

1. Once a patient qualifies for Charity Care under this policy the patient or any immediate family member of the patient living in the same household shall be eligible for Charity Care at the same level for medically necessary care when seeking subsequent care at the same hospital during the 12 month period from the initial date of service.
2. When the patient is a minor, an immediate family member is defined as; mother, father, unmarried minor natural or adopted siblings, natural or adopted children residing in the same household.
3. When the patient is not a minor, an immediate family member is defined as: spouse, minor natural or adopted siblings, natural or adopted children residing in the same household.

B. Where a patient is deceased with no designated Executor, or no estate on file within the appropriate jurisdiction(s), the cost of any services rendered can be charged to Charity Care without having completed a formal application. This would occur after a determination that other family members have no legal obligation to provide Charity Care. After receiving a death certificate and appropriate authorization, the account balance will be adjusted via the appropriate adjustment codes 23001 – Account in active AR, 33001 – Account in Bad Debt.

C. Where a patient is from out of State with no means to pay, follow instructions for "A" above.

D. A Maryland Resident who has no assets or means to pay, follow instructions for "a" above.

E. A Patient who files for bankruptcy, and has no identifiable means to pay the claim, upon receipt of the discharge summary to include debt owed to AHC, charity will be processed without a completed application and current balances adjusted as instructed in "b" above.

F. Where a patient has no address or social security number on file and we have no means of verifying assets or, patient is deemed homeless, charity will be processed without a completed application and current balances adjusted as instructed in "b" above.

G. A Patient is denied Medicaid but is not determined to be "over resource" follow instructions for "a" above.

H. A Patient who qualifies for federal, state or local governmental programs whose income qualifications fall within AHC Charity Care Guidelines, automatically qualifies for AHC Charity Care without the requirement to complete a charity application.

I. Patients with a Payment Predictability Score (PPS) of 500 or less, and more than 2 prior obligations in a Collection Status on their Credit Report and Income and Family Size are within the Policy Guidelines, charity will be processed without a completed application and current balances adjusted as instructed in "C" above.

J. If a patient experiences a material change in financial status, it is the responsibility of the patient to notify the hospital within ten days of the financial change.

ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

Shady Grove Adventist, Adventist Behavioral Health, Washington Adventist Hospital and Adventist Rehab Hospital of Maryland will make available a reasonable amount of health care without charge to persons eligible under Community Services Administration guidelines. Charity Care is available to patients whose family income does not exceed the limits designated by the Income Poverty Guidelines established by the Community Services Administration. The current income requirements are the following. If your income is not more than five time these amounts, you may qualify for Charity Care.

Size of Family Unit	**Guideline**
1	$11,670
2	$15,730
3	$19,790
4	$23,850
5	$27,910
6	$31,970
7	$36,030
8	$40,909

Note: The guidelines increase **$4,020** for each additional family member.

If you feel you may be eligible for Charity Care and wish to apply, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660. A written determination of your eligibility will be made two business days of the receipt of your completed application.

Revised 3/2015

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

Effective Date	01/08	Policy No:	AHC 3.19.0
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Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	4 of 12

Adventist HealthCare

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

☐ Washington Adventist Hospital ☐ Adventist Behavioral Hospital
☐ Shady Grove Adventist Hospital ☐ Adventist Rehabilitation Hospital of Maryland

CHARITY CARE APPLICATION- DEMOGRAPHICS

Date: _____Account Number(s)_____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security #: _____ US Citizen: _____ No Residence: _____

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application_____

Dependents Listed on Tax Form:

Name: _____ Age: ____Relationship:_____
Name: _____ Age: ____Relationship: _____
Name: _____ Age: ____Relationship: _____
Name: _____ Age: ____Relationship: _____

Employment: Patient employer	**Spouse employer**
Name: _____	Name:_____
Address: _____	Address: _____
Telephone #: _____	Telephone #:_____
Social Security #: _____	Social Security #: _____
How long employed: _____	How long employed: _____

TOTAL FAMILY INCOME $_____

Note: All Financial applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months' worth of pay-stubs, an official income verification letter from your employer and/or your current taxes or W-2s. If you are not working and are not receiving state or county assistance, please include a "Letter of Support" from the individual or organization that is covering your living expenses. Any missing documents will result in a delay in processing your application or could cause your application to be denied. Thank you for your cooperation.

CHARITY CARE APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

Has the applicant ever applied or is currently applying for Medical Assistance?

Please Circle the appropriate answer: **YES or NO**

If yes, please provide the status of your application below (caseworker name, DSS office location, etc.)

I hereby certify that to the best of my knowledge and belief, the information listed on this statement is true and represents a complete statement of my family size and income for the time period indicated.

