

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Your hospital's ID is: 210064	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Your hospital is part of the hospital system called LifeBridge Health.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>

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

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

Levindale Utilizes data powered by the Healthy Communities Institute and can be found at <https://healthycarroll.org/lifebridge/>

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

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

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

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

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | | |
|---|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21201 | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21202 | <input type="checkbox"/> 21213 | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203 | <input type="checkbox"/> 21214 | <input type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input type="checkbox"/> 21205 | <input checked="" type="checkbox"/> 21215 | <input type="checkbox"/> 21228 | <input type="checkbox"/> 21263 |
| <input type="checkbox"/> 21206 | <input checked="" type="checkbox"/> 21216 | <input type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input checked="" type="checkbox"/> 21207 | <input checked="" type="checkbox"/> 21217 | <input type="checkbox"/> 21230 | <input type="checkbox"/> 21278 |
| <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21218 | <input type="checkbox"/> 21231 | <input type="checkbox"/> 21281 |
| <input checked="" type="checkbox"/> 21209 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21233 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21210 | <input type="checkbox"/> 21223 | <input type="checkbox"/> 21234 | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211 | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21236 | |

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

- | | | | |
|--------------------------------|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 21013 | <input type="checkbox"/> 21092 | <input type="checkbox"/> 21156 | <input type="checkbox"/> 21225 |
| <input type="checkbox"/> 21020 | <input type="checkbox"/> 21093 | <input type="checkbox"/> 21161 | <input type="checkbox"/> 21227 |
| <input type="checkbox"/> 21022 | <input type="checkbox"/> 21094 | <input type="checkbox"/> 21162 | <input type="checkbox"/> 21228 |
| <input type="checkbox"/> 21023 | <input type="checkbox"/> 21102 | <input type="checkbox"/> 21163 | <input type="checkbox"/> 21229 |
| <input type="checkbox"/> 21027 | <input type="checkbox"/> 21104 | <input type="checkbox"/> 21204 | <input type="checkbox"/> 21234 |
| <input type="checkbox"/> 21030 | <input type="checkbox"/> 21105 | <input type="checkbox"/> 21206 | <input type="checkbox"/> 21235 |
| <input type="checkbox"/> 21031 | <input type="checkbox"/> 21111 | <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21236 |
| <input type="checkbox"/> 21043 | <input type="checkbox"/> 21117 | <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21051 | <input type="checkbox"/> 21120 | <input type="checkbox"/> 21209 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21052 | <input type="checkbox"/> 21128 | <input type="checkbox"/> 21210 | <input type="checkbox"/> 21241 |
| <input type="checkbox"/> 21053 | <input type="checkbox"/> 21131 | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21244 |
| <input type="checkbox"/> 21057 | <input type="checkbox"/> 21133 | <input type="checkbox"/> 21215 | <input type="checkbox"/> 21250 |
| <input type="checkbox"/> 21065 | <input type="checkbox"/> 21136 | <input type="checkbox"/> 21219 | <input type="checkbox"/> 21252 |
| <input type="checkbox"/> 21071 | <input type="checkbox"/> 21139 | <input type="checkbox"/> 21220 | <input type="checkbox"/> 21282 |
| <input type="checkbox"/> 21074 | <input type="checkbox"/> 21152 | <input type="checkbox"/> 21221 | <input type="checkbox"/> 21284 |
| <input type="checkbox"/> 21082 | <input type="checkbox"/> 21153 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21285 |
| <input type="checkbox"/> 21085 | <input type="checkbox"/> 21155 | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21286 |
| <input type="checkbox"/> 21087 | | | |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?



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

Please view full narrative in the "other" section that follows.

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

Please view full narrative in the "other" section that follows.

Based on patterns of utilization. Please describe.

Please view full narrative in the "other" section that follows.

Other. Please describe.

