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 the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: UM Rehabilitation & Orthopaedic Institute	◉	○	
Your hospital's ID is: 210058	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	

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.

> Baltimore City 2017 Neighborhood Health Profiles (Baltimore City Health Department), Maryland State Health Improvement Process (SHIP), 2018 Healthy Food Priority Areas Map (JH Bloomberg School of PH), CDC Disability Statistics, 2017 Disability Statistics and Annual Report

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

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

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

☐ Allegany County	☐ Charles County	☐ Prince George's County
☑ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☑ Baltimore City	☐ Frederick County	☐ Somerset County
☑ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☑ Howard County	☐ 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.

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

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

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

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

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

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

☑ 20701	☑ 21041	☑ 21150
☑ 20723	☑ 21042	☑ 21163
☑ 20759	☑ 21043	☑ 21723
☑ 20763	☑ 21044	☑ 21737
☑ 20777	☑ 21045	☑ 21738
☑ 20794	☑ 21046	☑ 21765
☑ 20833	☑ 21075	☑ 21771
☑ 21029	☑ 21076	☑ 21784
☑ 21036	☑ 21104	☑ 21794

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.

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

☑ Based on patterns of utilization. Please describe.

> Top areas (Baltimore City and 3
> counties - Anne Arundel, Baltimore and
> Howard) served with disabled adults
> for fiscal year - analyzed during the
> CHNA in FY18

☐ Other. Please describe.

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

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

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

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

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?

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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)

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05/24/2018
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Q44. Please provide a link to your hospital's most recently completed CHNA.

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https://www.umms.org/rehab/-/media/files/um-rehab/community/community-health-needs-assessment/2018-um-rehab-community-health-needs-
assessmentexecutive- report.pdf?upd=20180626144936&la=en&hash=747A6102481C1E522B690C85E8B579B72369FA62
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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.

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Online, paper
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Q47. Section II - CHNA Part 2 - Internal 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 expla__ below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Communicated findings to internal & external stakeholder__

	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 expla... below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☑	Links to Board & AOP
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☑	☐	☐	☑	☐	☐	☑	Links to UMMS & legislative affairs
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

CHNA Activities

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: UMMC, JHH, St Agnes, Sinai, Mercy, Medstar	☐	☑	☑	☐	☑	☑	☐	☑	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Click to write Column 2

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: **MAC, Inc.**	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here: **JH Bloomberg SPH**	☐	☐	☐	☐	☑	☐	☐	☐	☐	
School - Medical School -- Please list the schools here: **University of Maryland**	☐	☐	☐	☐	☑	☐	☑	☑	☐	
School - Nursing School -- Please list the schools here: **University of Maryland**	☐	☐	☐	☐	☑	☐	☑	☑	☐	
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)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: UMMC Department of Psychiatry	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: Disability Rights MD	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Forest Park Action Council	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: AHA, ADA, Green & Healthy Homes	☐	☐	☐	☐	☑	☐	☑	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Focus groups of disabled adults and seniors	☐	☐	☐	☐	☑	☐	☑	☐	☐	

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.

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

https://www.umms.org/rehab/-/media/files/um-rehab/community/community-health-needs-assessment/2018-um-rehab-community-health-needs-assessmentexecutive- report.pdf?upd=20180626144936&la=en&hash=747A6102481C1E522B690C85E8B579B72369FA62

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.

- ☑ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ 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
- ☐ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal & 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) [   ]

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

The needs and priorities were very similar to the FY15 CHNA. The unique needs of the adult disabled population continue (Transition to the Community, Quality of Life – Active Lifestyle, Quality of Life – Social Support). However, the need for access to healthy food, physical activity options and transportation were cited slightly more. While the overall community needs of mental health and substance abuse were present in prior CHNAs, these needs were emphasized at a much higher level than in the past.