Applicant Signature: _____ Date: _____

Return Application To: Adventist HealthCare
Patient Financial Services
Attn: Customer Service Manager
820 West Diamond Avenue. Suite 500
Gaithersburg, MD 20878

COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY

This application was: **Denied / Approved /Need more information**

The reason for Denial:

What additional information is needed?:

Approval Details:

Patient approved for _____%
$_____ will be a Charity Care Adjustment
$_____ will be the patient's responsibility

Approval Letter was sent on _____

AUTHORIZED SIGNATURES:

_____
CS/COLLECTION SUPERVISOR
UP TO $5,000.00

_____
REGIONAL DIRECTOR
UP TO $25,000.00

_____
VP of Revenue Cycle or HOSPITAL CFO
OVER $25,000.00

Revised 3/2015

2015 POVERTY GUIDELINES

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
\1	100%	$11,670	100%	0%
2	100%	$15,730	100%	0%
3	100%	$19,790	100%	0%
4	100%	$23,850	100%	0%
5	100%	$27,910	100%	0%
6	100%	$31,970	100%	0%
7	100%	$36,030	100%	0%
8	100%	$40,090	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	125%	$14,588	100%	0%
2	125%	$19,663	100%	0%
3	125%	$24,738	100%	0%
4	125%	$29,813	100%	0%
5	125%	$34,888	100%	0%
6	125%	$39,963	100%	0%
7	125%	$45,038	100%	0%
8	125%	$50,113	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	150%	$17,505	100%	0%
2	150%	$23,595	100%	0%
3	150%	$29,685	100%	0%
4	150%	$35,775	100%	0%
5	150%	$41,865	100%	0%
6	150%	$47,955	100%	0%
7	150%	$54,045	100%	0%
8	150%	$60,135	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**

1	175%	$20,423	100%	0%
2	175%	$27,528	100%	0%
3	175%	$34,633	100%	0%
4	175%	$41,738	100%	0%
5	175%	$48,843	100%	0%
6	175%	$55,948	100%	0%
7	175%	$63,053	100%	0%
8	175%	$70,158	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	200%	$23,340	100%	0%
2	200%	$31,460	100%	0%
3	200%	$39,580	100%	0%
4	200%	$47,700	100%	0%
5	200%	$55,820	100%	0%
6	200%	$63,940	100%	0%
7	200%	$72,060	100%	0%
8	200%	$80,180	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	225%	$26,258	90%	10%
2	225%	$35,393	90%	10%
3	225%	$44,528	90%	10%
4	225%	$53,663	90%	10%
5	225%	$62,798	90%	10%
6	225%	$71,933	90%	10%
7	225%	$81,068	90%	10%
8	225%	$90,203	90%	10%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	250%	$29,175	80%	20%
2	250%	$39,325	80%	20%
3	250%	$49,475	80%	20%

4	250%	$59,625	80%	20%
5	250%	$69,775	80%	20%
6	250%	$79,925	80%	20%
7	250%	$90,075	80%	20%
8	250%	$100,225	80%	20%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	275%	$32,093	70%	30%
2	275%	$43,258	70%	30%
3	275%	$54,423	70%	30%
4	275%	$65,588	70%	30%
5	275%	$76,753	70%	30%
6	275%	$87,918	70%	30%
7	275%	$99,083	70%	30%
8	275%	$110,248	70%	30%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	300%	$35,010	60%	40%
2	300%	$47,190	60%	40%
3	300%	$59,370	60%	40%
4	300%	$71,550	60%	40%
5	300%	$83,730	60%	40%
6	300%	$95,910	60%	40%
7	300%	$108,090	60%	40%
8	300%	$120,270	60%	40%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	350%	$40,845	50%	50%
2	350%	$55,055	50%	50%
3	350%	$69,265	50%	50%
4	350%	$83,475	50%	50%
5	350%	$97,685	50%	50%
6	350%	$111,895	50%	50%

7	350%	$126,105	50%	50%
8	350%	$140,315	50%	50%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	400%	$46,680	40%	60%
2	400%	$62,920	40%	60%
3	400%	$79,160	40%	60%
4	400%	$95,400	40%	60%
5	400%	$111,640	40%	60%
6	400%	$127,880	40%	60%
7	400%	$144,120	40%	60%
8	400%	$160,360	40%	60%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	450%	$52,515	30%	70%
2	450%	$70,785	30%	70%
3	450%	$89,055	30%	70%
4	450%	$107,325	30%	70%
5	450%	$125,595	30%	70%
6	450%	$143,865	30%	70%
7	450%	$162,135	30%	70%
8	450%	$180,405	30%	70%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	500%	$58,350	20%	80%
2	500%	$78,650	20%	80%
3	500%	$98,950	20%	80%
4	500%	$119,250	20%	80%
5	500%	$139,550	20%	80%
6	500%	$159,850	20%	80%
7	500%	$180,150	20%	80%
8	500%	$200,450	20%	80%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	550%	$80,231	10%	90%
2	550%	$108,144	10%	90%
3	550%	$136,056	10%	90%
4	550%	$163,969	10%	90%
5	550%	$191,881	10%	90%
6	550%	$219,794	10%	90%
7	550%	$247,706	10%	90%
8	550%	$275,619	10%	90%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	600%	$105,030	5%	95%
2	600%	$141,570	5%	95%
3	600%	$178,110	5%	95%
4	600%	$214,650	5%	95%
5	600%	$251,190	5%	95%
6	600%	$287,730	5%	95%
7	600%	$324,270	5%	95%
8	600%	$360,810	5%	95%