Levindale is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. The neighborhoods surrounding Levindale are identified by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). These two neighborhoods make up the great majority of community health benefit activities, both by virtue of where the activities take place and because the majority of participants in those activities live in these neighborhoods. However Levindale does not have an address requirement for participation in community benefit activity, so those activities serve people living in 21215, 21207, 21208, 21209, 21117 and 21216. Portions of those zip codes include the following communities:

Pimlico/Arlington/Hilltop; Southern Park Heights; Howard Park/West Arlington; Dorchester/Ashburton; Greater Mondawmin; and Penn North/Reservoir Hill. Together, these zip codes and community designations define the hospital's Community Benefit Service Area (CBSA). This entire area is predominately African American with a below average median family income, above average rates for unemployment, and other social determining factors that contribute to poor health. The most vulnerable populations reside in 21215, 21207, 21208, 21209, and 21216. A majority of Levindale's interventions focus on the neighborhoods within 21215. To further illustrate the social factors that influence the health of those in our CBSA, the following highlights many social determinants in the area closest to the hospital and in which the majority of community benefit participants live, Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH).

Relying on data from The 2017 Baltimore Neighborhood Health Profiles, the median household income for SPH was \$26,015 and PAH's median household income was \$32,410. This is compared to Baltimore City's median household income of \$41,819. The percentage of families with incomes below the federal poverty guidelines in SPH was 46.4% and in PAH, 28.4%; compared to 28.8% in Baltimore City. The average unemployment rates for SPH and PAH were 23.6% and 17.1% respectively while Baltimore City's unemployment rate recorded in 2017 was 13.1%.

The racial composition and income distribution of the aboveindicated zip codes reflect the racial segregation and income disparity characteristic of the Baltimore metropolitan region. For example, SPH and PAH have a predominantly African American population at 94.5% and 96.3% respectively. This is in contrast to the neighboring Mount Washington/Coldspring community in which the median household income is \$76,263 and the unemployment rate was 4.5%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly (65.8%) white.

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

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

<http://www.lifebridgehealth.org/Main/AboutLifeBridgeHealth.aspx>

Q37. Is your hospital an academic medical center?

- Yes
 No

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

Levindale Hebrew Geriatric Center and Hospital was founded in Baltimore City in 1890 as the Hebrew Friendly Inn and Aged Home, giving temporary shelter to the waves of incoming Jewish immigrants fleeing the pogroms of Europe. In 1927, the residents of the Hebrew Friendly Inn and Aged Home moved to a 22-acre lot at Greenspring and Belvedere Avenues in Baltimore, the former home of The Jewish Children's Society orphanage. The facility was renamed Levindale, in honor of Louis Levin, secretary of the Children's Society and first executive director of the Associated Jewish Charities. Today, Levindale has evolved into a 330-bed multi-denominational geriatric hospital and long term care facility that offers a complete range of quality health care programs for the elderly and disabled. Programs include a nursing home, a chronic specialty hospital that provides complex/chronic care, high intensity care, medical/behavioral health services and acute rehabilitation services, a sub-acute care unit, a partial hospitalization program (PHP), an outpatient mental health clinic and adult day services at two locations. Levindale is a member of LifeBridge Health – a Baltimore-based health system composed of Sinai Hospital, Northwest Hospital, and Levindale – and is a constituent agency of The ASSOCIATED: Jewish Community Federation of Baltimore.

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

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

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

- Yes
 No

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

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

03/15/2018

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

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2018/CHNA-2018.pdf>

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
 No

Q46. Please describe the other formats in which you made your CHNA available.

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

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Behavioral Health Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Social Service Organizations -- Please list the organizations here:
Helping Up Mission, CHANA, Comprehensive Housing Assistance Inc.

