



The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

Frederick Memorial Hospital

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1. Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Frederick Memorial Hospital.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210005	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 257 beds during FY 2018.	<input type="radio"/>	<input checked="" type="radio"/>	Current licensed bed count for FY 18= 266
Your hospital's primary service area includes the following zip codes: 21701, 21702, 21703, 21704, 21716, 21755, 21769, 21771, 21774, 21788, 21793	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: none.	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

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

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

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

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

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Appendix E of the Global Budget Revenue agreement signed on 2/21/14 defines the hospital's service area for primary and secondary service areas. The hospital monitors our market share on an ongoing basis by analyzing and identifying changes in the levels of the patient volumes that are derived from its primary and secondary service areas. There have been no significant changes in patient volumes from outside the PSA or SSA during this fiscal year.

Based on patterns of utilization. Please describe.

Other. Please describe.

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

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

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

<https://www.fmh.org/About/About-FRHS/Vision-Mission-Values.aspx>

Q37. Is your hospital an academic medical center?

- Yes
 No

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

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

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

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

- Yes
 No

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

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/25/2013

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/28/2016

Q45. Please provide a link to your hospital's most recently completed CHNA.

https://www.fmh.org/documents/PDFs/56183-Community-Health_Rev-829.pdf

Q46. Did you make your CHNA available in other formats, languages, or media?

- Yes
 No

Q47. Please describe the other formats in which you made your CHNA available.

The CHNA is available as a downloadable PDF file.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

CHNA Activities

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The Board of directors approved the CHNA implementation strategy on 9/27/2016
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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Q50. Section II - CHNA Part 2 - Participants (continued)

This question was not displayed to the respondent.

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

This question was not displayed to the respondent.

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

09/27/2016

Q55. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.fmh.org/documents/FMH-Community-Needs-Assessment-Implementation-Strategy-2016.pdf>

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

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

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

During the 2014-2016 CHNA, the priorities were Behavioral Health, Affordable Dental Care, Health Disparities, Health Education and Frail Seniors. The 2016-2018 CHNA had three priorities- Adverse Childhood Experiences (ACEs), Behavioral Health and Senior Support; one of which was a carryover from the prior cycle. Overdose deaths, suicide prevention and behavioral health integration were the goals for the 2014-2016 Behavioral Health workgroup. The goals changed for the 2016-2018 cycle to access to behavioral health care, community awareness and stigma reduction, and establishing an alcohol detox facility to improve recovery.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

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

333 Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

This question area not applicable to the respondent.

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

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

- Yes
- No

Q68. Please describe the community benefit narrative review process.

The narrative is reviewed by Manuel Casiano, MD Chief Medical Officer and Senior Vice President Population Health and Ambulatory Services in collaboration with the Community Benefits Committee.

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

- Yes
- No

Q70. Please explain:

The data included on the financial spreadsheet is used in the development of the IRS 990 form which is completed and filed annually. The audit is completed by Ernst & Young, a third party accounting firm, in collaboration with FMH staff.

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

- Yes
- No

Q72. Please explain:

The entire narrative report is not presented to the hospital board, but is made available to members upon request. Initiatives and data included in the narrative are presented at regular intervals to the Quality Committee of the board. This committee reports quarterly to the hospital board; included in this report are presentations presented at the committee level and copies of all committee minutes.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

FRHS' strategic plan includes goals pertaining to Population Health, which are derived from the community benefit, population health and local health improvement plan priorities. The strategic planning process is a significant input into the annual budget and capital allocation. The entire FMH leadership team engages in the strategic planning process annually through recurring Strategy Council meetings, and the final plan is presented to the hospital board at an annual spring retreat.

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

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe three ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Availability of Behavioral Health & Substance Abuse Treatment Services

Q81. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q82. Select the CHNA need(s) that apply.

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

Q83. When did this initiative begin?

The need for this initiative was first identified in the 2013 CHNA and has been carried forward in the 2016 CHNA.

Q84. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain.

This initiative will end at the conclusion of the 2016-2019 Local Health Improvement Plan cycle unless it is determined to be a priority for the next improvement cycle.

Q85. Enter the number of people in the population that this initiative targets.

Data included in the 2016 CHNA revealed that 4618 (4%) of all patient visits, which includes Emergency Department, Observation and Inpatient visits to FMH in FY 2015 were related to a primary mental health diagnosis. 70% of these individuals also had a substance abuse diagnosis. During the same period, there were 6456 visits (5% of total visits to FMH) for a primary diagnosis related to substance abuse.

Q86. Describe the characteristics of the target population.

In FY 18, 2971 individuals received mental health or substance use care at FMH through visits to the Emergency Department, Observation or Inpatient stays. People between the ages of 18-40 accounted for 60% of the total population; those 41-64 years of age represented 31% of the population and 9% were over the age of 65. White/Caucasian was the identified race of 78% of the population, followed by 14% Black or African American. The payment source for 50% of the individuals in this population was Medicaid, 30% had commercial insurance coverage, 13% Medicare and 6% were self-pay.