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 - Internal 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

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual 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)	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Nurse(s)	☐	☐	☐	☐	☑	☐	☐	☑	☑	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify) Rehabiltation & Dental Staff	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	

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									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)	
Other Hospitals -- Please list the hospitals here: UMMC	☐	☑	☑	☑	☑	☐	☐	☑	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Dept (BCHD)	☐	☑	☐	☐	☐	☐	☑	☑	☑	Collaborated with BCHD on COVID response

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - explanation
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: MAC Inc.	☐	☐	☐	☑	☐	☐	☐	☑	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

School - Colleges and/or Universities -- Please list the schools here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

School of Public Health -- Please list the schools here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

School - Medical School -- Please list the schools here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

School - Nursing School -- Please list the schools here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

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

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

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

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Behavioral Health Organizations -- Please list the organizations here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Social Service Organizations -- Please list the organizations here: [US Paralympic Committee]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☐	☐	☐	☐	☐	☐	☑	☐	☐	

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

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Community/Neighborhood Organizations -- Please list the organizations here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Consumer/Public Advocacy Organizations -- Please list the organizations here: [ ]

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Other -- If any other people or organizations were involved, please list them here:	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Balto City & County Parks & Rec., Forest Park Golf Course	☐	☐	☐	☐	☐	☐	☑	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

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.

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

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.

As part of the strategic plan which is conducted every 5 years, an annual operating plan is developed with several sources of data and input from multiple stakeholders. We focus on the programs that we offer, needs that are not being met, and barriers to service. For example, a program has been developed around limb loss which includes clinical programming as well as adaptive sports activities, support groups, and professional and patient education.

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.

Adapted Sports 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, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Housing & Homelessness, Transportation, Unemployment & Poverty
Other:

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

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☑ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health

☐ Diabetes	☐ Telehealth
☑ Disability and Health	☐ Tobacco Use
☑ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☑ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q82. When did this initiative begin?

> 2010

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.

  [text box]

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

  [text box]

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

  [text box]

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

  [text box]

- ◯ Other. Please explain.

  [text box]

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

> Adults over 18 years with some type of physical disability (amputee, paralysis, etc) living in Baltimore City and Baltimore County

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

> 208,000

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

94

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.

  ```
  Baltimore City Parks & Rec Department,
  Baltimore County Parks & Rec
  Department, US Paralympic Committee,
  Forest Park Golf Course
  ```

- ○ No.

Q89. Please describe the primary objective of the initiative.

The Adapted Sports Program maximizes participation for individuals with physical disabilities in adapted recreational and competitive sports in order to promote independence, self confidence, improved health and well-being through structure individual and team sports. 1) Increase physical activity, 2) Increase awareness and benefits of adapted sports for disabled adults, 3) Increase self-reported quality of life of disabled adults.

Q90. Please describe how the initiative is delivered.

During the Adapted Sports Festival, a number of sports are offered including wheelchair basketball, tennis clinics, adapted golf, and wheelchair rugby.

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

- ☑ Count of participants/encounters `94`
- ☐ 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

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

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

The FY'18 CHNA revealed community members requesting more opportunities to participate in adapted sports. Individuals with mobility deficits are at greater risk for obesity, diabetes, hypertension, and social isolation.

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

$68,775 in FY20; No grant funding for FY20

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Living Well with Chronic Disease Workshops

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, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Housing & Homelessness, Transportation, Unemployment & Poverty
Other:

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

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

Q100. When did this initiative begin?

August 2017

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.).

All residents in Baltimore City and Baltimore County living with or caring for someone with a chronic condition, i.e. physical disability

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

208,000

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

38 people

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.

[text box]

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

◉ Yes. Please describe who was involved in this initiative.

```
Maintaining Active Citizens, Inc.,
Agency on Aging, (MAC), University of
Maryland Medical Center
```

○ No.

Q107. Please describe the primary objective of the initiative.

To improve health literacy and self-care of individuals with chronic conditions, reduce health complications and the need for emergency room visits.

Q108. Please describe how the initiative is delivered.

This evidence-based initiative was developed by Stanford University. The workshop is scripted to deliver high fidelity but it also allows for interaction with small groups. The results have been very positive throughout the US.

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).

This program was cut short due to the COVID crisis. In-person classes were discontinued, so there were limited measurable outcomes.

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

This program addresses the health needs of individuals living with a chronic condition and focuses on prevention and well-being, nutrition, physical activity, and supports the prevention of chronic-related complications in the disabled population.