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Post-Acute Care Facilities -- please list the facilities here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Community/Neighborhood Organizations -- Please list the organizations here:
Medstar Total Elder Care, Baltimore Medical System, Banner Neighborhoods Community Center, Chase Brexton, Zeta Healthy Aging Partnership, Mary Harwin Senior Center, League for People with Disabilities, Center for Urban Families, Park Heights Community Health Alliance, Promise Heights, Green and Healthy Homes Initiatives, Medstar Center for Successful Aging

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Other -- If any other people or organizations were involved, please list them here:
American Heart Association and American Diabetes Association

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

March 15, 2018

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

With website redesign, the link is currently not working, see document posted below. We are working to resolve this

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

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

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

The only significant change from the previous survey is there was greater attention to issues related to violence, mental health and substance abuse.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

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

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

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

Activities	Click to write Column 2
------------	-------------------------

Community/Neighborhood Organizations --
Please list the organizations here:
Medstar Total Elder Care, Baltimore Medical System, Banner Neighborhoods Community Center, Chase Brexton, Zeta Healthy Aging Partnership, Mary Harwin Senior Center, League for People with Disabilities, Center for Urban Families, Park Heights Community Alliance, Park Heights Renaissance, Promise Heights, Green and Healthy Homes Initiative, Medstar Center for Successful Aging

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other - If you selected "Other (explain)," please type your explanation below:									
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other - If you selected "Other (explain)," please type your explanation below:									
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other - If you selected "Other (explain)," please type your explanation below:									
Other -- If any other people or organizations were involved, please list them here: American Heart Association and American Diabetes Association	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other - If you selected "Other (explain)," please type your explanation below:									

Q64. Section III - CB Administration Part 2 - Process & Governance

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

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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

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

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Community Health Needs Assessment results are prioritized by community leaders and system leadership. A Community Benefit plan is created from this prioritization process. The community benefit plan is used to identify needs and priorities for the organizational strategy.

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

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

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Diabetes Medical Home Extender Program

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, HIV, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention
Other:

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

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

- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Maternal and Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Baltimore has approximately 620,000 residents, 63 percent of whom are African American, and 23 percent of whom live below the poverty line. Baltimore residents suffer from high rates of disease and unhealthy behaviors: 20 percent of African Americans in Baltimore report having an unmet medical need in the last 12 months; and 34 percent of residents are obese, with significantly higher rates among those with the lowest incomes. Community leaders have voiced their desire for health services to help them make better lifestyle choices. Sinai Hospital of Baltimore launched the Diabetes Medical Home Extender Program to help program participants learn to manage their diabetes and become active participants in their overall health. 1- Program eligible clients will be assessed for initial health status and needs. 80 clients will receive services from the Diabetes Medical Home Extender Program (MHE), by June 30, 2019 2- 90% of clients who begin to receive MHE services will be visited by CHWs at least 3 times within the first 30 days of program enrollment to identify and address barriers to health improvement, promote adherence to ambulatory care plans, and gather client health data to be entered into CERNER by June 30, 2019. 3-By June 30, 2019, 90% of clients will have their health status checked every 3 months by reviewing available A1C, kept medical appointments and glucose levels; to include number of routine versus emergency medical encounters, monitored for improvement on a quarterly basis. If improvement is not shown, then the Individual Service Plan will be modified accordingly. 4- Clients participating in the MHE for 6 months will be assessed to determine if they meet the criteria for successful program completion or display an ongoing need to continue to receive program services 5-With the assistance of program RN, 90% of Clients participating in the MHE program will work to identify areas of need in health self-care management and receive education and support to advance their personal health knowledge and health self-care management skills. Typical Nursing Diagnosis: Readiness for enhanced self-health management and readiness for enhanced knowledge as evidenced by voluntary program participation.

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

550

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

49 individuals accepted services and received a Start of Care. The 49 new clients joined the 27 existing clients receiving services totaling 76 clients who were enrolled in the DMHE program during the year

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Jewish Community Center
The Maryland Dept of Health
Baltimore Jewish Council
The Diabetes Resource Center at Sinai

Q89. Please describe the primary objective of the initiative.

