Adventist HealthCare
Behavioral Health & Wellness Services

COMMUNITY BENEFIT NARRATIVE

Effective for FY2014 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

December 15, 2014

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

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

Table I

Bed Designation	Inpatient Admissions	Primary Service Area ZIP Codes	All other Maryland Hospitals Sharing Primary Service Area	Percentage of Uninsured Patients, by County	Percentage of Patients who are Medicaid Recipients, by County
107	**4,472**	**20850** – Rockville **20874** – Germantown **20878** – Gaithersburg **20877** – Gaithersburg **20906** – Silver Spring **20886** – Montgomery Village **20876** – Germantown **20879** – Gaithersburg **20902** – Silver Spring **20904** – Silver Spring **20854** – Potomac **20851** – Rockville **20853** – Rockville **20852** – Rockville **20871** – Clarksburg **20882**- Gaithersburg **20855** – Derwood	**Holy Cross** 20886, 20852, 20874, 20877, 20853, 20906, 20902, 20904 **Johns Hopkins** 20878, 20904, 20854 **Adventist HealthCare Washington Adventist Hospital** 20906, 20902, 20904 **Montgomery General** 20906, 20853, 20904, 20882, 20902 **Suburban** 20852, 20854, 20850 20906, 20878, 20902, 20874 **Laurel Regional** 20904 **Adventist HealthCare Shady Grove Medical Center** 20874, 20878, 20850, 20877, 20886, 20879, 20876, 20852 **Adventist HealthCare Rehabilitation Hospital** 20850, 20874, 20878, 20877, 20906, 20886,	**Montgomery County:** 0.45% *(Percentage of patients in each county with self-pay option)*	**Montgomery County:** 23.5%

			20876, 20879, 20904, 20902, 20854, 20853, 20852, 20855		

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

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Adventist HealthCare Behavioral Health & Wellness Services Rockville primarily serves residents of Montgomery County, Maryland. Below, Figure 1 shows the percentages of discharges by county for Adventist HealthCare Behavioral Health & Wellness Services Rockville:

County	Percentage
Montgomery	73%
Prince George's	10%
District of Columbia	3%
Other	12%

Figure 1. Adventist HealthCare Behavioral Health & Wellness Services Rockville Discharges by County, 2013

Approximately 80 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Behavioral Health & Wellness Services' Community Benefit Service Area "CBSA" (see Figure 2). Within that area, 60 percent of discharges are from the Primary Service Area including the following ZIP codes/cities:

Rockville (20850, 20851, 20852, 20853); Germantown (20874, 20876); Gaithersburg (20877, 20878, 20879, 20882); Montgomery Village (20886); Silver Spring (20902, 20904, 20906); Potomac (20854); Clarksburg (20871); Derwood (20855).

We draw 20 percent of discharges from our Secondary Service Area including the following ZIP codes/cities:

Beltsville (20705); Bethesda (20814, 20817); Bowie (20721); Boyds (20841); Burtonsville (20866); Capitol Heights (20743); Capitol Heights (20743); Chevy Chase (20815); Clinton (20735); College Park (20740); Columbia (21045, 21044); Damascus (20872); District Heights (20747); Frederick (21701, 21702); Greenbelt (20770); Hagerstown (21740); Hyattsville (20785); Kensington (20895); Lanham (20706); Laurel (20807); Olney (20832); Poolesville (20837); Silver Spring (20910, 20910, 20905, 20903); Takoma Park (20912); Temple Hills (20748); Upper Marlboro (20772, 20774).

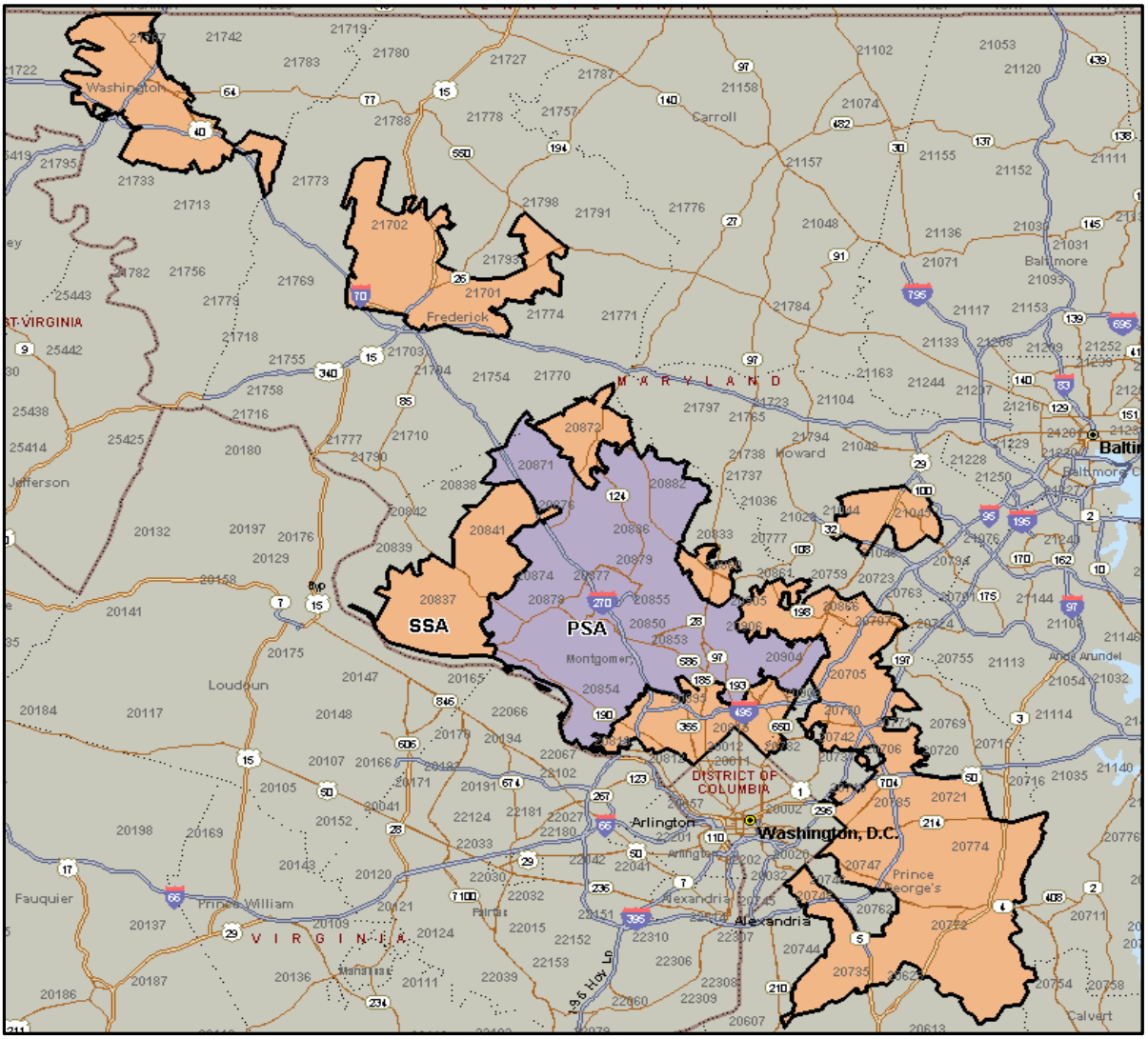

Figure 2. Map of Adventist HealthCare Behavioral Health & Wellness Services' Primary (purple) and Secondary (orange) Service Areas, based on 2013 Inpatient Discharges

Our Community Benefit Service Area (CBSA), covering approximately 80 percent of discharges, includes 1,642,840 people from the racial/ethnic categories listed below (see Figure 3).

	2014 Estimates					
	White	**Black/AF American**	**Asian**	**Native American**	**Native HI/PI**	**Hispanic/ Latino**
Community Benefit Service Area (CBSA)	762,994	521,628	176,318	6,860	1,120	252,497
	46.44%	31.75%	10.73%	0.42%	0.07%	15.37%
Primary Service Area (PSA)	339,173	124,264	111,271	3,072	470	140,092
	50.93%	18.66%	16.71%	0.46%	0.07%	21.04%
Secondary Service Area (SSA)	423,821	397,364	65,047	3,788	650	112,405
	43.38%	40.67%	6.66%	0.39%	0.07%	11.51%

Figure 3. Population Estimates (2014) by Race/Ethnicity for Adventist HealthCare Behavioral Health & Wellness Services' Community Benefit Service Area (80% of discharges), Primary Service Area (60% of discharges) and Secondary Service Area (20% of discharges)

Population demographics are rapidly changing in the state of Maryland, particularly among residents living in Montgomery County. We serve one of the most diverse communities in the United States, constantly undergoing the economic, social and demographic shifts that result from an ever-changing, ever-growing population. Over the past decade, Montgomery County has become the most populous jurisdiction in Maryland, the second largest jurisdiction in the Washington, D.C. metropolitan area, and the 42nd most populous county in the nation, with residents totaling greater than one million (U.S. Census Bureau, 2013). Racial and ethnic diversity has concurrently increased with this drastic increase in population numbers. Non-Hispanic whites now comprise only 47 percent of the population of Montgomery County, a decrease of more than 20 percent over the last two decades. For the first time, minorities account for more than half of Montgomery County's population, making it a "majority-minority" county. The percentage of Hispanics or Latinos in Montgomery County (18.3 percent) is more than double the percentage of Hispanics or Latinos in the state of Maryland (9 percent) (U.S. Census Bureau, 2013).

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

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

Further exacerbating the problem is the fact that racial and ethnic minorities often have challenges accessing quality healthcare, either because they lack health insurance or because the communities in which they live are underserved by health professionals. As the proportion of racial and ethnic minority residents continues to grow, it will become even more important for the healthcare system to understand the unique characteristics of these populations in order to meet the health needs of the community as a whole.

In response to the changing demographic characteristics of the communities surrounding their hospitals, Adventist HealthCare—the parent organization of Adventist HealthCare Behavioral Health & Wellness Services—has made cultural competence an organizational priority. Cultural competence refers to "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations…'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."[3] In essence, cultural competence offers a means to "treat patients the way *they* want to be treated"—it is the actualization of the "platinum rule" guiding how Adventist HealthCare aims to provide care. Adventist HealthCare Behavioral Health & Wellness Services has made significant progress towards its goal of providing culturally competent care. The organization has developed several avenues to provide interpretation services for its patients. The Qualified Bilingual Staff program has equipped staff with the skills to provide high-quality medical interpretation services. The religious programming at Adventist HealthCare Behavioral Health & Wellness Services is also exemplary. In addition to recruiting a diverse chaplaincy, the organization seeks to facilitate patients practicing various religions by providing places for prayer and offering transportation to religious services. Adventist HealthCare Behavioral Health & Wellness Services has also made

[1] "Literacy, ESL and Adult Education." *Literacy Council of Montgomery County.* http://www.literacycouncilmcmd.org/litadultedu.html

[2] "Foreign-Born Population of Montgomery County Region, 1950-2000-Census Years." *Montgomery Planning.* 2000. http://www.montgomeryplanning.org/research/data_library/population/po34.shtm

[3] Office of Minority Health. (2005). *What is culturally competency?* Retrieved October 8, 2011 from http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11.

efforts to improve its reputation in the community by increasing its outreach to the community. Leaders and clinicians have served on boards, contributed to conferences, and directly sought to repair relationships with referral agencies. The clinicians and social workers at Adventist HealthCare Behavioral Health & Wellness Services have developed multiple approaches to engaging families in the treatment process. From family days to providing transportation to treatment centers, and using videoconferencing technologies, these efforts have increased families' access to patients, contribute to positive treatment outcomes, and reduce the incidence of readmission.

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

Table II

Community Benefit Service Area (CBSA) Target Population *(# of people in target population, by sex, race, ethnicity, and average age)*		
Demographics	**Montgomery County**	**Maryland**
Total Population	1,016,677	5,928,814
Gender		
Male	490,166	2,875,157
Female	526,511	3,053,657
Age		
Under 5 Years Old	66,010	366,712
5 to 19	196,261	1,138,851
20 to 64	618,823	3,629,383
65 and Over	135,583	793,868
Race/Ethnicity		
White Alone, NH	475,076	3,152,100
Black or African American Alone, NH	173,059	1,7,27,400
Native American & Alaskan Native Alone, NH	1,388	14,147
Asian Alone, NH	144,755	350,176
Native Hawaiian & Other Pacific Islander Alone, NH	157	2,588
Other Race Alone, NH	3,707	13,703
Two or More Races	32,585	136,951
Ethnicity		
Hispanic	185,950	531,749
Non-Hispanic	830,727	5,397,065
Source: U.S. Census, ACS 1-Year Estimate, 2013		
Median Household Income within the CBSA		
Median Household Income Montgomery County: $96,985 Source: U.S. Census Bureau, State and County Quick Facts, 2008-2012		

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

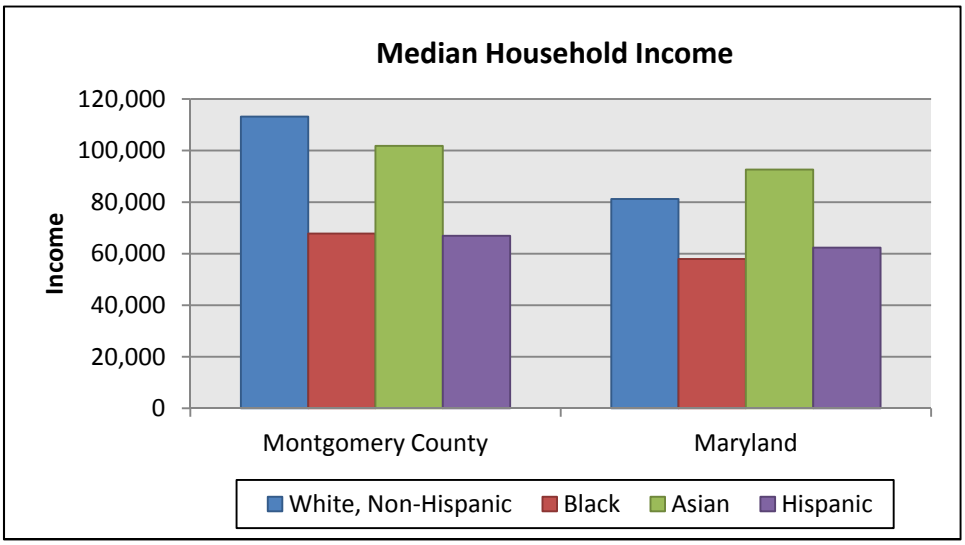

Figure 4. Median Household Income, Montgomery County and Maryland, by Race and Ethnicity 2013 (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

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

From 2008-2012, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 6.5 percent of Montgomery County residents were living in poverty compared to 9.4 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.90 percent and highest among Blacks and Hispanics at approximately 11 percent (see Figure 5).