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Financial Assistance - Decision Rules/Application (see Master Policy 3.19 Financial Assistance)	Origin:	PFS
Reviewed:	02/09, 9/19/13	Authority:	EC
Revised:	03/11, 10/02/13	Page:	12 of 16

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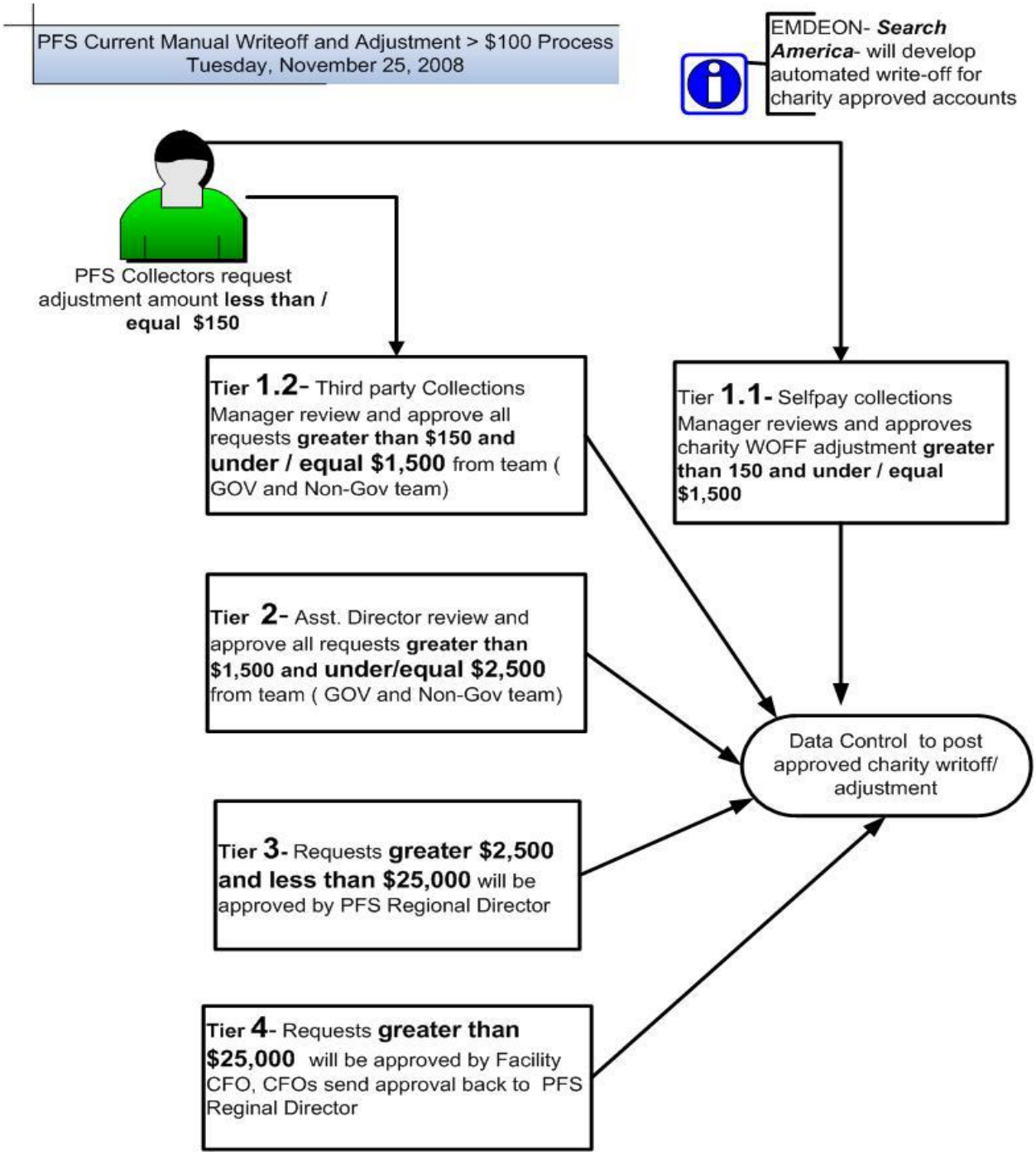