Q87. How many people did this initiative reach during the fiscal year?

1015

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Frederick County Health Department, Frederick County Mental Health Association, Maryland 211, The Frederick Center, Wells House, Way Station, Inc., Behavioral Health Partners, Potomac Case Management

No.

Q90. Please describe the primary objective of the initiative.

As part of the Local Health Improvement Plan, the vision of this initiative is for Frederick County residents across the lifespan and regardless of socio-economic status to demonstrate improved behavioral health and a reduction in substance abuse. Specifically, FMH is focused on improving identification and treatment of mental health as well as substance use disorders through enhanced access to care and care navigation.

Q91. Please describe how the initiative is delivered.

Working closely with our community partners, five strategies have been employed at FMH to meet the objectives of the initiative. 1. Internal activities focusing on data collection around Emergency Department utilization demonstrated a need for immediate support when an individual with substance use disorder is treated in the Emergency Department. In collaboration with the Frederick County Health Department, peer recovery specialists work in the hospital environment to provide this immediate support and to assist in establishing community connections and support following discharge. 2. A depression screening tool has been implemented into primary care practices where Behavioral Health Specialists have been integrated into the practice to improve access and screening for mild to moderate mental illness in a primary care setting. 3. Through a partnership with Potomac Case Management, individuals with a mental health or substance use disorder diagnosis are assisted through advocacy, education, connection with community resources and compliance with health care to optimize their quality of daily living. 4. Team COPE, an employee led initiative provides community outreach and education with an emphasis on educating health care professionals on substance abuse identification and treatment. 5. Community Health Education is provided by lay health educators who are have completed the Bridges Lay Health Educator program at FMH. Topics included in a module on substance abuse disorder include: How it Starts, Substance Use Disorders and Withdrawal, How to use NARCAN, Treatment for Addiction, Neonatal Abstinence Syndrome, Effects on the Family. Additionally, staff from FMH are members of the Behavioral Health work group that is part of the Frederick County Local Health Improvement Plan. Strategies implemented at FMH are part of the collective effort to increase access to care, improve behavioral health education and establish a 24 hour Detox Facility in the County as outlined in the Local Health Improvement Plan. One activity that has been completed by the workgroup is a graphic resource listing that is used throughout the county on printed literature and websites, including www.fmh.org to expand awareness about Mental Health and Substance Abuse resources that are available in the county.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters

Encounters with Peer Recovery Specialists and Behavioral Health Specialists, Number of Employees Educated through the COPE committee programming, Number of Lay Health Educators trained.

- Other process/implementation measures (e.g. number of items distributed)

Number of Depression Screens completed
--
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q93. Please describe the outcome(s) of the initiative.

1. Peer recovery specialists met with 582 individuals in FY 18; of those, 139 were referred for additional services. A sample of 342 individuals who engaged with a peer recovery specialist saw a 65% reduction in hospital utilization overall for the first 30 days post peer recovery intervention and 30% reduction in hospital charges, largely in the areas of medications, ED and med/surg charges. 2. Behavioral Health Specialists encountered 454 unique patients with a total of 161 interventions including telephone calls, face to face visits and home visits. 3. 72.16% of assigned Medicare beneficiaries in the Frederick Integrated Healthcare Network ACO received a clinical depression screening (PHQ2) and, where appropriate, a follow-up plan. This rate exceeded the mean performance rate for MSSP ACOs for CY 2017 of 61.98%. 4. Members of the COPE committee have provided education to approximately 200 healthcare providers at FMH and in the community on topics including, but not limited to Myths of Addiction, Stigma Words, Secret Stash Spots, Good Samaritan Laws and National Overdose Awareness Day. 5. Sixteen (16) Lay Health Educators completed the Bridges Program in FY 18. The majority of those completing the program are members of faith based communities who are able to use this information as they provide ongoing education and support to other members of their community.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

The need for improved access to mental health care was identified in both the 2013 and 2016 CHNA. The programs that have been implemented as part of both CHNA implementation strategies are meeting the needs of those seeking care for the treatment of behavioral health or substance use disorders.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$530,000.00

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Chronic Care Needs- Diabetes

Q99. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q100. Select the CHNA need(s) that apply.

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

Q101. When did this initiative begin?

09/27/2016

Q102. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain. Chronic disease management of several high risk, high utilization conditions including diabetes is an ongoing initiative at Frederick Memorial Hospital aimed at improving access to care, care navigation and community outreach.

Q103. Enter the number of people in the population that this initiative targets.

12524 or 8.1% of Frederick County non-institutionalized residents who are 18+. Data source: 2016 MD BRFSS. FMH has seen an increased number of patients admitted and/or readmitted with a primary diagnosis of uncontrolled diabetes with a 21% from FY 17 to FY 18; a sign that this initiative needed in the community that we serve.