The Diabetes Medical Home Extender Program offers home-based services by community health workers (CHWs) and a registered nurse to high-risk diabetic patients. The program breaks down barriers to primary and specialty care, educates clients about their diabetes, and makes referrals to available community resources. To participate in the program, patients must meet all of the following criteria: current admission to either Sinai Hospital or Northwest Hospital and at least one additional hospital admission or emergency department (ED) visit within the past 12 months; a glucose reading of greater than 300 mg/dl or less than 40 mg/dl and/or HbA1C greater than 9 percent; and live within specific zip codes. All services are provided free of charge and target low-income, underserved persons.

Q90. Please describe how the initiative is delivered.

Once a patient is identified as eligible, he or she is assigned to a CHW. The CHW visits the patient while he or she is in the hospital to explain the program and determine the patient's interest. Once a patient expresses interest and intent to participate in the program, the CHW schedules a start-of-care visit within 72 hours of discharge from the hospital. The start-of-care visit includes the nurse and the CHW, who together conduct an initial assessment of the patient's needs. Within 48 to 72 hours after the start-of-care visit, a debrief is held with the program supervisor, CHW and RN to discuss and plan for the patient's needs. The patient is then seen weekly by the CHW and two additional times by the nurse. Patient progress is reviewed at 30 days, 90 days and 6 months after enrolling in the program. At 6 months the patient's progress in the program is reviewed, and possible program completion is considered. If a patient is not ready for successful program completion, a continued service plan is made.

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

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

- Biophysical health indicators Cumulative changes in maintaining and improving behavioral and biometric outcomes
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

We track success of the program by comparing the number of inpatient admissions and ED visits for each client in the 90 days prior to entering the program and the 90 days after entering the program.

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

Baltimore has approximately 620,000 residents, 63 percent of whom are African American, and 23 percent of whom live below the poverty line. Baltimore residents suffer from high rates of disease and unhealthy behaviors: 20 percent of African Americans in Baltimore report having an unmet medical need in the last 12 months; and 34 percent of residents are obese, with significantly higher rates among those with the lowest incomes. Community leaders have voiced their desire for health services to help them make better lifestyle choices. Sinai Hospital of Baltimore launched the Diabetes Medical Home Extender Program to help program participants learn to manage their diabetes and become active participants in their overall health.

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

\$64,200

Q95. (Optional) Supplemental information for this initiative.

[FY19 Sinai-NW MHE WorkPlan4thquartersubmitted.docx](#)

53.5KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

Q97. Name of initiative.

Community Health Education, Office of Community Health Improvement (OCHI)

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, HIV, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention
Other:

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

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

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

Patients over 18 years, utilizing LifeBridge Health facilities qualified for comprehensive adult wellness.

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

153,424

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

2,439 individuals were educated through multiple forums and health fairs across Sinai, Northwest, and Levindale service areas

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

American Heart Association, Kimberly Mays, Senior Director - Community and Multicultural Health • BCHD Cardiovascular Disparities Task Force, Emilie Gildie, Director of Tobacco Use and Cardiovascular Disease Prevention • Baltimore City Dept of Aging, Reverend J. Worthy, Director of Forest Park Senior Center • American Stroke Association, Faye Elliott, RN (Stroke Ambassador) • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH, Lorraine Newborn-Palmer, RN Program Coordinator • Shop Rite Howard Park, Josh Thompson, Manager and Susan Tran, Pharmacist • Park Heights Community Health Alliance, Willie Flowers, Executive Director • Various community churches and local businesses Impact

- No.

Q107. Please describe the primary objective of the initiative.

The initiative is focused on improving health literacy

Q108. Please describe how the initiative is delivered.

Provide health education offerings to the community • Provide tools for dealing with hypertension and other components of metabolic syndrome • Provide community-based offerings focused on health-related services and information

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

- Count of participants/encounters

- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Out of the events evaluated, more than 96% of participants stated that they planned to make lifestyle changes to be healthier. Attended 355 community-based forums by Community Health Education Staff • Provided 1865 hours of community education and support • Completed 23 community screenings

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

This initiative provides a forum for the community to understand how to manage chronic conditions and overcome barriers to self-care

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

\$3,852

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Stop Abuse of Elders (SAFE) program Levindale Hebrew Geriatric and Speciality Hospital, Social Work Department

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, HIV, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention
Other:

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

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

- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q118. When did this initiative begin?