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

$2,100 for FY20

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Dental Clinic

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, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Housing & Homelessness, Transportation, Unemployment & Poverty
Other:

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

☐ Access to Health Services: Health Insurance
☐ Access to Health Services: Practicing PCPs
☐ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☐ Access to Health Services: Outpatient Services
☐ 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

☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ 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) _____

Q118. When did this initiative begin?

Over 20 years ago

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.).

Disabled adults and children in need of preventive, emergent, or restorative dental services

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

208,000

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

5,780

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.

```
University of Maryland School of
Dentistry, Baltimore City Community
College
```

○ No.

Q125. Please describe the primary objective of the initiative.

> 1) Increase the number of disabled children receiving dental care, 2) Decrease emergency department visit rate for dental care, 3) Increase number of dental treatments available to disabled population 4) Improve the oral health for those patients with special needs and who have limited access to good dental care.

Q126. Please describe how the initiative is delivered.

> Dental services are provided in the Dental Clinic on the grounds of UM Rehabilitation & Orthopedic Institute. Dental education is provided in the community.

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

- ☑ Count of participants/encounters `5,780`
- ☐ 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 `_____`

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

> 49% of total visits (5,780) were preventive visits, 48% were restorative, and 3% were emergent visits

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

> Provision of preventive, restorative, and emergent dental care in the Dental Clinic decreases the inappropriate use of emergency rooms related to dental issues in the disabled population.

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

> $3,235,540 with offsetting revenue of $912,000 for net community benefit of $2,323,540.

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, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Housing & Homelessness, Transportation, Unemployment & Poverty
Other:

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

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

Q137. Why were these needs unaddressed?

> The organization focused on the identified needs where there were key strengths - disability services and education. The staff refers individuals for additional services for housing, transportation, and unemployment as needed through clinical services with other community partners. Much programming this fiscal year was diverted to the COVID response.

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

	Select Yes or No	
	Yes	No
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	⦿	◯

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	[ ]
Non-Resident House Staff and Hospitalists	[ ]
Coverage of Emergency Department Call	[ ]
Physician Provision of Financial Assistance	[ ]
Physician Recruitment to Meet Community Need	[ ]
Other (provide detail of any subsidy not listed above)	[ ]
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.

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

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.

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level										276
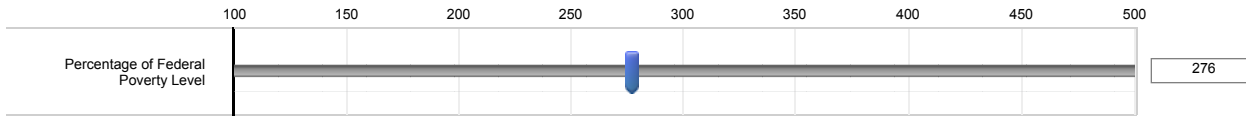
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL								277
Highest FPL								414
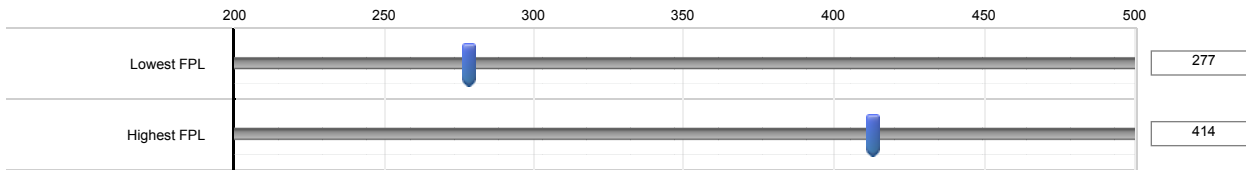
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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.