Q104. Describe the characteristics of the target population.

During FY 2018, 57.1% of individuals with diabetes who received services at FMH were between the ages of 18-59. 40.1% were over the age of 60. The majority were white, 73.6%; black was the identified race of 19.2% of this population. Non-Hispanics made up 90.6% of this targeted population. Of those who received care, 73.3% were discharged home to self-care.

Q105. How many people did this initiative reach during the fiscal year?

944

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Frederick County Health Department
Asian American Center of Frederick
Live Well Frederick
Managing Active Citizens (MAC)

No.

Q108. Please describe the primary objective of the initiative.

The primary objective of this initiative is to improve the health of individuals who are living with diabetes or who are at risk for developing this chronic condition. Initiatives are focused in areas where health disparities are known to exist based on gender, age, race/ethnicity, geographic area and socioeconomic status. To address these disparities, activities focus on: 1. Areas where there is known prevalence of risk factors 2. Access to treatment barriers 3. Improvement in appropriate and timely treatment .

Q109. Please describe how the initiative is delivered.

Two ongoing, community based activities are the Diabetes Support Group and the Living Well with Diabetes Education Series. The diabetes support group is held monthly and is led by registered dietitians, registered nurses, certified diabetic educators, behaviorists, and providers. Sessions include topics such as: grocery store tours, recipe makeovers, the latest in diabetes news/standards of care, diabetes and exercise, stress and diabetes, goal setting, dealing with emotions and diabetes, surviving the holidays, planning for a healthy summer. Living Well with Diabetes helps individuals with diabetes or pre-diabetes learn how to manage and improve their health. This program, which is provided in partnership with Live Well Frederick and a licensing agreement with MAC is presented as 6 two and one half hour sessions, in which participants learn: - Nutrition/healthy eating and preventing low blood sugar - Glucose monitoring - Appropriate exercise and maintaining a balance of blood sugar - Communicating effectively with family, friends, and healthcare providers - Techniques to deal with pain, fatigue, frustration, and isolation - Making informed treatment decisions and disease related problem solving - Medication usage - Skin and foot care - Goal Setting/Action Planning Living Well with Diabetes is offered in the northern Frederick County area, an area that has been identified as having a medically underserved population. An annual health fair held in partnership with the Asian American Center of Frederick targets the underserved and uninsured population. Individuals are screened for diabetes and those with abnormal blood glucose levels are offered a referral to the FMH Care Clinic. The FMH Care Clinic is not a substitute for a primary care doctor or specialist, but is designed to be a resource that assists the individual in navigating their health care needs through education and improving their access to care; an important first step in the care of a person who has been newly screened as possibly having diabetes. The services of the Care Clinic are also available to known diabetes who may need assistance transitioning between their hospital stay and follow-up with their health care provider. The clinic offers a multidisciplinary team approach to patient care with a nurse practitioner, social worker, registered nurse, behavioral health specialist and pharmacist. Services include but are not limited to: -Helping understand the treatment plan and their role in self care - Assistance in making follow-up appointments -Self Management education including medication teaching -Assistance with obtaining needed medical equipment, i.e. blood glucose monitors - Removal of financial barriers to health care - Links to support services in the home and community resources

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters

Support Group - Living Well with Diabetes- Health Fair Screening-Care Clinic Visits

- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators

Hemoglobin A1-C, % of diabetic patients having eye exams.

- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost

SHIP indicator- Emergency Department Visit Rate due to Diabetes

- Assessment of workforce development
- Other

Q111. Please describe the outcome(s) of the initiative.

By providing disease management education in the community, individuals with diabetes are able to access resources close to their homes. The Living Well with Diabetes program is offered both in Frederick City and in Thurmont, which is in the northern end of the county; therefore, increasing access to care for a greater number of participants. In total, 74 individuals participated in these sessions during FY 2018. Additionally, there were 88 attendees at the Diabetes Support Groups. Other community education events reached 473 individuals at health fairs and other educational venues with services provided by lay health educators. Positive blood glucose screens at community health fairs provide a gateway to service for uninsured and/or underinsured individuals; in FY 18 67 of 271 individuals screened had abnormal results and were referred to the CARE clinic for follow-up. 162 unique patients received services provided at the CARE clinic for a total of 458 encounters. Services provided at the CARE clinic assist not only the newly diagnosed diabetics in making care connections, but help those who have recently been discharged from the hospital transition to follow-up care. Although not all patients seen in the CARE clinic subsequently receive follow-up care from a provider who is part of the Frederick Integrated Healthcare Network ACO, assigned Medicare beneficiaries in this population demonstrated a significant improvement in two quality measures during CY 17. The percentage of diabetic patients with poor A1-C control (ACO 27) decreased from 20.56% in CY 2016 to 10.89% in CY 17. Those having diabetes eye exams (ACO-41) increased from 35.48% to 48.79%. The Emergency Department visit rate due to Diabetes was less than the Maryland SHIP goal of 186.3, with a rate of 172.3 in the 2016 reporting period.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