Appendix IV

ADVENTIST HEALTHCARE, INC. NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Notice must also include:
Effective Date of this Notice

Adventist HealthCare
Physical Health & Rehabilitation

DISCLOSURE STATEMENT

Your hospitalization costs may be covered by:

- ❑ MEDICARE
  - ☐ Part A – inpatient hospitalization
    - * $1,260 Deductible per benefit period
    - * $315/day for days 61-90
    - * $630/day for days 91-150**
  - ☐ Part B for physician, provider or supplier of services
    - * $147 deductible per year
    - * 20% co-payment

**Utilizing Life Time Reserve Days
__Y __ N (Auth to Use letter attached)

- ❑ MEDICARE SUPPLEMENT

Supplementals normally cover the deductible and coinsurance of Medicare. Contact your insurance company for benefits.

- ❑ COMMERCIAL INSURANCE

See attached benefits summary for coverage details. Authorization for your stay has been obtained. We will send updates to your insurance company to get continued authorizations. Case management will notify you when your coverage is discontinued.

- ❑ WORKERS COMPENSATION

Authorization for your stay has been obtained from your workers compensation plan administrator. We will send updates to get continued authorizations. Case management will notify you when your coverage is discontinued.

- ❑ MEDICAID

If approved, Medicaid will cover your services.

- ❑ OTHER
  - ☐ Self Pay
  - ☐ Financial Assistance
  - ☐ Other: _____

Typical Out-of Pocket Expenses:

- Private rooms (not medically required).
- Co-payments and deductibles with many insurance plans are the responsibility of the patient and paid in advance. If you have a supplemental or secondary insurance we will bill them.
- If you choose to stay beyond your covered insurance days, we will collect, in advance, an average per-diem rate for each day that you stay.
- Transportation may be the private responsibility of the patient, Case Management will notify you in advance of any out-of-pocket costs.
- Durable Medical Equipment ordered upon discharge by therapy or Case Management may be the responsibility of the patient. We will notify you in advance of any out of pocket costs.

Adventist HealthCare
Physical Health & Rehabilitation

The insurance information on this form is usually collected over the phone from your insurance carrier. This information is not a guarantee of coverage by your insurance. Please contact your insurance representative to verify your coverage.

If you have any questions about costs that you may incur, an Patient Access representative is available to talk with you at 240-864-6040.

Below is a general summary of services provided. Your interdisciplinary team will establish an individualized plan of care that includes the services you will need to maximize your independence.

All patients admitted into Adventist Rehab are provided the following services:	Additional services provided upon physician order and/or as medically needed:
▪ Physiatrist – Physician Specializing in Rehabilitation ▪ Rehabilitation Nursing ▪ Two or More of the Following Therapies: Physical, Occupational, Speech or Recreational ▪ Case Management ▪ Social Work ▪ Pharmacy ▪ Pastoral Care ▪ Food Services ▪ Housekeeping	▪ Prosthesis/Orthotics ▪ Consulting Clinicians: i.e., Medical Specialty, Psychology, Dietitian, Respiratory Therapist, Wound Care Nurse ▪ Clinical Testing: i.e., Lab Work, Radiology

Physicians, both on-staff and consultants provide services that are billed separately. The hospital bill includes the services listed above, except physician services.

Intensity of the Program:

Each patient receives 3 hours of multi-disciplinary therapy 5 out of 7 days a week. An individualized program is developed for each patient. Your therapy may be any combination of physical, occupational, speech therapy, or recreational therapy.

Estimated Length of Stay:

Based on your initial assessment, we believe your estimated length of stay will be _____ days. Your case manager will work with you to prepare you for a safe discharge.

Alternative Resources for Needs:

Based on your needs your case manager or social worker will provide you alternative resources that would be available to you.

Appendix V

Hospital Mission, Vision, and Value Statements

Mission

We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing.

Vision

We will be a high performance integrator of wellness, disease management and health care services, delivering superior health outcomes, extraordinary patient experience and exceptional value to those we serve.

Values

Adventist HealthCare has identified five core values that we use as a guide in carrying out our day-to-day activities:

1. **Respect:** We recognize the infinite worth of each individual and care for them as a whole person.
2. **Integrity:** We are above reproach in everything we do.
3. **Service:** We provide compassionate and attentive care in a manner that inspires confidence.
4. **Excellence:** We provide world class clinical outcomes in an environment that is safe for both our patients and care givers.
5. **Stewardship:** We take personal responsibility for the efficient and effective accomplishment of our mission.