	100	200	300	400	500	600	700	
Lowest FPL								277
Highest FPL								414

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

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25
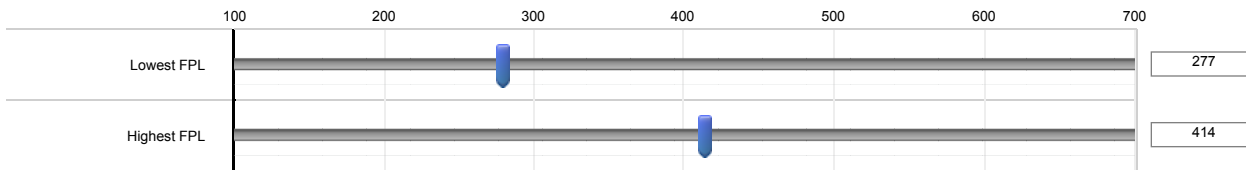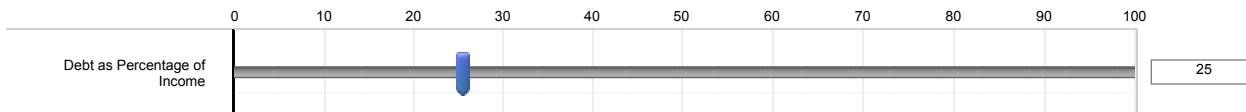
Q152. Has your FAP changed within the last year? If so, please describe the change.

◉ No, the FAP has not changed.

○ Yes, the FAP has changed. Please describe: [   ]

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.
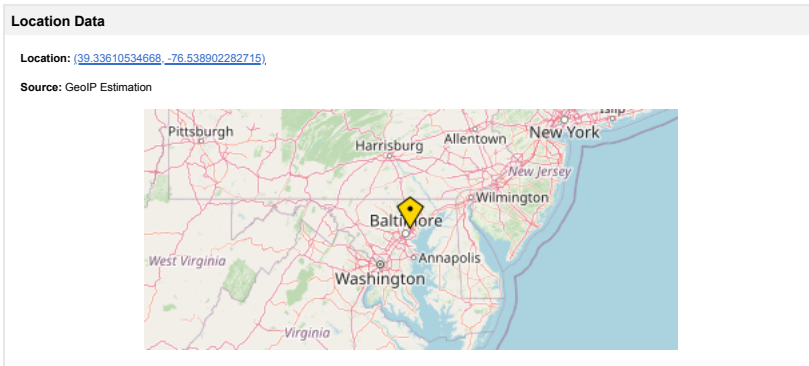
Location Data

Location: (39.33610534668, -76.538902282715)

Source: GeoIP Estimation

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for the University of Maryland Rehabilitation & Orthopaedic Institute. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 44 on page 5 of the attached and in Question 54 on page 11, the links provided to your hospital's most recently completed CHNA and CHNA implementation strategy, respectively, do not seem to work. Please provide working links.
- In Question 48 on page 6, the option "N/A – Position or Department does not exist" was selected for "Population Health Staff (facility level)". In Question 61 on page 12, however, "Population Health Staff (facility level)" was reported to have been involved in your hospital's community benefit activities. Please clarify the status of this department.
- In Question 91 on page 19, "Surveys of participants" was reported as a method for collecting evidence of the success or effectiveness of the "Adapted Sports Program" initiative. Please provide additional information about these surveys, such as the type of information that they are designed to collect from participants.
- In Question 92 on page 19, no response was provided regarding the observed outcomes of the "Adapted Sports Program" initiative. Please provide a response.
- In Question 127 on page 25, "Assessment of workforce development" was reported as a method for collecting evidence of the success or effectiveness of the "Dental Clinic" initiative. Please explain the information being collected for this assessment.
- In Question 138 on pages 27 and 28, no responses were provided regarding whether the hospital's community benefit operations align with three of the SHIP categories. Please provide a response.

Please provide your clarifying answers as a response to this message.

UMMC (Downtown and Midtown) and UM Rehab FY20 Community Benefit Report Clarifying Questions/Answers- June 2021

UMMC - DT

- In Question 44 on page 4 of the attached and in Question 54 on page 10, the links provided to your hospital's most recently completed CHNA and CHNA implementation strategy, respectively, do not seem to work. Please provide working links.

  This happened last year as well – the links were all working when I sent them. I check them prior to submitting the reports every year. Here it is again in a vanity link we created for you: https://umm.edu/CHNA

- In Question 48 on page 5, the option "N/A – Position or Department does not exist" was selected for "CB/Community Health/Population Health Director (system level)". In Question 61 on page 11, however, "CB/Community Health/Population Health Director (system level)" was reported to have been involved in your hospital's community benefit activities. Please clarify the status of this entity.