As part of the 2016 CHNA process, 53% of respondents to a survey of community health needs strongly agreed that diabetes was a county health priority. A focus group of Spanish speaking residents stated that more follow up care is needed for individuals with chronic diseases like diabetes and high blood pressure. Implementation strategies adopted by FMH have focused on increasing outreach, education and navigation to vulnerable communities.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$458,000.00

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Prenatal Clinic

Q117. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q118. Select the CHNA need(s) that apply.

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

- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q119. When did this initiative begin?

The Prenatal Care Clinic opened on 12/01/07

Q120. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

A fully operational prenatal clinic is currently in place; there are no plans to discontinue this initiative.

Q121. Enter the number of people in the population that this initiative targets.

This initiative targets uninsured and Medical Assistance patients who are unable to obtain care from private practice providers in the Frederick County area. According to the U.S. Census Bureau, American Community Survey 5-Year Estimates 2010-2014 , 6.2% or 14,54 Frederick County residents were living below the poverty level. Of this number, the exact number needing prenatal care is not known.

Q122. Describe the characteristics of the target population.

Women seeking prenatal care at the FMH clinic are either uninsured or are receiving Medical Assistance benefits. The primary consumers of this service are Spanish speaking. According to the Maryland Vital Statistics Annual report 2017, 15.7% of the 2714 live births in Frederick County were to Hispanic women. Comprehensive data related to patient ethnicity is not available at this time; however 482 patients or 59% of the total patients receiving care at the clinical during FY 18 required the services of a Spanish interpreter. Patients are self-referred or referred by the Frederick County Health Department, Frederick County Mission of Mercy, private physicians or other community groups.

Q123. How many people did this initiative reach during the fiscal year?

821 women received care during FY 18 with 355 new maternity patients enrolled for a total of 3268 encounters.

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

FMH Auxiliary- financial support
 Frederick County Health Department- patient referrals.
 Mission of Mercy- Patient referrals.

No.

Q126. Please describe the primary objective of the initiative.

The implementation of early prenatal care at the clinic allows patients who live in Frederick County to receive early interventions and clinical care for the pregnancy and any secondary diagnoses to avert complications and ensure the healthiest possible outcomes for the mother and baby. Many of the women in the Prenatal Center are high-risk patients and present with medical conditions for which they may be unaware, that pose significant risk for full term healthy fetal development. With early intervention, i.e. prenatal care that starts in the first trimester, many of these complications can be avoided. All newly enrolled patients in the prenatal center are screened for the presence of diabetes, HIV and Sexually Transmitted Diseases, with treatment started as appropriate during the course of care.

Q127. Please describe how the initiative is delivered.

All services are provided in an ambulatory setting. The clinic is centrally located in the city of Frederick and is accessible via public transportation.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters Number of unique patients served and number of patient encounters is tracked annually
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Patient satisfaction
- Biophysical health indicators Percentage of pregnant women who receive prenatal care beginning in the first trimester, The number and percentage of women receiving at least 8 prenatal care visits who deliver babies of healthy birth weight (2500 grams or above), Infant mortality rate, Percentage of preterm births
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q129. Please describe the outcome(s) of the initiative.

Overall, for all races Frederick County has met the Healthy People 2020 Goal and MD SHIP Goal. 77.9% of Frederick County Women received prenatal care during the first trimester in 2016, 10% above the Maryland Goal. The infant mortality rate has decreased to 3.2 per 1000 live births in 2016, significantly lower than the overall Maryland rate of 6.5 per 1000 live births. Enrollment in the clinic increased by 29% from 276 newly enrolled maternity patients in FY 17 to 355 in FY 18. 3268 patient visits occurred in FY 18, a 30% increase over FY17. Patient satisfaction with services received remained high with an average of 97% of patients served indicating that they were satisfied with the prenatal services that they had received. 199 pregnant women receiving at least 8 prenatal visits delivered healthy babies with a birth weight of 2500 grams or more, which accounted for 96% of this population.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

The need for prenatal care was identified in the 2013 CHNA and again in 2016. Data from the Maryland Division of Vital Statistics that was included in the 2016 CHNA revealed that there was racial disparity, particularly in the Hispanic and Black populations, in the areas of infant mortality, birth weight and early prenatal care. The establishment of the prenatal clinic has improved outcomes in these areas and continues to meet ongoing community health needs.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$228,000.00

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
 No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