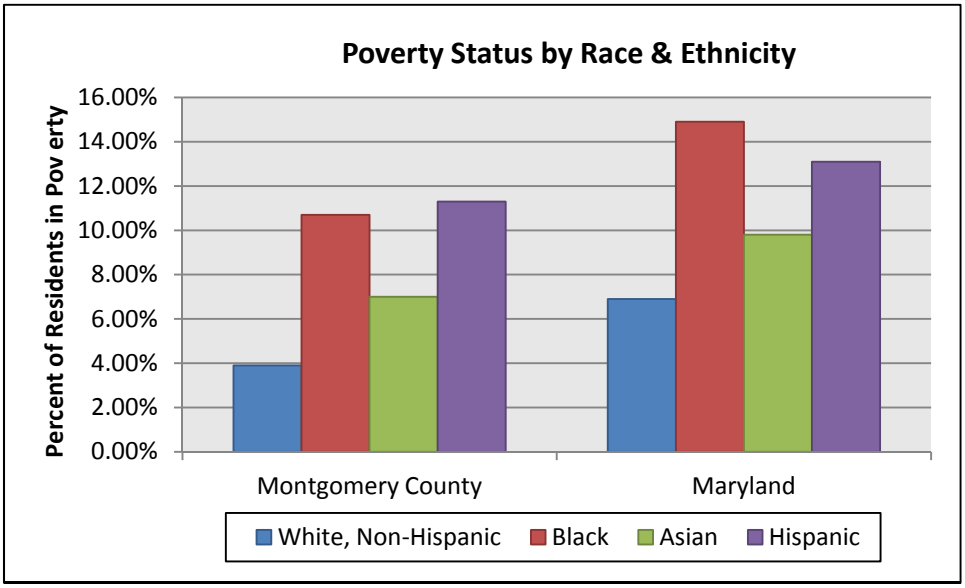

Figure 5. Poverty Rate by Race, Montgomery County and Maryland
(U.S. Census Bureau, ACS 1-Year Estimate, 2013)

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

Approximately 11.1 percent of all civilian non-institutionalized Montgomery County residents are uninsured (U.S. Census Bureau, ACS 1-Year Estimate, 2013). This number is compared to 10.2 percent of Maryland residents and 14.5 percent of U.S. residents (U.S. Census Bureau, ACS 1-Year Estimate, 2013).

Across both Montgomery County and Maryland, Hispanics are uninsured at rates significantly higher than whites, blacks, and Asians. Nearly 27 percent of Hispanics are uninsured in Montgomery County, which is only slightly lower than the 29.1 percent in Maryland (see Figure 6). Whites are least likely to be uninsured for both the county (3.3 percent) and state (6.1 percent).

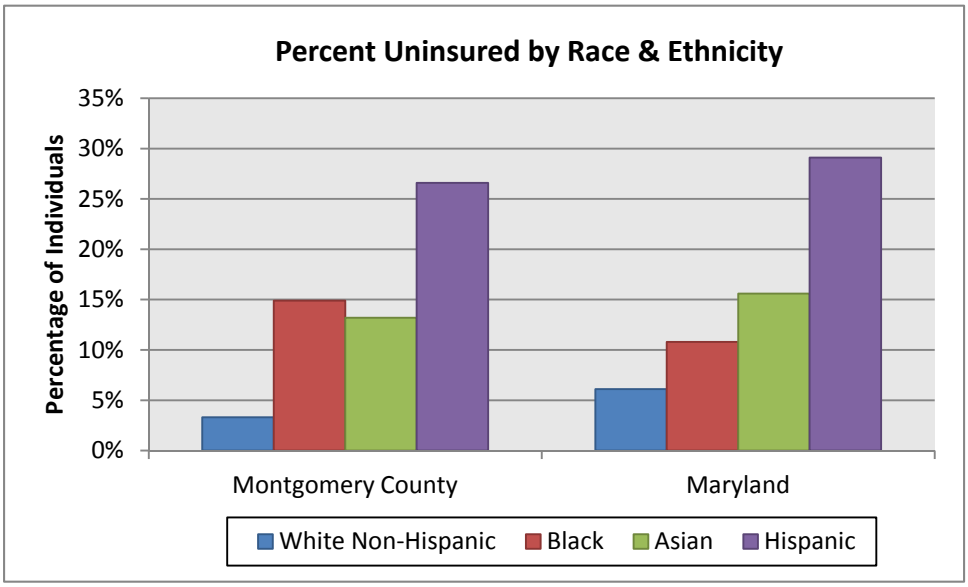

Figure 6. Percent Uninsured in Montgomery County and Maryland by Race & Ethnicity
(U.S. Census Bureau, ACS 1-Year Estimate, 2013)

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA

Montgomery County: 11.3% (113,823)

Source: U.S. Census Bureau, American Community Survey 1-Year Estimate, 2013

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

According to the 2012 Maryland State Health Improvement Process, the overall life expectancy for Montgomery County is 83.6, 4 years greater than that of Maryland (79.3) and 1 year greater than the Maryland 2014 target of 82.5 years (see Figure 7). However, when stratifying by race, a significant gap can be seen between black and white residents. The life expectancy for white residents of Montgomery County is 83.9 years and for black residents is 80.5 years (see Figure 7).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	SHIP 2012 County Update (Race/ Ethnicity)	SHIP 2012 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Montgomery	Increase life expectancy in Maryland	83.8	83.6	79.3	Black – 80.5 White – 83.9	Black – 76.4 White – 80.2	82.5	**5.42%**

Figure 7. Life Expectancy at Birth, Montgomery County, Maryland
(Maryland SHIP County Profile, 2012)

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

Crude Mortality Rates

The mortality rate in Montgomery County is 573.2 per 100,000 population. This rate is lower than the mortality rate for the state of Maryland overall, at 749.6 per 100,000 population (see Figure 8). The highest mortality rates in both Montgomery County and Maryland are seen among white residents and the lowest among Hispanic residents.

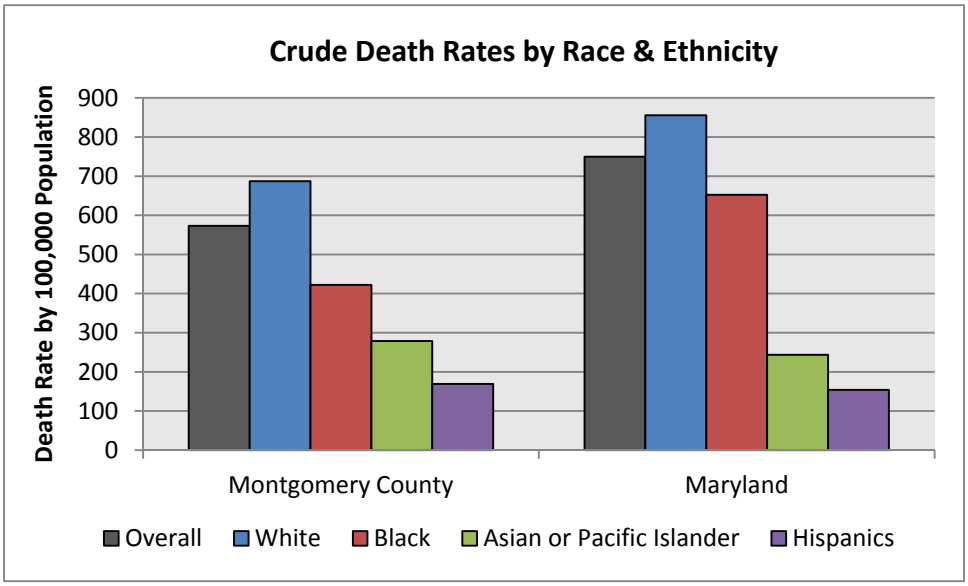

Figure 8. Crude Death Rates by Race & Ethnicity for Montgomery County and Maryland
(Department of Health and Mental Hygiene. *Maryland Vital Statistics Annual Report.* (2012). Accessed: http://dhmh.maryland.gov/vsa/Documents/12annual.pdf)

Infant Mortality

Although Montgomery County has met and surpassed the Maryland SHIP 2014 target for infant mortality, black residents continue to experience higher rates of infant mortality than other racial and ethnic groups (see Figure 9).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	SHIP 2012 County Update (Race/ Ethnicity)	SHIP 2012 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Montgomery	Reduce Infant Deaths	5.7	5.1	6.7	API--3.8 Black--9.1 Hispanic--3.0 NH White--4.7	Black--11.8 Hispanic--4.1 NH White--4.2	6.6	**-23.61%**

Figure 9. Infant Mortality Rate (per 1,000 Live Births), by Race/Ethnicity, Montgomery County, Maryland (Maryland SHIP County Profile, 2012)

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 29.6 percent (http://www.healthymontgomery.org/) of the adult population consumes five or more servings of fruits and vegetables daily. This proportion is slightly higher than Maryland's average of 27.1 percent (http://www.marylandbrfss.org/, 2010).

Adult females in Montgomery County consume more fruits and vegetables on a daily basis (36.9 percent) than the male population (21.4 percent) (see Figure 10).

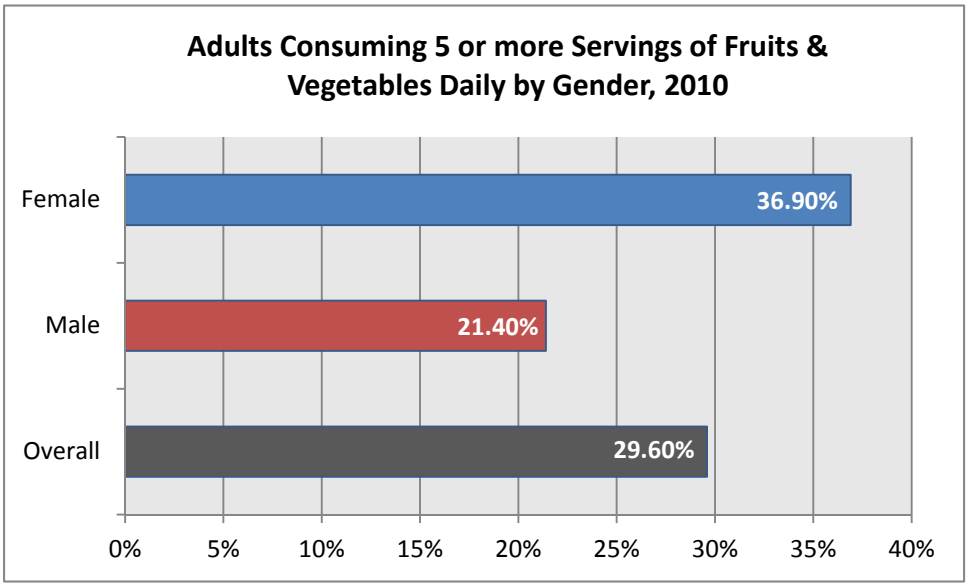

Figure 10. Adult Fruit and Vegetable Consumption by Gender, Montgomery County, 2010 (http://www.healthymontgomery.org/)

Differences in fruit and vegetable consumption can also be seen among racial and ethnic groups. A higher percentage of white and Asian populations consume 5 or more servings of fruits and vegetables daily compared to the county as a whole (33 and 31 percent, respectively). However, only 14.2 percent of the Hispanic population in the county consumes the recommended number of fruit and vegetable servings (see Figure 11).

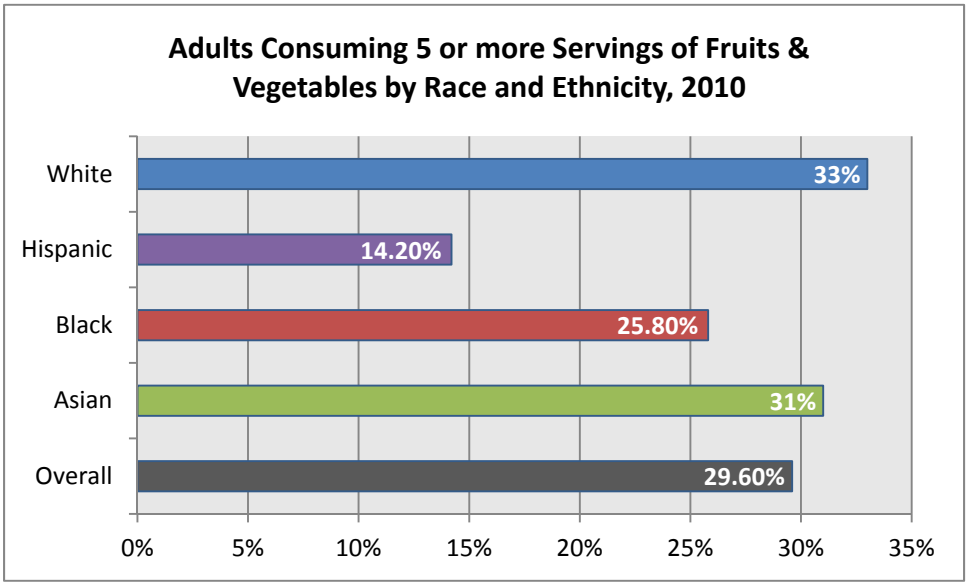

Figure 11. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010 (http://www.healthymontgomery.org/)

Food Environment

Food deserts are defined by the USDA as urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. In 2010, 17.92 percent of the Montgomery County population was living in a census tract designated as a food desert compared to 22.55 percent of the Maryland population (see Figure 12).