  For Questions 48 & 61 – should be marked 'Not involved' – accidental oversight

- In Question 111 on page 22, no response was provided to describe how the outcomes of the "Stork's Nest" initiative addresses community health needs. Please provide a response.

  Infants born at full-term and at healthy birth weights are less likely to die in the first year of life (infant mortality reduction). Infants who are breastfed have fewer infections in the first year of life.

- For Question 125 on page 24, please provide additional details regarding how the enhanced support and treatment services provided to victims of violent crime as part of the "Violence Intervention Program" initiative is intended to reduce recidivism.

  Through enhanced support (individual & group counseling, substance abuse treatment, job & education counseling), participants gain life skills, learn appropriate coping mechanisms, and gain additional education and/or jobs which in turn assists the individual to earn a living wage and not be involved in drug trafficking and other related illegal activities. This decreases their likelihood of becoming a victim of violence.

- In Question 126 on page 24, please provide additional details about how the "Violence Intervention Program" initiative is delivered. Relevant information may include staff qualifications, therapy session frequency, whether the participants are mandated to attend, and so on.

  The VIP program has social workers, counselors and others with backgrounds in public health. Therapy sessions are client-directed but are typically weekly or every other week – (2-4x/month).

- In Question 127 on page 24, please clarify how reducing recidivism through the "Violence Intervention Program" initiative will result in effects on healthcare utilization or costs.

"An early, well-studied example comes from Baltimore, MD. Between 1999-2001, researchers at the University of Maryland randomly assigned 100 patients with violent injuries to one of two groups. All patients received the necessary medical care, but those in the treatment group also had in-hospital meetings with a social worker who developed an individually tailored plan for them. Those plans might include employment training, education, addiction treatment, conflict-resolution training, family therapy, or other services. After the hospital stay, members of the treatment group met regularly with program staff, parole or probation officers (when applicable), and other program participants. The entire program team met weekly to ensure that the many different services and agencies were working in a coordinated way.

The study was small, but the results were significant. Those individuals in the treatment group were three times less likely to be arrested for a violent crime, and six times less likely to be hospitalized for another violent injury. That led to lower medical spending: the total costs of follow-up hospitalization for the intervention group ($138,000) were one sixth that of the control group ($736,000). Finally, self-reported rates of employment were four times higher in the intervention group, with 82 percent employed versus 20 percent in the control group." – per Dr. Carnell Cooper's published articles.

- In Question 129 on page 25, no response was provided to describe how the outcomes of the "Violence Intervention Program" initiative addresses community health needs. Please provide a response.

  These participants receive education and social support assistance and return to the workforce and/or high school or college.   The participants get out of the cycle of violence and therefore reduce the number of return admissions to Shock Trauma Center and have an improved quality of life.

- In Question 135 on page 25, it was reported that some of the needs identified in your most recent CHNA were not addressed by an initiative of your hospital, with the specific unaddressed needs being "Housing & Homelessness" and "Unemployment & Poverty". The reason given in Question 137 was "Many additional initiatives are addressed jointly with our affiliate UMMC Midtown Campus." However, in UMMC Midtown's narrative submission, they reported that the same needs were identified in their CHNA and were also unaddressed by their initiatives because they were being addressed by your hospital. Please clarify this discrepancy, and if neither hospital is addressing these needs through initiatives, please provide an explanation as to why.

  Both campuses support the reduction of poverty through its many workforce development initiatives. Both campuses also support Youthworks every summer and employ 100 adolescents in Baltimore City. Neither campus provides housing per se – there is psychiatric residential housing but not mass housing support. Both campuses partner with Healthcare for the Homeless and United Way and will at times provide healthcare services to the homeless, but not actual housing. We partner with Baltimore City to provide funds for wraparound services for the homeless. We make large investments in other identified areas of need.

-

- In Question 44 on page 4 of the attached, no link was provided to your hospital's most recently completed CHNA. Please provide a link.

  This happened last year as well – the links were all working when I sent them. I check them prior to submitting the reports every year. Here it is again in a vanity link we created for you:

  https://ummidtown.org/CHNA

- In Question 50 on page 7, "Local Health Department" was identified as being involved in your hospital's community benefit activities, however the name of the health department was not provided. Please provide the name of all local health departments that were involved.