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

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	The FMH Auxiliary Prenatal Center provides prenatal care for women with no insurance or medical assistance who are unable to obtain care from private practice providers. Many of the women are high-risk patients and present with medical conditions that pose a significant risk to full term healthy deliveries. The infant mortality rate in Frederick County has decreased from 4.8 per 1000 live births in 2013 to 3.2 in 2016. This rate is below the 2016 Maryland rate of 6.5 per 1000 live births.
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	The FMH Auxiliary Prenatal Center allows uninsured and underinsured patients in Frederick County to receive early intervention and clinical care for the pregnancy and any secondary diagnoses to avert complications and ensure the healthiest possible outcomes for the mother and baby. In 2016, 77.9% of pregnant women in Frederick County received prenatal care in the first trimester, almost 10% greater than the Maryland average of 67.8%
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	FMH is a partner in the LiveWell Frederick Initiative. Through its 5-2-1-0 program, residents are encouraged to engage in one hour of physical activity per day. Increasing physical activity has been identified as a health priority by county residents. Frederick County was slightly below the Healthy People 2020 goal of 47.9, with 47.8 people reporting at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous physical activity per week in 2015.
Increase the % of adults who are at a healthy weight	The 5-2-1-0 initiative encourages community members to incorporate changes into their lives to enhance their health and wellness. Eating well and playing well form the basis of this initiative. Weight loss may be achieved by eating five (5) fruits and vegetables per day; increasing physical activity by limiting screen time to two (2) hours per day and engaging in physical activity for one (1) hour per day and zero (0) sugary beverages. By following a 5-2-1-0 regimen, a healthy weight can be obtained and maintained. In 2016, 39.2% of Frederick County residents were not overweight, which is above both the Healthy People 2020 and the Maryland goal.
Reduce the % of children who are considered obese (high school only)	High School students are encouraged to follow the same 5-2-1-0 program as adults. 9.6% of Frederick County high school students were obese in 2016; below both the Healthy People 2020 and the Maryland goal for this time period.
Reduce the % of adults who are current smokers	<input type="text"/>
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	<input type="text"/>
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	89.8% of Frederick County residents reported that they had a primary care provider in 2016. Efforts at FMH to support this goal have centered around connecting patients who are seen post hospital discharge in the CARE clinic to primary care physicians when the patient has not identified a follow-up physician at the time of hospital discharge.
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	<input type="text"/>
Reduce heart disease mortality (per 100,000)	<input type="text"/>
Reduce cancer mortality (per 100,000)	<input type="text"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	Community education programs such as Living Well with Diabetes, Lay Health Educators and the Diabetes Support Group, along with Care Coordination services that improve access to services have contributed to a decrease in the rate of emergency department visits for diabetes related emergencies in Frederick County from 117 per 100,000 in 2014 to 172.3 per 100,000 in 2016.
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce drug induced mortality (per 100,000)	<input type="text"/>
Reduce mental health-related emergency department visit rate (per 100,000)	Improving identification and treatment of mental health disorders by embedding behavioral health specialists in primary care practices has contributed to a decrease in the emergency department visit rate in Frederick County from 3892 in 2014 to 2477.7 in 2016
Reduce addictions-related emergency department visit rate (per 100,000)	Addictions related emergency department visits have increased throughout the state, including in Frederick County from 2014 to 2016. In Frederick County the rate has gone from 1152.8 to 1229.7. One strategy that is being employed through a joint FMH/ Frederick County Health Department initiative is the use of peer recovery specialists in the Emergency Department.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	Navigating patient to the health system affiliated dental clinic which opened in 2016 has reduced the number of emergency department visits by 32.1% in its first year of operation. The visit rate per 100,000 has decreased from 437.4 in 2014 to 299.7 in 2016.
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	Influenza vaccines are offered at the annual Frederick County Health Fair. The fair is held in partnership with the Asian American Center of Frederick with emphasis on the underserved and underinsured populations who may not have access to care. A total of 355 individuals received seasonal influenza vaccine at the October 2017 fair. The percentage of Frederick county residents who are vaccinated for seasonal influenza has risen from 41.3% in 2014 to 42.9% in 2016.
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	Contractually subsidized hospital based physicians include: Intensivists, Laborists, Neonatology, Neurology, Inpatient Pediatrics, Pediatric Ophthalmology, Anesthesia, Emergency Medicine, Interventional Cardiology and Observation Services. The demand for all of these services could not be met by providers in the Frederick community as there are no community based providers currently providing the specialty services that are listed here.
Non-Resident House Staff and Hospitalists	FMH subsidizes Hospitalists to meet the needs of our patients. There are not sufficient primary care providers in Frederick County to accommodate all inpatient needs. The majority of primary care physicians in the community do not maintain hospital privileges and therefore, are not credentialed to provide care for their patients while in the hospital.
Coverage of Emergency Department Call	FMH contracts with the following specialties to provide coverage on a 24/7 basis- Anesthesiology, Bariatric Surgery, Cardiology, ENT, Gastroenterology, General Dentistry, General Surgery, Hematology/Oncology, Interventional Cardiology, Nephrology, Neurology, Ophthalmology, Oral/Maxillo/Facial, Orthopedics, Pediatrics, Plastic Surgery, Pulmonary Medicine, Urology, Vascular Surgery and Neurosurgery. Without subsidies from the organization to compensate providers for this coverage, medical practices would not be able to recruit a sufficient number of personal to provide around the clock coverage to the Emergency Department.
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

[Financial Assistance Policy.pdf](#)
86.8KB
application/pdf

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

[Financial Assistance Brochure rev 20180614 .pdf](#)
6.4MB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Patients whose family income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive free care.