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

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

220,000

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

2 patients now reside within the Levindale nursing home facility for continued support

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

CHANA • Jewish Community Services • Maryland Department of Aging • The Women's Law Center of Maryland, Inc, Lifson Law, and 2 representatives from Harford and Montgomery County SAFE programs in conjunction with Levindale representatives lobbied for improved support of patients

Q125. Please describe the primary objective of the initiative.

The SAFE (Stop Abuse of Elders) program reflects the collaboration of three ASSOCIATED organizations - Levindale Hebrew Geriatric and Specialty Hospital, Jewish Community Services (JCS) and CHANA - to establish an inter-agency response to elder abuse in the community by creating a SAFE Program for the treatment and prevention of elder abuse. This collaboration assures the community of an effective and coordinated response for victims, perpetrators, and their families and provides prevention education for the entire community.

Q126. Please describe how the initiative is delivered.

This comprehensive approach includes: • crisis intervention • shelter • psychotherapy • advocacy • service coordination • community education Single or Multi-Year Plan Multi-year initiative began in 2013

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change legislation action
- Effects on healthcare utilization or cost
- Assessment of workforce development

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

The SAFE program has served 5 clients since program inception. The greater impact of the program has been viewed on a statewide level, resulting in legislative action under the Maryland Health Care Decisions Act of 2017. These unique cases shed light on inconsistencies in legal definitions and intentions of support allowed by surrogate decision makers. Key collaborators shared specific examples of overarching ethical implications related to protective orders designed to aid victims with limited decision-making capacity that were undermined by current surrogate decision maker guidelines. This has been amended in favor of the patient, further supporting the mission of SAFE programs.

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

Provides an effective and coordinated response for victims, perpetrators, and their families and provides prevention education for the entire community.

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

\$5000

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q136. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, HIV, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention
Other:

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

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate

Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy

Healthy Communities - includes measures such as domestic violence and suicide rate

Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider

Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma

<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring behavioral health and general medicine care have the access they need. Levindale Hospital provides coverage in these areas through contracted physicians or SNFists and allocates a significant amount of resources to sustain these programs.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring behavioral health and general medicine care have the access they need. Levindale Hospital provides coverage in these areas through contracted physicians or SNFists and allocates a significant amount of resources to sustain these programs.
Coverage of Emergency Department Call	n/a
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medical underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	n/a
Other (provide detail of any subsidy not listed above)	n/a
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

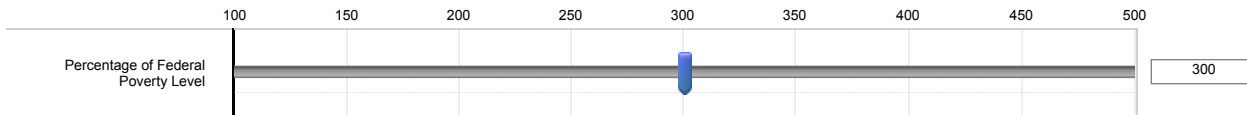
Q146. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance Hospital Policy revised 12-18- Levindale.doc](#)
61KB
application/msword

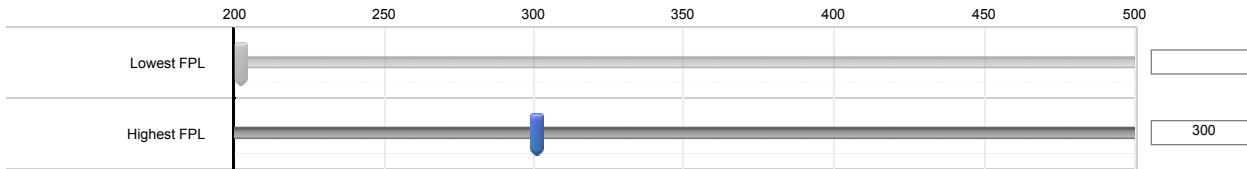
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Levindale Financial Assistance Patient Information Sheet.doc](#)
32.5KB
application/msword