  Baltimore City Health Department

- In Question 54 on page 10 of the attached, no link was provided to your hospital's CHNA implementation strategy. Please provide a link.

  https://ummidtown.org/CHNA

- In Question 63 on page 14, "School – K-12" was identified as being involved in your hospital's community benefit activities, however the name of the school was not provided. Please provide the names of all schools that were involved.

  The UMMC (both campuses) work with several local partner schools – they include: Samuel Coleridge ES, James McHenry ES, Matthew Henson ES, Edmondson/Westside HS, Vivian T Thomas HS

- In Question 91 on page 19, "Surveys of participants" was reported as a method for collecting evidence of the success or effectiveness of the "Tobacco Prevention/Cessation" initiative. Please provide additional information about these surveys, such as the type of information that they are designed to collect from participants.

  Recent surveys of adolescents who participated in Youthworks with our Towards No Drugs (TND) program inquired whether students learned information from the program that would change their mind about trying smoking and/or other types of substances.

- In Question 109 on page 21, "Surveys of participants" was reported as a method for collecting evidence of the success or effectiveness of the "Diabetes Prevention" initiative. Please provide additional information about these surveys, such as the type of information that they are designed to collect from participants.

  During the DPP program, participants are asked to report their daily exercise in minutes, food intake, and their weight. We report this information as part of the required information back to the CDC and as a measure of success of the participants and the program.

- In Question 135 on page 25, it was reported that some needs identified in your most recent CHNA were not addressed by an initiative of your hospital, with two of the specific unaddressed

needs being "Housing & Homelessness" and "Unemployment & Poverty". The reason given in Question 137 was "Many other unmet community needs are addressed by affiliate UMMC Downtown Campus through their community health programming." However, in UMMC Downtown's narrative submission, they reported that the same needs were identified in their CHNA and were also unaddressed by their initiatives because they were being addressed by your hospital. Please clarify which hospital is addressing these needs and through which initiatives, and if neither hospital is doing so, please provide an explanation as to why.

Both campuses support the reduction of poverty through its many workforce development initiatives. Both campuses also support Youthworks every summer and employ 100 adolescents in Baltimore City. Neither campus provides housing per se – there is psychiatric residential housing but not mass housing support. Both campuses partner with Healthcare for the Homeless and United Way and will at times provide healthcare services to the homeless, but not actual housing. We partner with Baltimore City to provide funds for wraparound services for the homeless. We make large investments in other identified areas of need.

- In Question 138 on page 26, no responses were provided regarding whether the hospital's community benefit operations align with two of the SHIP categories, "Health Beginnings" and "Access to Health care."

This section was completed in the original report as noted below.

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

	Select Yes or No	
	Yes	No
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	◉	○

UM Rehab

- In Question 44 on page 5 of the attached and in Question 54 on page 11, the links provided to your hospital's most recently completed CHNA and CHNA implementation strategy, respectively, do not seem to work. Please provide working links.

  This happened last year as well – the links were all working when I sent them. I check them prior to submitting the reports every year. Here it is again in a vanity link we created for you:

  https://umrehabortho.org/CHNA

- In Question 48 on page 6, the option "N/A – Position or Department does not exist" was selected for "Population Health Staff (facility level)". In Question 61 on page 12, however, "Population Health Staff (facility level)" was reported to have been involved in your hospital's community benefit activities. Please clarify the status of this department.

  Actually on Question 48, I marked that they were not involved in the CHNA. At that time FY18, they were not involved yet are now for CB 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)
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐

- In Question 91 on page 19, "Surveys of participants" was reported as a method for collecting evidence of the success or effectiveness of the "Adapted Sports Program" initiative. Please provide additional information about these surveys, such as the type of information that they are designed to collect from participants.

  These surveys ask participants about their interest in staying physically active before and after these programs as well as their self-reported confidence in physical activity with a disability.

- In Question 92 on page 19, no response was provided regarding the observed outcomes of the "Adapted Sports Program" initiative. Please provide a response.

  Due to the pandemic, there were fewer participants. These patients are at greater risk due to their physical disabilities and chronic conditions, so therefore did not participate as in years past.

- In Question 127 on page 25, "Assessment of workforce development" was reported as a method for collecting evidence of the success or effectiveness of the "Dental Clinic" initiative. Please explain the information being collected for this assessment.