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Patients whose family income is above 200% but not more than 250% of the FPL are eligible to receive a discount of 80% of their account balance. Patients whose family income is above 250% but not more than 300% of the FPL are eligible to receive a discount of 60% of their account balance. Patients whose family income is above 300% but not more than 350% of the FPL are eligible to receive a discount of 40% of their account balance. Patients whose family income is above 350% but not more than 400% of the FPL are eligible to receive a discount of 20% of their account balance

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Medical Hardship program. Patients may qualify under the following circumstances: i. Combined household income less than 500% of the Federal Poverty Guideline; or ii. Having incurred collective family hospital medical debt may be at FRHS exceeding 25% of the combined household income during a 12-month period.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Our Financial Assistance Policy did not need to change with the ACA Expansion on January 1, 2014 as we were already using income-based information only. FMH followed federal poverty levels guidelines prior to the ACA Expansion and continue to do so. Assets are generally not considered unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: [\[39.446105957031, -77.334999084473\]](#)

Source: GeolIP Estimation

PART TWO: ATTACHMENTS

Frederick County
Local Health Improvement Plan
(LHIP) Update

**Senior Support Workgroup
June 20, 2018**

Vision Statement: Frederick County has access to services for Senior Citizens to meet their evolving needs for lifelong health and wellbeing.

Goal One	Goal Two	Goal Three
Senior Citizens of Frederick County have <u>access to affordable transportation</u> for necessities (health provider visits, grocery shopping, personal care, etc.) and socialization (visiting family, church, bingo, theater, museum, college classes, etc.).	All seniors of Frederick County having the option to <u>age in place</u> will be able to do so.	An <u>effective communications system</u> is in place to provide Frederick County Seniors with relevant, inclusive and current information to meet their evolving needs for lifelong health and well-being.

Goal One

Senior Citizens of Frederick County have access to affordable transportation for necessities (health provider visits, grocery shopping, personal care, etc.) and socialization (visiting family, church, bingo, theater, museum, college classes, etc.).

OBJECTIVE	STATUS	DATE OF SUCCESSFUL COMPLETION
1. Identify Senior demographic data by county geographic area.	Successfully completed	October 2017
2. Identify current public, private and nonprofit transportation available to Seniors by geographic area.	Successfully completed. A list of available transportation providers has been created.	June 2018
3. Examine alternative public transportation service models for seniors (including public/private partnerships).	In Progress. A committee of nonprofit organizations - Transportation and Mobile Care Task Force (TMCTF) is currently engaged in identifying transportation services which will supplement and streamline existing transportation options for Seniors and other groups facing transportation challenges.	June 2018

Goal Two

All seniors of Frederick County having the option to age in place will be able to do so.

OBJECTIVE	STATUS	DATE OF SUCCESSFUL COMPLETION
1. Define services needed to age in place.	Successfully completed. Seven areas of services were identified by the Commission on Aging (COA).	October 2017
2. Ongoing collaboration with other senior work groups to ensure effective points of entry for Seniors to connect to services and resources.	In Progress Dept. of Aging (DOA) with Maryland Access Point (MAP); Mental Health Association with 211 and Health Dept. with Adult Evaluation and Review Services (AERS).	June 2018
3. Collaborate with existing organizations and interested parties to educate “rising Seniors” on options for aging in place and track efforts.	In Progress. Education ongoing through various organizations and interested parties.	June 2018
4. Have available for all Frederick County Seniors a variety of information on services and sources to help age in place.	In Progress. DOA’s with Blue Book of Resources, MAP, and COA; Advocates for Aging in Frederick County; and The Mental Health Association.	June 2018

Goal Three

An effective communications system is in place to provide Frederick County Seniors with relevant, inclusive and current information to meet their evolving needs for lifelong health and well-being.