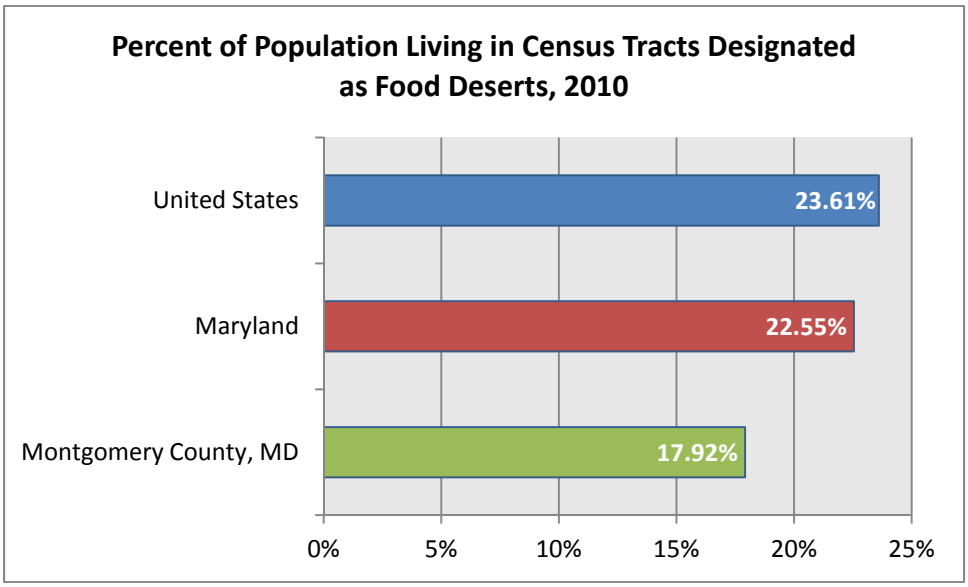

Figure 12. Percentage of Population living in Food Deserts in the United States, Maryland, and Montgomery County, 2010 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. In Montgomery County there are 21.2 grocery stores per 100,000 population, a rate very similar to that of Maryland (20.82 per 100,000 population) and the U.S. (21.4 per 100,000) (see Figure 13).

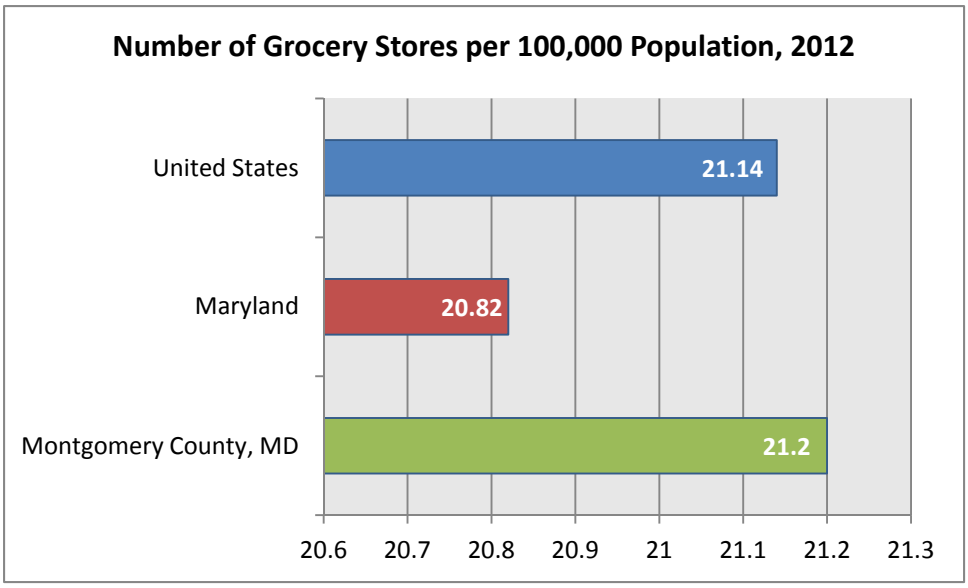

Figure 13. Grocery Store Access per 100,000 Population in the United States, Maryland, and Montgomery County, 2012
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

Fast food restaurant access has been on the rise over the past several years at the local and national levels. From 2008 to 2012, the rate in Maryland has increased from 78.43 to 85.77 per 100,000 population.[4] In Montgomery County, residents have access to fast food restaurants at a rate of 79.34 establishments per 100,000 population, a rate less than that of Maryland (85.77 per 100,000 population), but higher than that of the country overall (71.97 per 100,000 population) (see Figure 14).

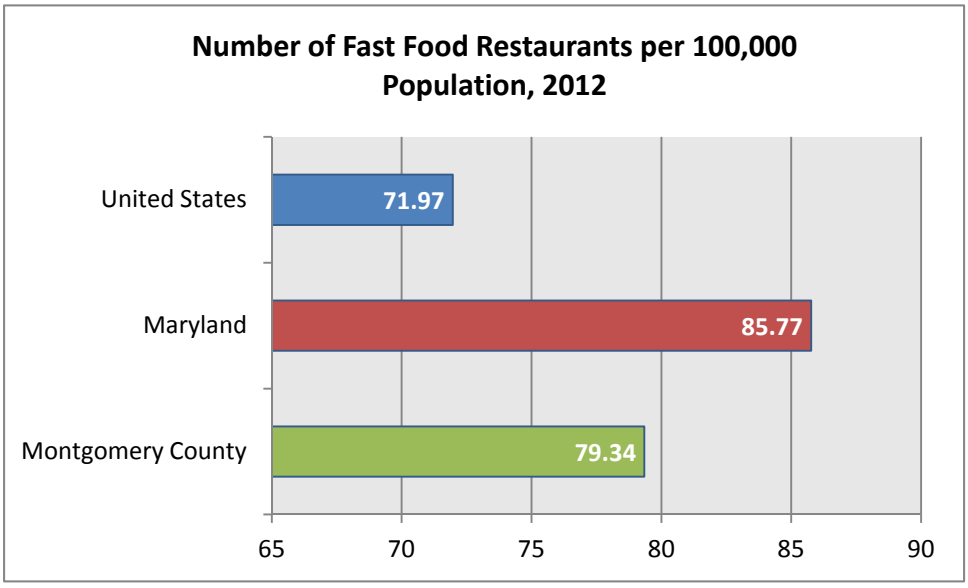

Figure 14. Number of Fast Food Restaurants per 100,000 Population in the United States, Maryland, and Montgomery County, 2012
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

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

Transportation

Commuting

The mean daily travel time to work for Montgomery County residents is 33.9 minutes (see Figure 15).

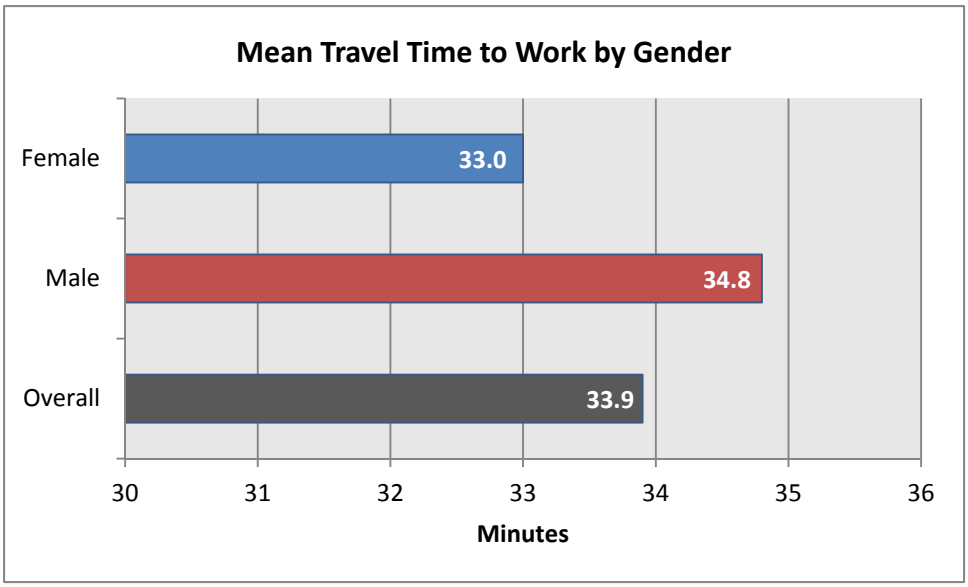

Figure 15. Mean Travel Time to Work in Minutes by Gender for Montgomery County, 2008-2012 (http://www.healthymontgomery.org/)

The majority of residents drive to work alone (66.3 percent) or utilize public transportation (15.6 percent) (see Figure 16).

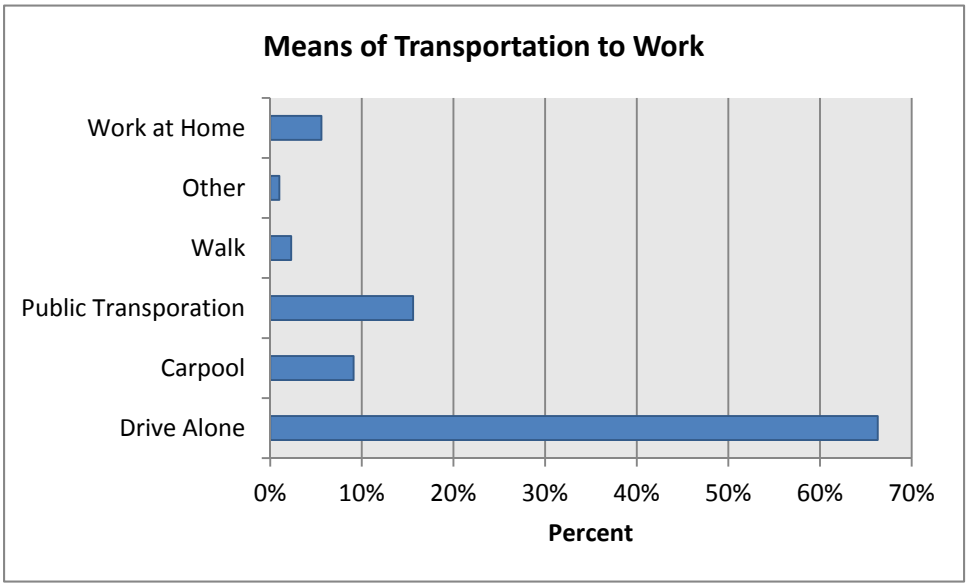

Figure 16. Means of transportation Utilized by Montgomery County Residents to Commute to Work (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (40.7 per 100,000 population) is equivalent to that of the state (40.5 per 100,000 population). Although the rate has decreased slightly from the 2011 baseline, it remains higher than the SHIP 2014 target of 29.7 per 100,000 population (see figure 17).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Montgomery	Rate of pedestrian injuries	42.5	40.7	40.5	29.7	**0.38%**

Figure 17. Rate of Pedestrian Injuries per 100,000 Population, Montgomery County, 2012 (Maryland SHIP, 2012)

The pedestrian death rate in Montgomery County at 0.6 deaths per 100,000 population (http://healthymontgomery.org/, 2012), is lower than that of Maryland (1.63 per 100,000 population)[5] and the Healthy People 2020 target of 1.4 deaths per 100,000 population.

From 2008 to 2010 in Montgomery County, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants. Due to the high percentage of traffic fatalities listed as having an unknown race and ethnicity, It is unclear if this trend continued into 2011 (see Figure 18).

Montgomery County Traffic Fatalities					
Person Type by Race/Hispanic Origin		**2008**	**2009**	**2010**	**2011**
Occupants (All Vehicle Types)	**Hispanic**	**4**	**4**	**4**	**0**
	White, Non-Hispanic	**20**	**14**	**14**	**9**
	Black, Non-Hispanic	**9**	**3**	**8**	**1**
	Asian, Non-Hispanic	**0**	**1**	**0**	**0**
	All Other Non-Hispanic or Race	**3**	**5**	**3**	**1**
	Unknown Race and Unknown Hispanic	**0**	**1**	**3**	**19**
	Total	**36**	**28**	**32**	**30**
Non-Occupants (Pedestrians, Pedal Cyclists and Other/Unknown Non-Occupants)	**Hispanic**	**5**	**0**	**1**	**0**
	White, Non-Hispanic	**6**	**9**	**7**	**2**
	Black, Non-Hispanic	**2**	**1**	**0**	**1**
	Asian, Non-Hispanic	**0**	**0**	**0**	**0**
	All Other Non-Hispanic or Race	**0**	**1**	**2**	**0**
	Unknown Race and Unknown Hispanic	**2**	**0**	**5**	**7**
	Total	**15**	**11**	**15**	**10**
Total	**Hispanic**	**9**	**4**	**5**	**0**
	White, Non-Hispanic	**26**	**23**	**21**	**11**
	Black, Non-Hispanic	**11**	**4**	**8**	**2**
	Asian, Non-Hispanic	**0**	**1**	**0**	**0**
	All Other Non-Hispanic or Race	**3**	**6**	**5**	**1**

[5] Traffic Safety Facts 2012 Data. U.S. Department of Transportation National Highway Traffic Safety Administration. April 2014. Accessed from: http://www-nrd.nhtsa.dot.gov/Pubs/811888.pdf

	Unknown Race and Unknown Hispanic	**2**	**1**	**8**	**26**
	Total	**51**	**39**	**47**	**40**

Figure 18. Traffic Fatalities by Person Type, Race, & Ethnicity for Montgomery County, 2008-2011 (National Highway Traffic Safety Administration, Traffic Safety Facts. Retrieved from: http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2012/Counties/Maryland_Montgomery%20County_2012.HTM)

Education

Graduation & Educational Attainment

In 2013, 88.3 percent of Montgomery County students graduated high school within 4 years. The 4 year graduation rate for the county is higher than that of the state (84.97 percent) and surpasses both the Maryland SHIP target of 86.1 percent (www.mdreportcard.org) and the Healthy People 2020 goal of 82.4 percent.