  This was checked in error – it should be blank for that statement.

-

- In Question 138 on pages 27 and 28, no responses were provided regarding whether the hospital's community benefit operations align with three of the SHIP categories. Please provide a response.

  This section was completed in the original report as noted below.

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

	Select Yes or No	
	Yes	No
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	○	○

	Yes	No
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	◉	○

KEY WORDS: Financial Assistance

OBJECTIVE/BACKGROUND:

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

APPLICABILITY:

PROGRAM ELIGIBILITY

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

Specific exclusions to coverage under the Financial Assistance Program:

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

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

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

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

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

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

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

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

Presumptive Financial Assistance

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

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

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

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

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

POLICY:

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

- University of Maryland Medical Center (UMMC)

- University of Maryland Medical Center Midtown Campus (MTC)

- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)

- University of Maryland St. Joseph Medical Center (UMSJMC)

- University of Maryland Baltimore Washington Medical Center (UMBWMC)

- University of Maryland Shore Medical Center at Chestertown (UMSMCC)

- University of Maryland Shore Medical Center at Dorchester (UMSMCD)

- University of Maryland Shore Medical Center at Easton (UMSME)

- University of Maryland Charles Regional Medical Center (UMCRMC)

- University of Maryland Upper Chesapeake Health (UCHS)

- University of Maryland Capital Region Health (UM Capital)

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

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

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

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

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

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

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

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

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

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

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

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

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

PROCEDURE:

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

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

	PAGE: 7 OF 14	POLICY NO: CBO - 01
UNIVERSITY *of* MARYLAND MEDICAL SYSTEM **Central Business Office**	**EFFECTIVE DATE:** 09/18/19	**REVISION DATE(S):** 10/19/2020

SUBJECT: Financial Assistance

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

d. If a patient submits a Financial Assistance Application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient. This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about the Financial Assistance Program and assistance with the application process.

e. The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no data is received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case by submitting the missing information or documentation 30 days after the date of the written request for missing information/documentation.

f. For any episode of care, the Financial Assistance Application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.

g. Individual notice regarding the hospital's Financial Assistance Policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:

a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

b. A copy of their most recent pay stubs (if employed) or other evidence of income.

c. A Medical Assistance Notice of Determination (if applicable).

d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

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

	PAGE:	POLICY NO:
UNIVERSITY *of* **MARYLAND** **MEDICAL SYSTEM**	8 OF 14	CBO - 01
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Central Business Office	09/18/19	10/19/2020

SUBJECT: Financial Assistance

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

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

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

    c. Placing a lien on an individual's property. A lien will be placed by the Court on primary residences within Baltimore City. The hospital will not pursue foreclosure of a primary residence but my maintain its position as a secured creditor if a property is otherwise foreclosed upon.

    d. Attaching or seizing an individual's bank account or any other personal property.

    e. Garnishing an individual's wage.

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

    a. Selling debt to another party.

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

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

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

SUBJECT: Financial Assistance

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

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

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

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

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

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

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

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

__Financial Hardship__

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

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:
1. Their medical debt incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship.

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

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

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

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

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

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

ATTACHMENTS:

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

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

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

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

Effective 7/1/20

POLICY OWNER:

UMMS CBO

APPROVED:

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

Financial Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of the care you receive from our hospital, you may be able to get **free** or **lower cost** services.

PLEASE NOTE:
1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital Financial Assistance Policy. You can call (410) 821-4140 if you have questions.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:
1. Give you information about our financial assistance policy, or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to **pay for care.** We look at your income and family size. You may receive free or lower costs of care if:
1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:
1. Fill out a **Financial Assistance Application Form**.
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help.

OTHER HELPFUL INFORMATION:
1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
   - *Online* at http://umm.edu/patients/financial-assistance
   - *In person* at the Financial Assistance Department – University of Maryland Medical System, 11311 McCormick Road, Ste 230, Hunt Valley, MD 21031
   - *By mail*: call (410) 821-4140 to request a copy
2. You can call the Financial Assistance Department if you have questions or need help applying. You can also call if you need help in another language. Call: (410) 821-4140

Revised: 6/2016