OBJECTIVE	STATUS	DATE OF SUCCESSFUL COMPLETION
1. Identify target audiences – independent seniors, those needing moderate support, those who are vulnerable or in urgent need.	Successful Completion	January 2018
2. Determine best communication channels for each audience. Are existing channels being used effectively? Are seniors finding what they need? Identify shortcomings and solutions	In Progress Dept. of Aging, Social Services, Mental Health Association – 211, Health Dept. – AERS – raised awareness and ideas for coordination.	June 2018

Frederick Regional Health System POLICIES AND PROCEDURES

Policy #: 100

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

Effective Date: 7/01/07

Reviewed Date: 1/01/11, 1/1/13, 5/16/2018

Revised Date: 1/01/11, 1/20/13, 05/17/2018

This policy is intended as a guideline to assist in the delivery of patient care or management of hospital services. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:

FRHS is committed to providing quality health care for all patients regardless of their ability to pay and without discrimination on the grounds of race, color, national origin or creed. The purpose of this document is to present a formal set of policies and procedures designed to assist hospital Patient Financial Services personnel in their day to day application of this commitment. The procedures describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and has been adopted by FRHS' Board of Directors.

POLICY:

This policy applies to all patients seeking emergency or other medically necessary care at Frederick Regional Health System. This policy also applies to patients seeking treatment at any Frederick Regional Health System owned physician practice. These entities are hereinafter collectively referred to as "FRHS."

The Financial Assistance procedures are designed to assist individuals who qualify for less than full coverage under available Federal, State and Local Medical Assistance Programs, but whose outstanding "self-pay" balances exceed their own ability to pay. The underlying theory is that a person, over a reasonable period of time can be expected to pay only a maximum percentage of their disposable income towards charges incurred while in the hospital. Any "self-pay" amount in excess of this percentage would place an undue financial hardship on the patient or their family and may be adjusted off as Financial Assistance.

PROCEDURE:

A. OVERVIEW

1. Financial assistance can be offered before, during, or after services are rendered. After applying, the hospital will send an acknowledgment letter to the patient within two (2) business days and an eligibility determination will be made within thirty (30) days.
 - a. For purposes of this policy, "financial assistance" refers to healthcare services provided without charge or at a reduced charge to qualifying patients.
 - b. A list of our health care service providers is available at <https://www.fmh.org/Find-a-Doctor.aspx>. Only providers employed by FRHS are covered under this policy and are indicated on the provider list.

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

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- c. If a provider is not covered under this policy, patients should contact the provider's office to determine if financial assistance is available.
 - d. Should a patient need assistance applying for Financial Assistance; help is available at our physical location 400 West Seventh St. Frederick, MD 21701. Patients can also call 240-566-4214 with any inquiries regarding the Financial Assistance application process.
2. Notice of the Availability of Financial Assistance:
- a. FRHS' will make available brochures informing the public of its Financial Assistance Policy. Such brochures will be available throughout the community and within FRHS' locations.
 - b. Notices of the availability of financial assistance will be posted at appropriate admission areas, the Patient Financial Services department, and other key patient access areas.
 - c. A statement on the availability of financial assistance will be included on patient billing statements.
 - d. A Plain Language Summary of FRHS' Financial Assistance Policy will be provided to patients receiving inpatient services with their Summary Bill and will be made available to all patients upon request.
 - e. FRHS' Financial Assistance Policy, a Plain Language Summary of the policy, and the Financial Assistance Application are available to patients upon request at FRHS, through mail (postal service), and on FRHS' website at <https://www.fmh.org/billing>.
 - f. FRHS' Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application are available in Spanish.
 - i. On an annual basis, FRHS shall assess the needs of our limited English proficiency community and determine whether additional translations are needed.
3. Availability of Financial Assistance: FRHS' retains the right, in its sole discretion, to determine a patient's ability to pay, in accordance with Maryland and Federal law.
- a. Financial assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

Effective Date: 7/01/07

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- b. All patients presenting for emergency services will be treated regardless of their ability to pay.
 - i. For emergent services, applications for financial assistance will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
4. **Limitation of Charges:** Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges, as set by Maryland's Health Services Cost Review Commission (HSCRC).
 - a. FRHS' rate structure is governed by the HSCRC rate setting authority. As an "all-payer system", all patient care is charged according to the resources consumed in treating them regardless of the patient's ability to pay.
 - b. Charges are developed based on a relative predetermined value set by the HSCRC at the approved unit rate developed by the HSCRC.

B. PROGRAM ELIGIBILITY

1. FRHS strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. FRHS reserves the right to grant Financial Assistance without formal application being made by patients. These patients may include the homeless or returned mailed with no forwarding address.
2. Patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care may be eligible for FRHS' Financial Assistance Program.
3. **Services Eligible under this Policy.** Health care services that are eligible for financial assistance include:
 - a. Emergency medical services provided in an emergency room setting;
 - b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - d. Medically necessary services.
 - i. A medically necessary service is one which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which: (i) endanger life; (ii) cause suffering or pain; (iii) result in illness or infirmity; (iv) threaten to cause or aggravate a handicap; or (v) cause physical deformity or malfunction.