While the overall 4 year graduation rate in Montgomery County has exceeded both local and national targets, disparities are present among racial and ethnic groups. Asian students in the county have the highest graduation rates exceeding 95 percent while Hispanics have the lowest rates at 77.5 percent (see Figure 19).

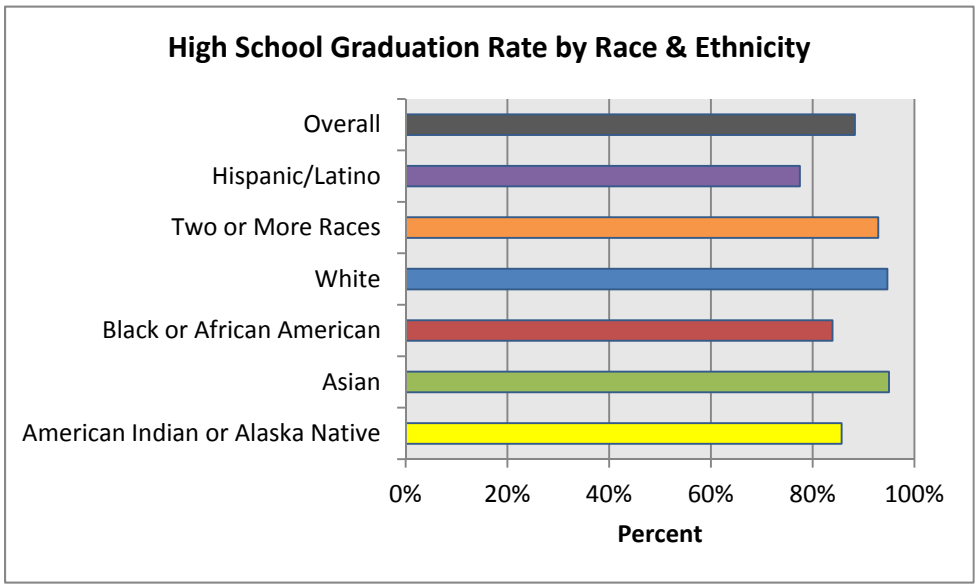

Figure 19. High School Graduation by Race/Ethnicity, Montgomery County, 2013 (http://www.healthymontgomery.org/)

Disparities in education by race and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 56.9 percent. However, when stratified, the percentage goes as high as 68.3 among Whites and as low as 24.1 among Hispanics (see Figure 20).

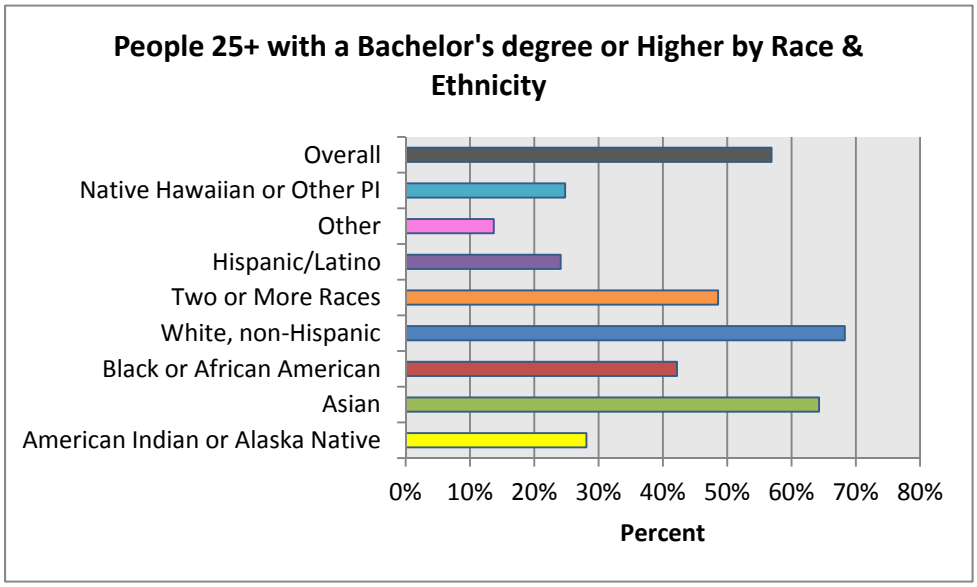

Figure 20. People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity, Montgomery County, 2008-2012 (http://www.healthymontgomery.org/)

Math & Reading Proficiency

Based on student scores on the Maryland School Assessment, approximately 87 percent of White and Asian 8th graders are proficient in math compared to only 49 percent of Black and Hispanic students (see Figure 21).

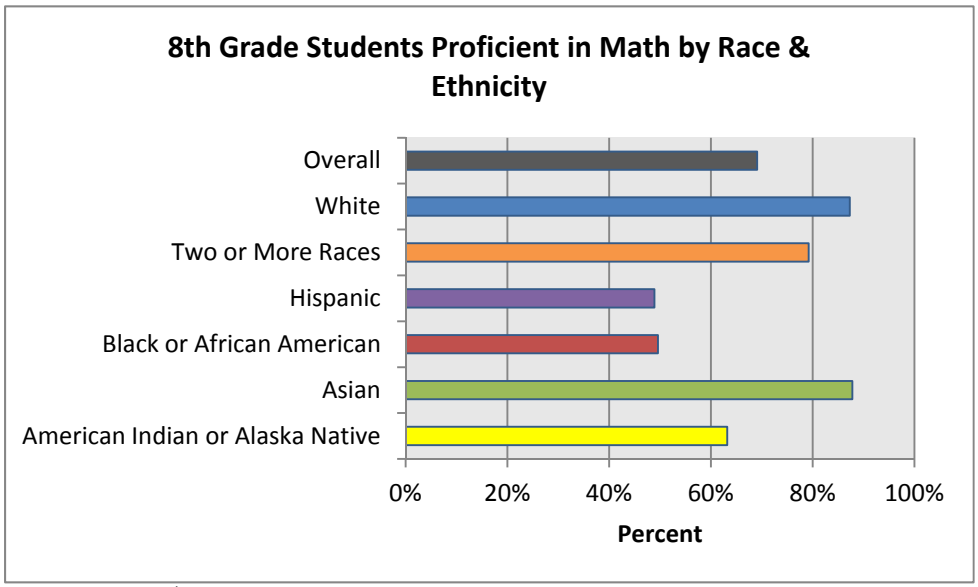

Figure 21. Percent of 8th Grade Students Proficient in Math by Race/Ethnicity, Montgomery County, 2014 (http://www.healthymontgomery.org/)

The same trend can be seen for reading proficiency. Approximately 94 percent of White and Asian 8th graders are proficient in reading compared to only 74 percent of Black and Hispanic students (see Figure 22).

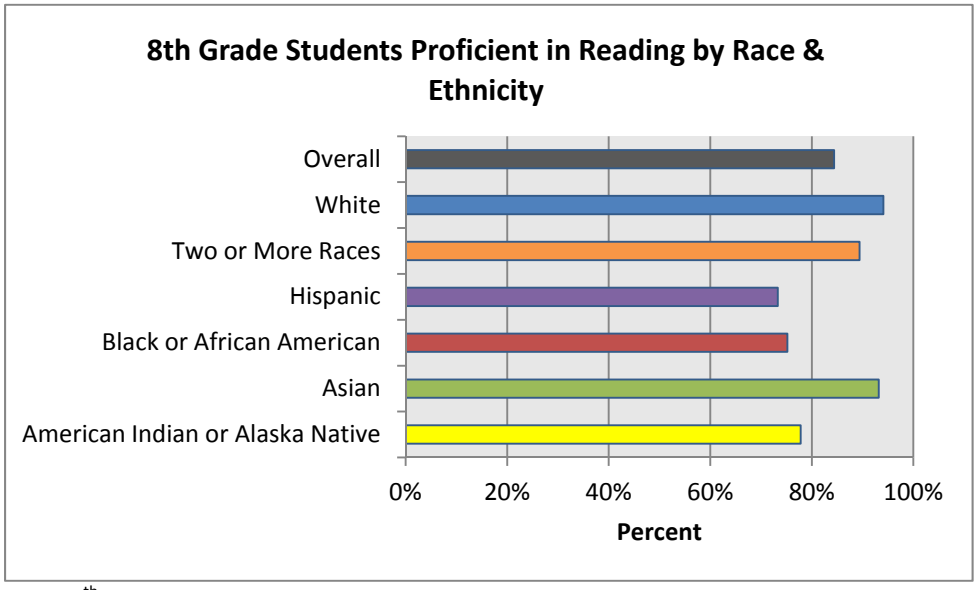

Figure 22. Percent of 8th Grade Students Proficient or Advanced in Reading by Race/Ethnicity, Montgomery County, 2014 (http://www.healthymontgomery.org/)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County rose in 2012 but remained lower than that of the state overall. Hispanic and Native Hawaiian or Pacific Islander children were among those least likely to be prepared for kindergarten (71 percent for both). White (88 percent) and Asian (86 percent) children were among those most prepared to enter kindergarten in Montgomery County (see Figure 23).

SHIP Measure	County 2011 Baseline	SHIP 2012 County Update	SHIP 2012 County Update (Race & Ethnicity)	SHIP 2012 Maryland Update	Maryland Target 2014	% Difference (Maryland vs. County)
Percentage of children who enter kindergarten ready to learn	74.0%	81.0%	AIAN–79% Asian–86% AA-77% Hispanic-71% NHOPI-71% White-88%	83%	85.0%	**-2.4%**

Figure 23. Percentage of Children entering Kindergarten Ready to Learn, Montgomery County, 2012 (Maryland SHIP, 2012)

Housing Quality

Housing Quality

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

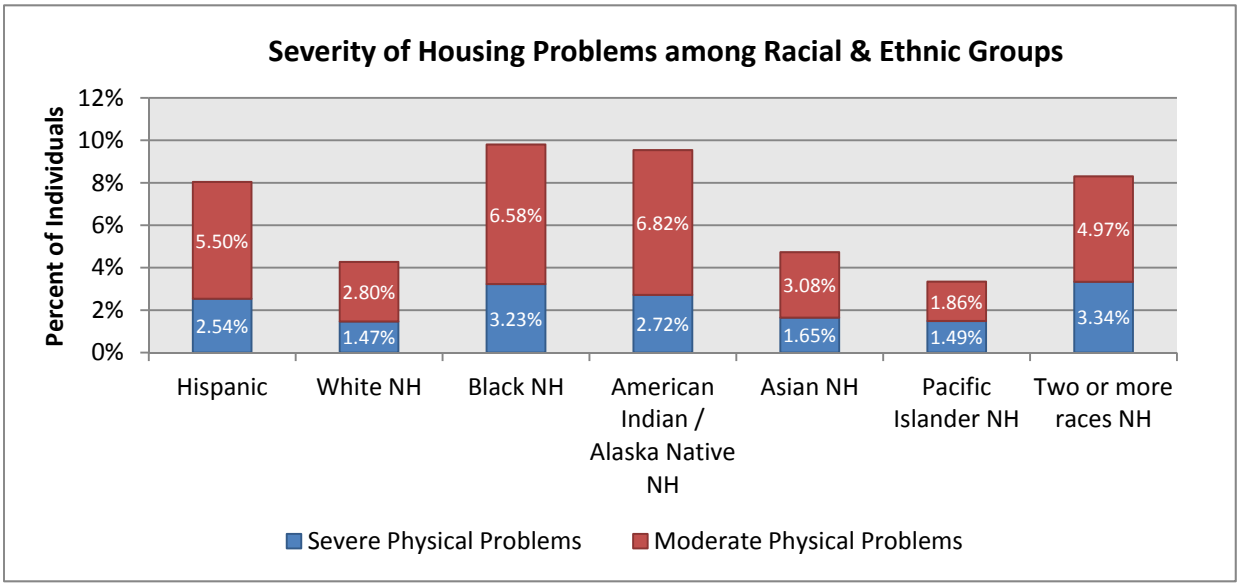

Figure 24. Housing Quality – Selected Physical Problems by Race, United States, 2011
Note: Includes problems with plumbing, heating, electrical, and upkeep
(U.S. Census Bureau, American Housing Survey, 2011)

At the local level, sixteen percent of households in Maryland and 18 percent in Montgomery County were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (www.CountyHealthRankings.org, 2006-2010).

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 50.6 percent
- Homeowner vacancy rate: 1.4
  (Source: U.S. Census, ACS, 1-YearEstimate, 2013)
- Housing units: 382,241 (2013)
- Homeownership rate: 62.8 percent (2008-2012)
- Housing units in multi-unit structures: 33.2 percent (2008-2012)
- Median value of owner-occupied housing units: $455,800 (2008-2012)
- Households: 357,579 (2008-2012)
- Persons per household: 2.7 (2008-2012)
  (Source: U.S. Census, State and County Quick Facts)

Spotlight on Homelessness

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

In Montgomery County in 2011, people of all ages were affected by homelessness. However, those between the ages of 45-61 made up the largest portion of the homeless population that utilized shelters (see Figure 25).