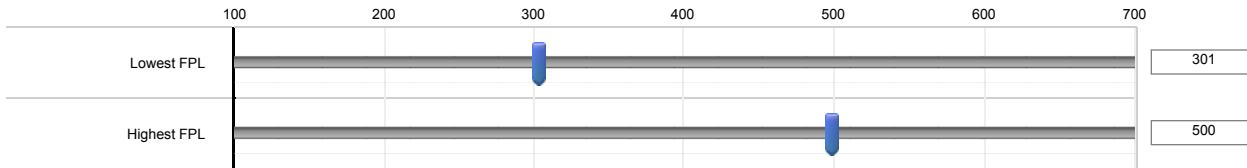
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



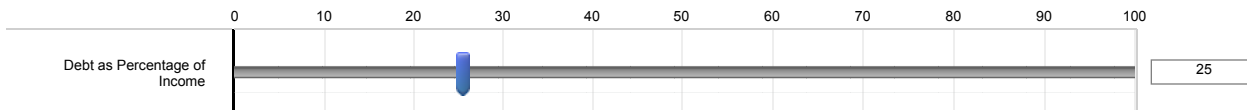
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



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



Q152. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

The policy was updated to comply with IRS Section 501R requirements effective July 2016, requiring the hospital's FAP and related information be made available to the public through hospital websites, billing statements, through advertisements, via letters sent to churches and schools, written in plain language, as well as verbally at points of registration. Billing statements of Third Party collecting on behalf of the hospital were updated with related information

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

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


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

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

Location Data

Location: ([39.456695556641](#), [-76.969596862793](#))

Source: GeoIP Estimation



From: [Hilltop HCB Help Account](#)
To: ymarzouk@lifebridgehealth.org
Cc: [Hilltop HCB Help Account](#)
Subject: Clarification Required - Lifebridge Levindale FY 19 CB Narrative
Date: Monday, March 2, 2020 10:27:24 AM
Attachments: [Lifebridge Levindale FY2019_CBNarrative_Final.pdf](#)

Thank you for submitting Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 48 beginning on page 6 of the attached, you indicate that both "Community Benefit Task Force" and "Hospital Advisory Board" do not exist. However, in response to Question 61 beginning on page 12, you indicate that these two entities were not involved in community benefit activities. Please clarify the status of the entities.
- The answer to Question 92 on page 21 seems nonresponsive. Your answer lists metrics utilized but does not provide any outcomes of the initiative. Please provide any observed outcomes of the initiative, if available.
- In response to Question 99, beginning on page 21, you indicate that the Community Health Education initiative addresses CHNA needs, including "Health-Related Quality of Life & Well-Being." However, you do not select this need as an identified CHNA need in response to Question 56 on page 12. Please clarify whether "Health-Related Quality of Life & Well-Being" should not have been selected in Question 99, or should have been selected in Question 56.
- In response to Question 102, beginning on page 22, you indicate that the initiative targets "patients over 18 years, utilizing LifeBridge Health facilities qualified for comprehensive adult wellness." Please clarify what characteristics qualify someone for comprehensive adult wellness and who this initiative targets.
- For Question 108, on page 23, please provide more detail as to how the initiative is delivered.
- For Question 109, beginning on page 23, you do not provide a response. Please provide examples of the types of evidence used to determine success or effectiveness.
- In response to Question 128 on page 26, you indicate legislation from 2017. Please clarify and provide any relevant outcomes of the initiative during FY 2019.
- In response to Question 138, beginning on page 27, you left one category blank. Did you intend to select "No" for Healthy Beginnings?

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.