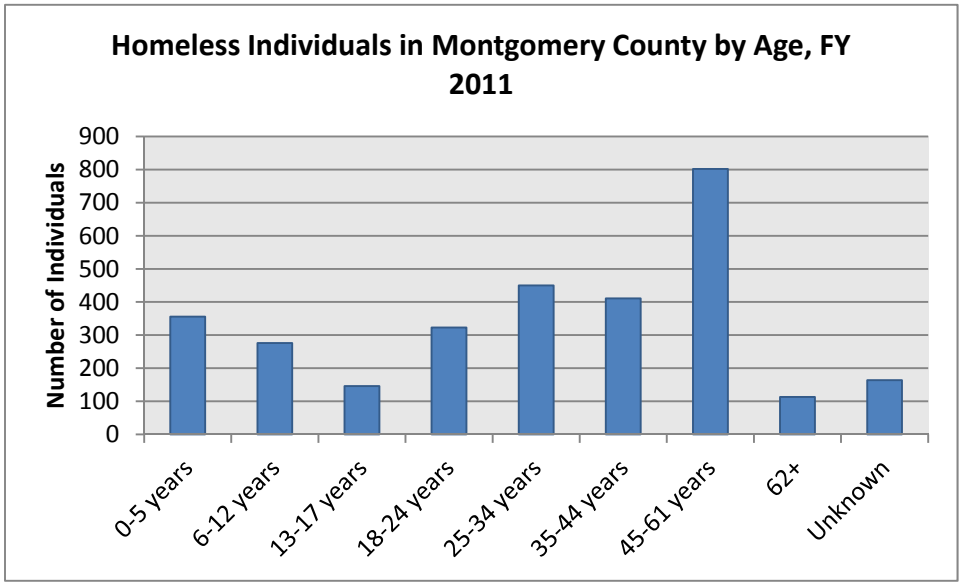

Figure 25. Individuals utilizing shelters in Montgomery County during FY 2011, by Age
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

The majority of these individuals identified as African American, with the next largest group identifying as white (see Figure 26). This population was also found to be predominantly non-Hispanic (see Figure 27).

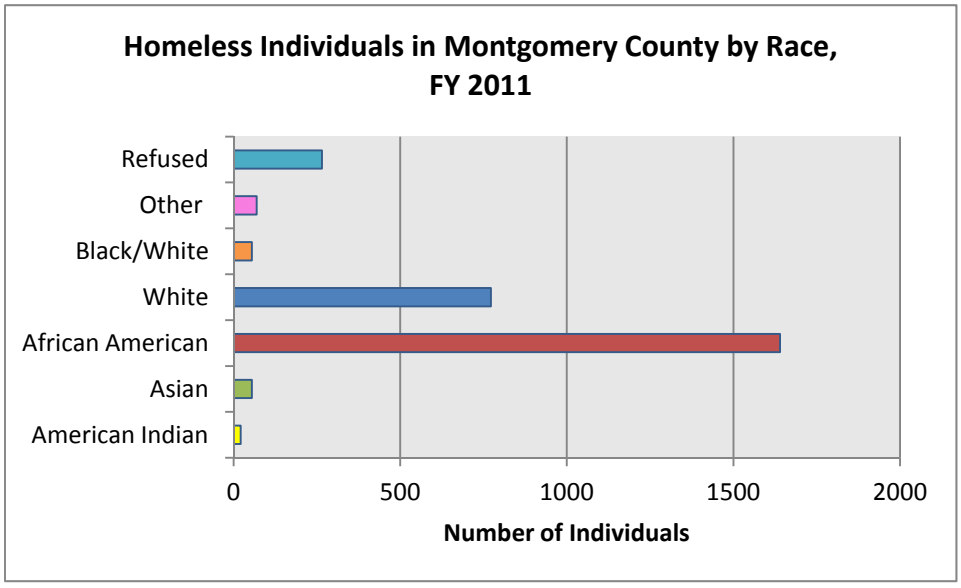

Figure 26. Individuals utilizing shelters in Montgomery County during FY 2011, by Race
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

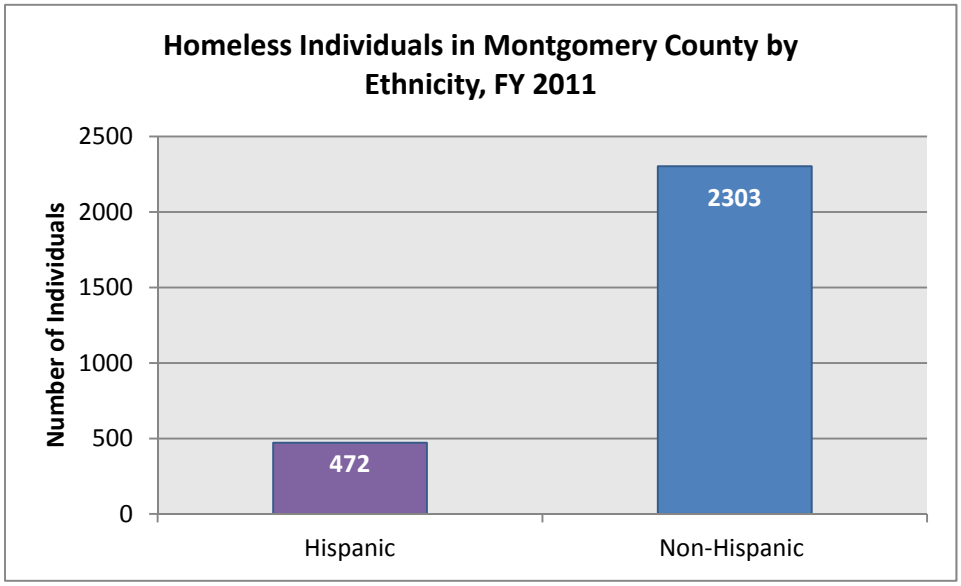

Figure 27. Individuals utilizing shelters in Montgomery County during FY 2011, by Ethnicity
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

Among these individuals, none were found to be chronically homeless, however, a large portion was found to have disabilities (see Figure 28).

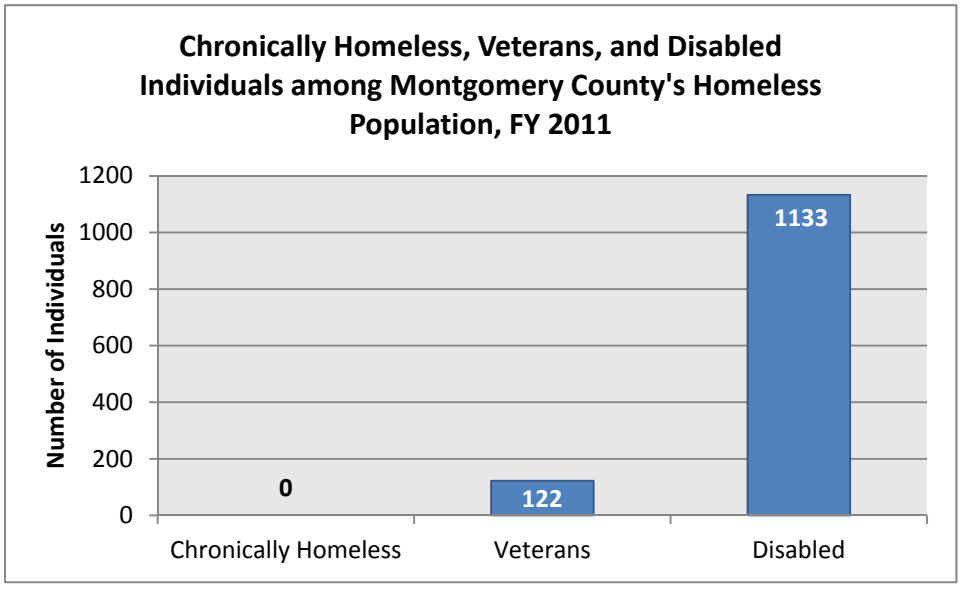

Figure 28. Individuals utilizing shelters in Montgomery County during FY 2011, Identified as Chronically Homeless, a Veteran, or Disabled
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

Available detail on race, ethnicity, and language within CBSA *See SHIP County profiles for demographic information of Maryland jurisdictions.*		
Demographics	**Montgomery County**	**Maryland**
Total Population*	1,016,677	5,928,814
Age, %*		
Under 5 Years	6.5%	6.2%
Under 18 Years	23.6%	22.7%
65 Years and Older	13.2%	13.4%
Race/Ethnicity, %*		
White	47.0%	53.3%
Black or African American	18.6%	30.1%
Native American & Alaskan Native	0.7%	0.6%
Asian	14.9%	6.1%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%
Hispanic	18.3%	9.0%
Language Other than English Spoken at Home, % age 5+**	38.7%	16.5%
Median Household Income**	$96,985	$72,999
Persons below Poverty Level, %**	6.5%	9.4%
Pop. 25+ Without H.S. Diploma, %**	9%	11.5%
Pop. 25+ With Bachelor's Degree or Above, %**	56.9%	36.3%
*Sources: *U.S. Census Bureau, State and County Quick Facts, 2013 Estimates* ***U.S. Census Bureau, State and County Quick Facts, 2008-2012 Estimates*		

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

   _X_ Yes
   ____No

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

   If you answered yes to this question, provide a link to the document here:
   http://www.adventisthealthcare.com/app/files/public/3274/2013-CHNA-ABH-RV.pdf

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

   _X_ Yes 04/24/2014 **(mm/dd/yy) Enter date approved by governing body here:** April 24, 2014
   ___No

If you answered yes to this question, provide the link to the document here:
http://www.adventisthealthcare.com/app/files/public/3447/2013-CHNA-ABH-RV-ImplementationStrategy.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

1. **Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?**

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

   _X_ Yes
   ___No

   b. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):**

      i. **Senior Leadership**

         1. **_X_ CEO**
         2. **_X_ CFO**
         3. **_X_Other (please specify):** Executive Director for the Center for Health Equity and Wellness; Associate Vice President for Mission Integration & Spiritual Care

      ii. **Clinical Leadership**

         1. _X_**Physician** (Chief Medical Officer)
         2. _X_**Nurse** (CNE & VP of Patient Care Services)
         3. _X_**Social Worker** (Director of Case Management)
         4. _X_**Other (please specify):** Allied Health Professionals

      iii. **Community Benefit Department/Team**

         1. **_X_Individual (please specify FTE):** 1 FTE Community Benefit Project Manager
         2. **_X_Committee (please list members):** Executive Director, Center for Health Equity & Wellness; Associate VP, Mission Integration & Spiritual Care; Project Manager, Community Benefit; Manager, Community Health & Outreach; Financial Services Project Manager; Senior Tax Accountant, Finance; Planning & Marketing Analyst; Communications Specialist, Public Relations/Marketing; Director of Population Health & Case Management at Adventist HealthCare Adventist HealthCare Washington Adventist Hospital; VP of Operations at Adventist HealthCare Shady Grove Medical Center; Director of Population Health and Case Management at Adventist HealthCare Shady Grove Medical Center; Community Liaison at Adventist HealthCare Behavioral Health & Wellness; and Cultural Diversity Liaison at Adventist HealthCare Rehabilitation Hospital.
         3. **___Other (please describe)**

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

Spreadsheet _X_Yes _____No
Narrative _X_Yes _____No

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

Spreadsheet ___Yes __X__No
Narrative ___Yes __X__No

If you answered no to this question, please explain why:
The hospital's Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Community Benefit report that is submitted to the HSCRC (both spreadsheet and narrative) was reviewed and approved by Executive Leadership of the hospital. The Adventist HealthCare Board of Trustees only meets twice per year so they have not yet had a chance to review this report, but they will review this Community Benefit report when they next meet in Q1 2015.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. **Please use Table III (see attachment)or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.**

<u>For example</u>: for each principal initiative, provide the following:

- **Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.**
- **Name of Initiative: insert name of initiative.**
- **Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)**
- **Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?**
- **Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.**
- **How were the outcomes of the initiative evaluated?**

- **Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?**

- **Continuation of Initiative: Will the initiative be continued based on the outcome?**

- **Expense: A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?**

Table III: Initiative

Chemical Dependence/Substance Abuse in Adolescents and Adults (CHNA Implementation Strategy Initiative)

Identified Need	Illicit drug use in America continues to be an increasing problem. In 2012, an estimated 9.2 percent of the population (aged 12 or older) had used an illicit drug or abused a psychotherapeutic medication in the past month[6]. During this time, 8.9 percent of Americans needed treatment related to drugs or alcohol, however, only 1 percent received treatment at a specialty facility[7]. High rates of drug use and abuse can be seen both at the state and local levels as well. In Maryland, the drug induced death rate (14.4 per 100,000 population) is higher than that of the national average (12.7 per 100,000 population)[8]. In Montgomery County, high rates of use and abuse can be seen particularly among adolescents and young adults. From 2004 to 2008, young adults ages 18 to 25, were three times more likely to report illicit drug use in the past month than Montgomery County residents overall[9]. In addition, in 2011, 40 percent of Medicaid recipients between 14 to 20 years of age received treatment for substance abuse[10].

Hospital Initiative	Adventist HealthCare Behavioral Health and Wellness Services – Rockville (ABHW) has implemented a program to improve continuity of care for patients seeking treatment for chemical dependence and substance abuse. In addition ABHW is working to improve chemical dependence and substance abuse education in the community, among both adolescent and adult populations.
	
	Strategies for this initiative include:
	• Offering transportation assistance for individuals receiving treatment via the intensive outpatient programs (beginning in 2015)
	• Offering childcare assistance for individuals receiving treatment via the intensive outpatient programs through partnerships with local childcare facilities
	• Offering 2 levels of outpatient chemical dependence services for adults and adolescents
	  o Intensive Outpatient Program: 3 nights per week (9 hours); 1 hour every 2 weeks for individual therapy
	  o Structured Outpatient Program: 2 nights per week (6 hours)
	• Building community relationships in order to improve referral processes and care transitions for ABHW patients needing additional treatment services

[6] Drug Facts: Nationwide Trends. National Institute on Drug Abuse. Revised January 2014. Accessed: http://www.drugabuse.gov/publications/drugfacts/nationwide-trends

[7] Drug Facts: Nationwide Trends. National Institute on Drug Abuse. Revised January 2014. Accessed: http://www.drugabuse.gov/publications/drugfacts/nationwide-trends

[8] Maryland Drug Control Update. (2010). Accessed: http://www.whitehouse.gov

[9] Healthy Montgomery, Behavioral Health Work Group. Montgomery County Behavioral Health Profile July 2012.

[10] Healthy Montgomery, Behavioral Health Work Group. Montgomery County Behavioral Health Profile July 2012.

	• Increasing knowledge and awareness around alcohol dependence and substance abuse in the community through education sessions • Partnering with MedStar Georgetown University Hospital to host a free Substance Abuse Symposium
Primary Objective	**Goal:** Improve the continuity of care by providing a full range service continuum for patients seeking treatment at Adventist HealthCare Behavioral Health & Wellness Services – Rockville for opiate dependence or other substance abuse. **Objectives:** 1. Increase accessibility to opiate dependence and abuse services for adolescents and adults by 20% by providing low-income patients with transportation tokens and resources for child care services as needed. 2. Reduce the percentage of premature discharges of opiate patients from all outpatient service lines by 50% by modifying the treatment model, and shortening and making more flexible the Chemical Dependence Program's length to improve insurance authorization. 3. Deliver 2 drug education programs quarterly for community members and medical professionals discussing prevention and treatment resources in partnership with local community organizations.
Single or Multi-Year Initiative Time Period	**Multi-Year:** These initiatives, in response to the 2013 CHNA findings, are being implemented at least through 2016.
Key Partners in Development and/or Implementation	**Key partners involved in this initiative include:** • Montgomery County Screening and Assessment Services for Children and Adolescents (SASCA) • Montgomery County Public Schools (Gaithersburg High School & Clarksburg High School) • Local daycare organizations (Nanda Child Care Center – Shady Grove location) • Local faith-based organizations • MedStar Georgetown University Hospital
How were the outcomes evaluated?	**Objective 1:** With the addition of a new electronic medical record (EMR) system in September 2014, standard questions have been added to the intake process inquiring about patient transportation and child care needs during outpatient treatment. The new system also allows for improved tracking of premature discharges. **Objective 2:** With the addition of the new EMR system, ABHW staff are able to better track premature discharges from all outpatient service lines. **Objective 3:** ABHW staff are tracking their outreach efforts and inquiries as well as the number of drug education programs they conduct and the number of attendees at each session.
Outcomes (Include process and impact measures)	**Objective 1**: ***Improving Access via Transportation and Child Care Services*** • **Process Measures** o A process has been developed and a budget allocated for providing transportation assistance to patients receiving treatment in an outpatient service line. ▪ Transportation assistance will be offered beginning in 2015. o A question has been added to the intake process to assess the transportation

needs of each outpatient.
  - A partnership with Nanda Child Care Center has been established to increase accessibility to child care services during evening outpatient service hours.
  - A question has been added to the intake process to assess the child care needs of each outpatient.

Objective 2: ***Reducing Premature Discharges from Outpatient Substance Abuse Programs***

- **Process Measures**
  - The outpatient chemical dependence treatment program has been modified into an Intensive Outpatient Program (IOP) and a Structured Outpatient Program (SOP) to better meet the needs of patients, and minimize premature discharges due to a lack of insurance authorization. A comprehensive chemical dependence assessment is completed for each patient to determine the correct level of care needed (IOP vs. SOP). Both programs utilize evidence-based curriculums and methods such as *Living in Balance* and motivational interviewing. The programs are also gender-responsive, including individual sessions if clinically indicated.
- **Impact Measures**
  - The modified chemical dependence treatment program began in August. The premature discharge rates for adults and adolescents will be reviewed on a quarterly basis and are not yet available for the current quarter. Premature discharge rates prior to the implementation of the modified program will be used as a baseline.

Objective 3: ***Providing Community Drug Education Programs***

- **Process Measures**
  - The newly hired Community Liaison for ABHW has begun building relationships with local community organizations such as high schools serving students with co-occurring emotional or mental health disabilities, and Interfaith Works.
  - Two events have been scheduled for the spring at Gaithersburg High School and Clarksburg High School. ABHW staff will complete presentations for each of the high schools (for students, parents, and staff), with a particular focus on alcohol in preparation for junior and senior prom.
- **Impact Measures**
  - "Substance Abuse in Adolescents: Identifying Risk Factors and Interventions," a free symposium exploring risk factors for substance abuse among adolescents and presenting best practices for treatment, was held on May 14, 2014. The symposium was co-hosted by Adventist HealthCare Behavioral Health & Wellness Services and MedStar Georgetown University Hospital.
    - A total of 131 individuals attended the symposium. Attendees included social workers, physicians, mental healthcare professionals, and medical students.
    - 77 individuals submitted evaluations at the conclusion of the symposium.
      - 74 individuals indicated that they would attend a future ABHW sponsored symposium
      - Attendees were asked to rate areas on a scale of 1-5 (with 1 being did not meet expectations, and 5 being excellent)
        - Program's success in meeting objectives: 4.53
        - Speaker expertise on subject matter: 4.74
        - Value of the program: 4.87
        - Knowledge/skill increase: 4.6

<table>
<tr><td></td><td colspan="2">o Extent of how program will benefit your work: 4.51
o ABHW took part in a community event held at Temple Beth Ami in Rockville in the fall of 2014. Chemical dependence counselors provided a table and information on at risk youth and substance abuse. Approximately 60 community members were in attendance.</td></tr>
<tr><td>Continuation of Initiative</td><td colspan="2">Adventist HealthCare Behavioral Health and Wellness Services will continue these initiatives into 2015 and 2016.</td></tr>
<tr><td>A. Total Cost of Initiative for Current Fiscal Year
B. What amount is Restricted Grants/Direct offsetting revenue</td><td>A. Total Cost of Initiative

Personnel Costs: $3,000

Presentation Material Costs: $100

Symposium Costs: $500 (staff planning time) + $6,000 (direct costs) = $6,500

Total Estimated Costs: $9,600</td><td>B. Direct offsetting revenue from Restricted Grants: None</td></tr>
</table>

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

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Cancer • Breast Cancer • Lung Cancer • Colorectal Cancer • Prostate Cancer • Cervical Cancer • Skin Cancer • Oral Cancer • Thyroid Cancer	Overall, cancer incidence rates are declining in Maryland and Montgomery County has the lowest overall cancer mortality rates in the state of Maryland. **Breast Cancer**: In Montgomery County the mortality rate for black women is higher than for white women. **Lung Cancer:** Lung cancer is the leading cause of cancer death in Maryland. The incidence and mortality rates in Montgomery County are higher for blacks than for whites. **Colorectal Cancer:** Although screening and incidence rates are comparable, mortality rates for blacks were higher than whites in Montgomery County. **Prostate Cancer:** The death rate due to prostate cancer for Montgomery County is 46 percent higher than the Maryland state average and 65 percent higher than the national average. **Cervical Cancer:** The incidence rate is greatest among Hispanic women as compared to black and white women. Current pap test rates among women in Montgomery County have fallen below the recommended Healthy Montgomery levels.	Support other organizations that provide services related to cancer. Refer patients to other local community or government organizations and resources as appropriate.	Adventist HealthCare Shady Grove Medical Center has a comprehensive oncology program including surgeons and oncologists able to provide specialized breast cancer care. Adventist HealthCare Shady Grove Medical Center also offers support to cancer patients and families through a full team of cancer navigators, a cancer outreach coordinator, and support groups. Adventist HealthCare Shady Grove Medical Center hosts an annual free Cancer Screening Day for the community. Cancer screening and case management services for low income and uninsured residents are also offered by the Montgomery County Department of Health and Human Services. Montgomery County Women's Cancer Control Program provides yearly breast and cervical cancer screenings and follow-up for uninsured and underinsured county residents age 40 and older. The American Cancer Society provides support groups, education, and advocacy. Special programs such as "Look Good, Feel Better" are offered throughout the county.	ABHW Rockville does not provide direct services around cancer as they fall outside the scope of the hospital as a behavioral health center. Cancer services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Skin Cancer: Whites have a higher incidence rate than blacks in Montgomery County. Males have higher incidence and mortality rates than females in the county. **Oral Cancer:** The incidence rate in Montgomery County is the lowest among all counties in Maryland. **Thyroid Cancer:** Montgomery County has the highest incidence rates for thyroid cancer in Maryland.			
Heart Disease & Stroke	**Heart Disease:** The death rate from coronary heart disease in Montgomery County was significantly lower than the rate for the state of Maryland. However, heart disease was still the leading cause of death for people over the age of 65. **Stroke:** While mortality rates for stroke in Montgomery County have met the Healthy People 2020 target, health disparities between racial and ethnic groups still persist.	Support other organizations that provide services related to heart disease. Alert patients to other local community or government organizations and resources as appropriate.	Adventist HealthCare Shady Grove Medical Center has cardiac outreach services that provide screening, education and support. Adventist HealthCare Rehabilitation Hospital provides both inpatient and outpatient treatment services for cardiac and stroke patients. The Montgomery County Stroke Association provides resources and support in addition to raising awareness. The Montgomery County Health Department has an African American Health Program that addresses heart health. The American Heart Association	ABHW Rockville does not provide heart disease and stroke services as they fall outside the scope of the hospital as a behavioral health center. Heart disease and stroke services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			provides support, education, research, and advocacy. Additional support groups such as "Heart to Heart" and "Mended Hearts" are offered throughout the county.	
Diabetes	In Montgomery County diabetes is the 8th leading cause of death. Currently 7.1 percent of the residents have been diagnosed. In Montgomery County and across the state of Maryland, diabetes disproportionately affects minority populations and the elderly. Men in Montgomery County are more likely to report being diagnosed with diabetes than women and experience a higher mortality rate.	Support other organizations that provide services related to diabetes. Refer patients to other local community or government organizations and resources as appropriate.	The Montgomery County Health Department provides free monthly diabetic education classes including the "Diabetes Dinning Club." Project BEAT IT! , an initiative of the Center for Health Equity and Wellness of Adventist HealthCare, provides culturally appropriate health education classes to health care providers and the African immigrant community. The University of Maryland Extension Service provides diabetes education to both the Latino/Hispanic and African American communities. The American Diabetes Association provides education and advocacy to the community and has a Diabetes Camp for Kids.	ABHW Rockville does not directly provide diabetes services as they fall outside the scope of the hospital as a behavioral health center. Diabetes services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.
Obesity	Montgomery County has the highest percentage of overweight children in the state of Maryland. One in four Maryland youth is overweight or obese. Among adults, 56 percent are either overweight or obese and only	Support other organizations that provide services related to obesity. Refer patients to other	The Women, Infants and Children (WIC) program addresses obesity prevention through nutrition education. Montgomery County's master plan	ABHW Rockville does not directly provide obesity services as they fall outside the scope of the hospital as a behavioral health center. Obesity services are already

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	about 53 percent engage in regular physical activity/exercise.	local community or government organizations and resources as appropriate.	for parks incorporates trails for walking, hiking and biking around the county. The City of Rockville's Department of Recreation offers various activities that encourage the community to "Step up to Health." Activities and programs offered include Walk Rockville, Ride and Stride for Rockville and Take a Walk about Town Center.	provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.
Asthma	In 2009, 12.4 percent of adult residents in Montgomery County were estimated to have been diagnosed with asthma in their lifetime and 7.9 percent reported currently having asthma. Black residents of Montgomery County have an asthma emergency department visit rate about 5 times higher than white residents. Hospitalization rates due to asthma show a similar trend.	Support other organizations that provide services related to asthma. Refer patients to other local community or government organizations and resources as appropriate.	Montgomery County has established the Asthma Management Program which focuses on Latino children. This intervention program provides education, support, and follow-up care. Other resources include the American Lung Association in Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	ABHW Rockville does not directly provide asthma services as they fall outside the scope of the hospital as a behavioral health center. Asthma services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.
Influenza	The incidence of influenza in Montgomery County for the 2011-2012 flu season was very low. The rate of emergency department visits due to immunization preventable pneumonia and influenza was much higher among younger adults than older adults in	Support other organizations that provide services related to influenza. Refer patients to other local community or government organizations and	Adventist HealthCare offers annual flu shot clinics in the Montgomery and Prince George's County areas beginning in early September and continuing through January. Flu shot clinics are held at community centers, congregations, subsidized apartment complexes, and at Adventist HealthCare Shady Grove Medical	ABHW Rockville does not directly provide influenza services as they fall outside the scope of the hospital as a behavioral health center. Influenza services are already provided by other entities in the Adventist HealthCare network, as well

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Montgomery County. Broken down by race and ethnicity, American Indian or Alaskan Natives had the highest rate of emergency department visits at 19.4 per 10,000, black residents had the second highest rates at 17.2 per 10,000.	resources as appropriate.	Center. The Montgomery County Health Department has immunization outreach and education services for county residents. An Annual campaign is offered to residents which includes a Flu Information Line and a "Stay at Home Toolkit" Other local health care providers, pharmacies, WIC providers, schools, child care providers, and clinics provide flu vaccinations in addition to outreach and education.	as by several other organizations in ABHW Rockville's service area.
HIV/AIDS	Montgomery County has a lower rate of new cases of HIV than the state of Maryland overall and the rate of HIV related deaths decreased by 26 percent between 2004 and 2009. However, there has been a steady increase in the number of Montgomery County residents living with either HIV or AIDS from 1985 through 2008. Disparities in incidence and mortality rates continue to be prevalent across races in Montgomery County. In 2008, blacks represented about 18 percent of the population, yet they accounted for 71 percent of HIV cases diagnosed that year. Between 2004 and 2009, blacks accounted for 4 out of 5 HIV	Support other organizations that provide services related to HIV/AIDS. Alert patients to other local community or government organizations and resources as appropriate.	HIV case management from the Montgomery County Health Department helps to provide dental care, counseling, support groups, and home care services as needed. Education and outreach to at-risk populations is also provided. The Montgomery County Health Department provides clinical services, lab tests, and diagnostic evaluations. Project BEAT IT!, an initiative of Adventist HealthCare Center for Health Equity and Wellness, provides culturally appropriate health education classes to health care providers and the African immigrant community to improve health outcomes related to HIV and other	ABHW Rockville does not provide HIV/AIDS services as they fall outside the scope of the hospital as a behavioral health center. HIV/AIDS services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	related deaths.		infectious diseases. The Maryland AIDS administration educates public health care professionals.	
Population Health • Maternal and Infant Health • Senior Health	**Maternal and Infant Health:** In Montgomery County, blacks and Hispanics were most likely to receive late or no prenatal care at 7 percent and 6.8 percent respectively, compared to only 2.6 percent of Asians, and 4.6 percent of whites. Although infant mortality is generally decreasing, blacks continue to experience the highest rates of infant mortality in Maryland as well as in Montgomery County. **Senior Health:** In Montgomery County, 6.2% of seniors live below the poverty line with higher percentages among minority seniors and women. In Montgomery County, 13.2 percent of the population is over age 64 and 87.6 percent of residents over the age of 64 have some type of health insurance, both rates are comparable to the State of Maryland. Rates of hospitalization for dementia/Alzheimer's (9.4%) were lower compared to rates in Maryland (15.3%) but deaths associated with falls were slightly higher at 7.7 percent	Support other organizations that provide services related to population health. Refer patients to other local community or government organizations and resources as appropriate.	**Maternal and Infant Health:** Adventist HealthCare Shady Grove Medical Center offers a full spectrum of services for expectant mothers, new mothers, and infants. Child birth and education classes are offered as well as lactation consultants. Free post-partum support groups are available as well. The Montgomery County Health Department works with Holy Cross, Washington Adventist, and Adventist HealthCare Shady Grove Medical Center to provide prenatal services to low-income and uninsured residents. To address teen pregnancy, school nurses work in accordance with Maryland state regulations providing Montgomery County Public School (MCPS) students with education and referrals that promote healthy lifestyle choices. The Teen Parent Support Program provides peer group education on raising children, healthy relationships, and prevention of repeat teenage pregnancy.	**Maternal and Infant Health:** ABHW Rockville does not provide maternal and infant services as they fall outside the scope of the hospital as a behavioral health center. A full spectrum of maternal and infant services is already provided by Adventist HealthCare Shady Grove Medical Center, as well as by several other organizations in ABHW Rockville's service area. **Senior Health:** ABHW Rockville does not directly provide senior care community outreach services as they fall outside the scope of the hospital as a behavioral health center. Senior health services are already provided by other entities in the Adventist HealthCare network, as well as by several other organizations in ABHW Rockville's service area.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	compared to 7.3 percent.		Additional services and resources include the WIC program, safety net clinics, mental health care for pregnant women and new mothers at risk for depression, home visitation services to first time parents, and well-baby care programs. **Senior Health:** The Montgomery County Department of Aging provides services such as nutrition programs and community senior centers, and offers several multicultural health initiatives. The Jewish Council for the Aging has an information and referral service, adult day care services, a senior help line, and Connect-A-Ride. Community senior centers provide education classes, social activities, and health screenings. Additionally available are hospital-based programs including support groups, senior resource programs, and a variety of education services. Health promotion services focus on fall prevention, end of life health decisions, and overall health issues. Support groups for family caregivers, respite care, and in-home services are also available. This area also has all levels of care	

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			available for seniors, such as acute care, skilled nursing care, assisted living facilities, and home health care services.	
Social Determinants of Health • Food Access • Housing Quality • Education • Transportation	**Food Access:** Montgomery County performs better than state and national baselines with regard to food deserts. **Housing Quality:** In Montgomery County, 50.6 percent of renters spend 30 percent or more of their household income on rent. In the areas served by ABHW Rockville, shelters, transitional housing and motel placements served nearly 8,000 residents in 2008. **Education:** Montgomery County performs better than the state baseline with regard to percentage of students who graduate high school within 4 years. While the overall graduation rate is higher than the state, there are disparities in graduation rates among racial and ethnic groups. **Transportation:** Montgomery County ranks in the top 25 percent of the longest commute times among all counties in the U.S.	Partner with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.	**Food Access:** Manna Food Center, a central food bank in Montgomery County, provides food assistance directly to individuals from 14 locations across the county. Manna works with local farms and orchards to provide fresh fruits and vegetables to their clients. Several local food programs deliver boxes of food to their clients, including Germantown HELP and Manna Food Center. Whether they offer delivery, transportation, or programs directed to children in need, these organizations have worked to overcome access challenges to deliver food and other services to those who need it. **Housing Quality:** ABHW Rockville is a member of Adventist HealthCare, which supports and partners with a non-profit organization in Montgomery County called Interfaith Works that provides assistance to the County's homeless population. Interfaith Works provides shelter to approximately 744 homeless men and women each night, and has served 135,000 meals	ABHW Rockville does not directly address many of the social determinants of health as they fall outside the specialty areas of the hospital. ABHW Rockville does not have the resources or expertise to meet those needs. Instead ABHW Rockville supports and partners with other organizations in the community that specialize in addressing needs related to food access, housing quality, education, and transportation.

Areas of Need Not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services - Rockville & Rationale				
Focus Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			through its Homeless Services programs. An office within the Montgomery County Department of Health and Human Services helps homeless people in the County access medical care. The Montgomery County Coalition for the Homeless has shelters and emergency housing as well as a program to provide permanent housing for families throughout the county. **Education:** Community groups work to reduce the influence of educational disparities by offering supplemental education programs for all ages. **Transportation:** A number of public transportation options are available in Montgomery County including Ride On, Park and Ride, Metrobus, Metrorail, MetroAccess, Call "N" Ride, AMTRAK, MARC and taxis. Many of these options offer free or discounted fares for low income individuals.	

V. PHYSICIANS

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

According to Healthy Montgomery, the percentage of adults in 2012 that reported being unable to afford to see a doctor was 10 percent (see Figure 29). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, among adults ages 18 to 44, 11.4 percent are unable to see a doctor (see Figure 29), and among Hispanics and "other" racial groups, 18.3 and 17.9 percent respectively, are unable to afford to see a doctor (see figure 30). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

Based on the 2008 Maryland Physician Workforce Study, sponsored by the Maryland Hospital Association and MedChi, the Maryland State Medical Society, the capital area including Montgomery and Prince George's Counties, has shortages in 8 of 30 physician specialty groups[11]. Shortages were identified among primary care, hematology/oncology, psychiatry, anesthesiology, diagnostic radiology, general surgery, and neurosurgery. A borderline physician supply was found in dermatology, physical medicine, radiation oncology, and vascular surgery. Across the state, medical specialists are projected to decrease from 40 per 100,000 state residents to 37 per 100,000 in 2015. However, the capital region is projected to be less significantly affected compared to other regions of the state due to lower retirement rates and higher rates of medical residents.

Adventist HealthCare Behavioral Health & Wellness Services Rockville is committed to assisting with access to care. As a member of Adventist HealthCare, they have ongoing partnerships with the safety net clinics in Montgomery County, including Mobile Medical Care, Inc. and Mercy Health Clinic, as well as subsidizing physician services in order to provide a continuum of quality care and narrow the gap in availability of providers.

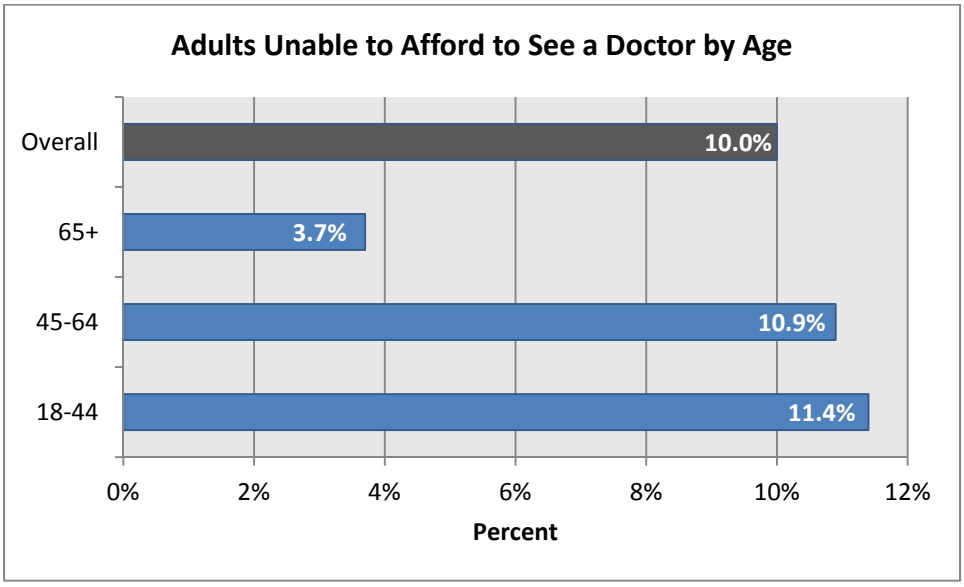

Figure 29. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery County, 2012 (www.HealthyMontgomery.org)

[11] Maryland Hospital Association & MedChi the Maryland State Medical Society. 2008. Maryland Physician Workforce Study.

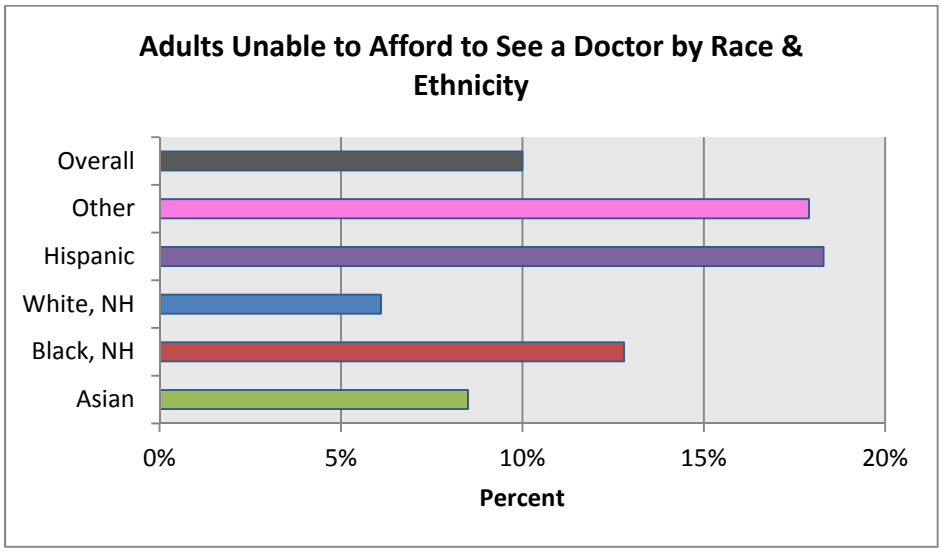

Figure 30. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery County, 2012 (www.HealthyMontgomery.org)

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

In accordance with Adventist Healthcare's mission of demonstrating God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing, Adventist Behavioral Health & Wellness Services provided the following physician services, by category, as a community benefit in 2013:

Non-Resident House Staff & Hospitalists

- Adult Acute Care Services (Inpatient)
- Geriatric Acute Care Services (Inpatient)
- Child & Adolescent Care Services (Inpatient)
- Adolescent Residential Treatment
- Adult & Adolescent Partial Hospitalization Treatment

Physician Recruitment to Meet Community Need

- Adult Acute Care Services (Inpatient)
- Geriatric Acute Care Services (Inpatient)
- Child & Adolescent Care Services (Inpatient)
- Adolescent Residential Treatment
- Adult & Adolescent Partial Hospitalization Treatment

The following table details the dollar amount of physician subsidies that Adventist HealthCare Behavioral Health & Wellness Services provided:

Physician Category	Amount
Recruitment of Physicians To Meet Community Need	$825,450.89
Non-Resident House Staff & Hospitalist	$399,916.19
Continuing Care	$9,425.43
Women's & Children's Services	$41.04
Total	**$1,234,833.55**

VI. APPENDICES

1. **Describe your Financial Assistance Policy (FAP):**
    a. **Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)**
    b. **Include a copy of your hospital's FAP. (label appendix II)**
    c. **Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General 19-214.1(e). Please be sure it conforms to the instructions provided in accordance with Health-General 19-214.1(e). (label appendix III)**
2. **Attach the hospital's mission, vision, and value statement(s) (label appendix IV)**

Appendix I

Financial Assistance Policy Description

Adventist HealthCare Behavioral Health & Wellness Services Rockville informs patients and persons of their eligibility for financial assistance according to the National CLAS standards and provides this information in both English and Spanish at several intervals and locations. The Hospital's Notice of Financial Assistance and Charity Care Policy is clearly posted in the emergency department and inpatient admitting areas so that patients are aware that they can request financial assistance if they do not have the resources necessary for the total payment of their bill. If a patient requests a copy of the Hospital's charity policy (FAP) at either the time of admission or discharge, a copy of the document is provided to them.

If the Hospital determines at the time a patient is admitted that they do not have the financial means to pay for their services the patient is informed that they can apply for financial assistance from the Hospital. If a patient is admitted without resolving how their bill will be paid, a financial counselor will visit their room to discuss possible payment arrangements. If the financial counselor determines if the patient qualifies for Medicaid, an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self-pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistants may be available if they do not have the financial means to pay their bill. If patients request financial assistance, at that time, a copy of the Hospital's charity application will be sent to them.

The Hospital has an outside contractor experienced in qualifying patients for Medicaid to review potential emergency room patients who may qualify for Medicaid.

Appendix II

Financial Assistance Policy

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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

DECISION RULES:

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

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

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

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

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

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

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

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

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

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

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

NOTICE TO BE POSTED IN THE ADMISSIONS OFFICE, BUSINESS OFFICE AND THE EMERGENCY DEPARTMENT

ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

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

Size of Family Unit	Guideline
1	$11,490
2	$15,510
3	$19,530
4	$23,550
5	$27,570
6	$31,590
7	$35,610
8	$39,630

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

If you feel you may be eligible for Charity Care and wish to apply, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660.

Revised July 2013

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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

ADVENTIST HEALTHCARE

Patient Financial Services, 820 West Diamond Ave, Suite 500, Gaithersburg, MD 20878

□ Washington Adventist Hospital □ Adventist Behavioral Hospital

□ Shady Grove Adventist Hospital □ Adventist Rehabilitation Hospital of Maryland

CHARITY CARE APPLICATION- DEMOGRAPHICS

Date: _____Account Number(s)_____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

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

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

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application_____

Dependents Listed on Tax Form:

Name: _____ Age: ____Relationship:_____

Name: _____ Age: ____Relationship: _____

Name: _____ Age: ____Relationship: _____

Name: _____ Age: ____Relationship: _____

Employment: Patient employer **Spouse employer**

Name: _____ Name:_____

Address: _____ Address: _____

Telephone #: _____ Telephone #:_____

Social Security #: _____ Social Security #: _____

How long employed: _____ How long employed: _____

TOTAL FAMILY INCOME $_____

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

CHARITY CARE APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

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

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

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

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

Applicant Signature: _____ Date: _____

Return Application To: Adventist HealthCare
Patient Financial Services

Attn: Customer Service Manager
820 West Diamond Avenue. Suite 500
Gaithersburg, MD 20878

COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY

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

The reason for Denial:

What additional information is needed?:

Approval Details:

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

Approval Letter was sent on _____

AUTHORIZED SIGNATURES:

_____
CS/COLLECTION MANAGER
UP TO $1500.00

_____
Sr. ASSISTANT DIRECTOR
UP TO $2500.00

_____
REGIONAL DIRECTOR
UP TO $25,000.00

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

Revised July 2013

2013 POVERTY GUIDELINES

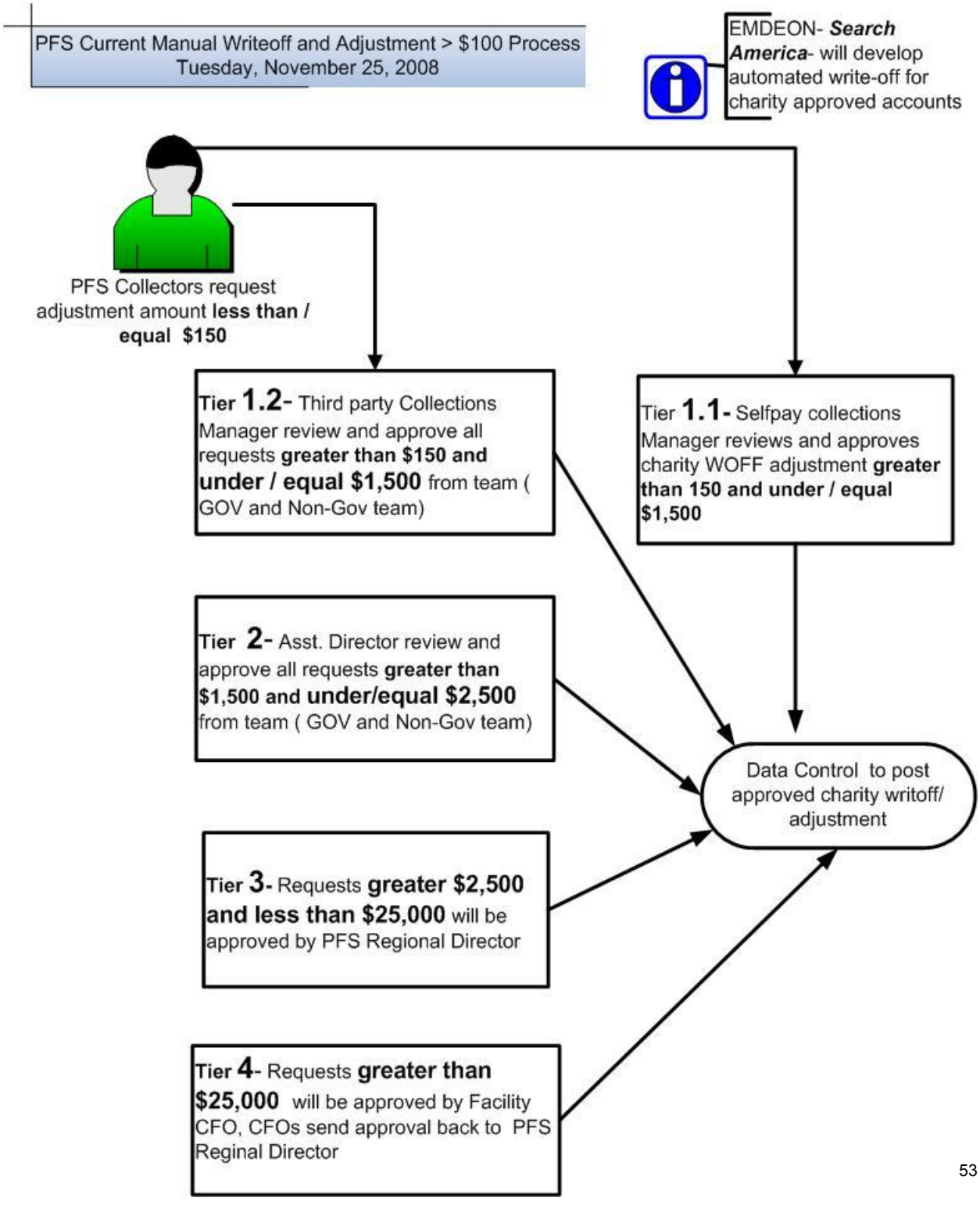
FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	100%	$11,490	100%	0%
2	100%	$15,510	100%	0%
3	100%	$19,530	100%	0%
4	100%	$23,550	100%	0%
5	100%	$27,570	100%	0%
6	100%	$31,590	100%	0%
7	100%	$35,610	100%	0%
8	100%	$39,630	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	125%	$14,363	100%	0%
2	125%	$19,388	100%	0%
3	125%	$24,413	100%	0%
4	125%	$29,438	100%	0%
5	125%	$34,463	100%	0%
6	125%	$39,488	100%	0%
7	125%	$44,513	100%	0%
8	125%	$49,538	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	150%	$17,235	100%	0%
2	150%	$23,265	100%	0%
3	150%	$29,295	100%	0%
4	150%	$35,325	100%	0%
5	150%	$41,355	100%	0%

6	150%	$47,385	100%	0%
7	150%	$53,415	100%	0%
8	150%	$59,445	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	175%	$20,108	100%	0%
2	175%	$27,143	100%	0%
3	175%	$34,178	100%	0%
4	175%	$41,213	100%	0%
5	175%	$48,248	100%	0%
6	175%	$55,283	100%	0%
7	175%	$62,318	100%	0%
8	175%	$69,353	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	200%	$22,980	100%	0%
2	200%	$31,020	100%	0%
3	200%	$39,060	100%	0%
4	200%	$47,100	100%	0%
5	200%	$55,140	100%	0%
6	200%	$63,180	100%	0%
7	200%	$71,220	100%	0%
8	200%	$79,260	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	225%	$25,853	90%	10%
2	225%	$34,898	90%	10%
3	225%	$43,943	90%	10%
4	225%	$52,988	90%	10%
5	225%	$62,033	90%	10%
6	225%	$71,078	90%	10%
7	225%	$80,123	90%	10%
8	225%	$89,168	90%	10%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	250%	$28,725	80%	20%
2	250%	$38,775	80%	20%
3	250%	$48,825	80%	20%
4	250%	$58,875	80%	20%
5	250%	$68,925	80%	20%
6	250%	$78,975	80%	20%
7	250%	$89,025	80%	20%
8	250%	$99,075	80%	20%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	275%	$31,598	70%	30%
2	275%	$42,653	70%	30%
3	275%	$53,708	70%	30%
4	275%	$64,763	70%	30%
5	275%	$75,818	70%	30%
6	275%	$86,873	70%	30%
7	275%	$97,928	70%	30%
8	275%	$108,983	70%	30%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	300%	$34,470	60%	40%
2	300%	$46,530	60%	40%
3	300%	$58,590	60%	40%
4	300%	$70,650	60%	40%
5	300%	$82,710	60%	40%
6	300%	$94,770	60%	40%
7	300%	$106,830	60%	40%
8	300%	$118,890	60%	40%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**

1	350%	$40,215	50%	50%
2	350%	$54,285	50%	50%
3	350%	$68,355	50%	50%
4	350%	$82,425	50%	50%
5	350%	$96,495	50%	50%
6	350%	$110,565	50%	50%
7	350%	$124,635	50%	50%
8	350%	$138,705	50%	50%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	400%	$45,960	40%	60%
2	400%	$62,040	40%	60%
3	400%	$78,120	40%	60%
4	400%	$94,200	40%	60%
5	400%	$110,280	40%	60%
6	400%	$126,360	40%	60%
7	400%	$142,440	40%	60%
8	400%	$158,520	40%	60%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	450%	$51,705	30%	70%
2	450%	$69,795	30%	70%
3	450%	$87,885	30%	70%
4	450%	$105,975	30%	70%
5	450%	$124,065	30%	70%
6	450%	$142,155	30%	70%
7	450%	$160,245	30%	70%
8	450%	$178,335	30%	70%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	500%	$57,450	20%	80%
2	500%	$77,550	20%	80%
3	500%	$97,650	20%	80%

4	500%	$117,750	20%	80%
5	500%	$137,850	20%	80%
6	500%	$157,950	20%	80%
7	500%	$178,050	20%	80%
8	500%	$198,150	20%	80%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	550%	$78,994	10%	90%
2	550%	$106,631	10%	90%
3	550%	$134,269	10%	90%
4	550%	$161,906	10%	90%
5	550%	$189,544	10%	90%
6	550%	$217,181	10%	90%
7	550%	$244,819	10%	90%
8	550%	$272,456	10%	90%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	600%	$103,410	5%	95%
2	600%	$139,590	5%	95%
3	600%	$175,770	5%	95%
4	600%	$211,950	5%	95%
5	600%	$248,130	5%	95%
6	600%	$284,310	5%	95%
7	600%	$320,490	5%	95%
8	600%	$356,670	5%	95%


PFS Current Manual Writeoff and Adjustment > $100 Process
Tuesday, November 25, 2008
EMDEON- Search America- will develop automated write-off for charity approved accounts
PFS Collectors request adjustment amount less than / equal $150
Tier 1.2- Third party Collections Manager review and approve all requests greater than $150 and under / equal $1,500 from team (GOV and Non-Gov team)
Tier 1.1- Selfpay collections Manager reviews and approves charity WOFF adjustment greater than 150 and under / equal $1,500
Tier 2- Asst. Director review and approve all requests greater than $1,500 and under/equal $2,500 from team (GOV and Non-Gov team)
Data Control to post approved charity writoff/ adjustment
Tier 3- Requests greater $2,500 and less than $25,000 will be approved by PFS Regional Director
Tier 4- Requests greater than $25,000 will be approved by Facility CFO, CFOs send approval back to PFS Reginal Director

Appendix III

Patient Information Sheet

Maryland Hospital Patient Information

Hospital Financial Assistance Policy

Adventist HealthCare is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. In compliance with Maryland law, Adventist HealthCare has a financial assistance policy and program. You may be entitled to receive free or reduced-cost medically necessary hospital services. This facility exceeds Maryland law by providing financial assistance based on a patient's need, income level, family size and financial resources. Information about the financial assistance policy and program can be obtained from any Patient Access Representative and from the Billing Office.

Patients' Rights

As part of Adventist HealthCare's mission, patients who meet financial assistance criteria may receive assistance from the hospital in paying their bill. Patients may also be eligible for Maryland Medical Assistance - a program funded jointly by state and federal governments. This program pays the full cost of healthcare coverage for low-income individuals meeting specific criteria (see contact information below). Patients who believe they have been wrongly referred to a collection agency have the right to request assistance from the hospital.

Patients' Obligations

Patients with the ability to pay their bill have an obligation to pay the hospital in a timely manner. Adventist HealthCare makes every effort to properly bill patient accounts. Patients have the responsibility to provide correct demographic and insurance information. Patients who believe they may be eligible for assistance under the hospital's financial assistance policy, or who cannot afford to pay the bill in full, should contact a Financial Counselor or the Billing Department (see contact information below). In applying for financial assistance, patients have the responsibility to provide accurate, complete financial information and to notify the Billing Department if their financial situation changes. Patients who fail to meet their financial obligations may be referred to a collection agency.

Contact Information

To inquire about assistance with your bill or to make payment arrangements, please call the Billing Office at (301) 315-3660. A hospital representative will be glad to assist you with any questions you may have.

If you wish to get more information about or apply for the Maryland Medical Assistance Program, you may contact your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434; or online at www.dhr.state.md.us.

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

Appendix IV

Hospital Mission, Vision, and Value Statements

Mission

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

Vision

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

Values

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

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