TITLE: Financial Assistance

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- ii. A service or item is not medically necessary if there is another service or item that is equally safe and effective and substantially less costly, including, when appropriate, no treatment at all.
 - iii. Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary.
4. Exclusions from Financial Assistance: Specific exclusions to coverage under the Financial Assistance program include the following:
- a. Patients whose insurance program or policy denies coverage for the services received (e.g., HMO, PPO, Workers Compensation, or Medicaid);
 - i. Exceptions to this exclusion may be made, in FRHS' sole discretion, considering medical and programmatic implications.
 - b. Unpaid balances resulting from cosmetic or other non-medically necessary services;
 - c. Patient convenience items.
5. Ineligibility: Patients may become ineligible for financial assistance, for a specific date of service, for the following reasons:
- a. After being notified by FRHS, refusal to provide requested documentation or information required to complete a Financial Assistance Application within the 240 days after the patient receives the first post-discharge billing statement (approximately 8 months).
 - b. Unless seeking emergency medical services, having insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to FRHS due to insurance plan restrictions/limits.
 - a. Failure to pay co-payments as required by the Financial Assistance Program.
 - b. Failure to keep current on existing payment arrangements with FRHS.
 - c. Failure to make appropriate arrangements on past payment obligations owed to FRHS (including those patients who were referred to an outside collection agency for a previous debt).
 - d. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program, unless FRHS can readily determine that the patient would fail to meet the eligibility requirements.
6. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

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7. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance eligibility criteria (See Section C.2 below).
 - a. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership for approval.
 - b. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.
8. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of the sliding scale is included in *Appendix 1*.

C. PATIENT ASSISTANCE GUIDELINES

1. Services eligible under this Policy will be made available to the patient on a sliding fee scale as described in this section; additionally, payment plans based on patient's ability to pay are available on an individual basis.
2. US Federal Poverty guidelines are updated annually by the Department of Health and Human Services. Below is an example of the sliding scale Frederick shall use to determine patient eligibility for financial assistance. Please visit our website at: <https://www.fmh.org/billing>
 - a. Patients whose family income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive free care.
 - b. Patients whose family income is above 200% but not more than 250% of the FPL are eligible to receive a discount of 80% of their account balance.
 - c. Patients whose family income is above 250% but not more than 300% of the FPL are eligible to receive a discount of 60% of their account balance.
 - d. Patients whose family income is above 300% but not more than 350% of the FPL are eligible to receive a discount of 40% of their account balance.
 - e. Patients whose family income is above 350% but not more than 400% of the FPL are eligible to receive a discount of 20% of their account balance

D. PRESUMPTIVE FINANCIAL ASSISTANCE

1. Patients may be eligible for financial assistance on a presumptive basis. There are instances when a patient may appear eligible for financial assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or other sources that is sufficient for determining financial assistance eligibility.

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

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- a. In the event there is no evidence to support a patient's eligibility for financial assistance, FRHS reserves the right to use outside agencies, or propensity to pay modeling in determining financial assistance eligibility.
- b. Patients who are determined to satisfy presumptive eligibility will receive free care on that date of service. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service.
2. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - a. Active Medical Assistance pharmacy coverage;
 - b. Qualified Medicare Beneficiary (“QMB”) coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary (“SLMB”) coverage (covers Medicare Part B premiums);
 - c. Homelessness;
 - d. Maryland Public Health System Emergency Petition patients;
 - e. Participation in Women, Infants and Children Programs (“WIC”);
 - f. Food Stamp eligibility;
 - g. Eligibility for other state or local assistance programs;
 - h. Deceased with no known estate; and
 - i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program.
3. Patients deemed to be presumptively eligible for financial assistance based on participation in a social service program identified above must submit proof of enrollment within 30 days of such eligibility determination. A patient, or a patient’s representative, may request an additional 30 days to submit required proof.
4. Exclusions from consideration for presumptive eligibility include:
 - a. Purely elective procedures (e.g., cosmetic procedures).
 - b. Uninsured patients seen in the Emergency Department under Emergency Petition unless and until the Maryland Behavioral Health Administration (BHA) has been billed.

E. MEDICAL HARDSHIP

1. Patients falling outside of conventional income or who are not presumptively eligible for financial assistance are potentially eligible for bill reduction through the Medical

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

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Hardship program.

a. Patients may qualify under the following circumstances:

- i. Combined household income less than 500% of the Federal Poverty Guideline;
or
- ii. Having incurred collective family hospital medical debt may be at FRHS exceeding 25% of the combined household income during a 12-month period.

(a) Medical debt excludes co-payments, co-insurance and deductibles.

2. FRHS applies the criteria above to a patient's balance after any insurance payments have been received.
3. Coverage amounts will be calculated using a sliding fee scale based on federal poverty guidelines. An example of this sliding scale is provided at our website; <https://www.fmh.org/billing>.
4. If determined eligible, patients and their immediate family qualify for reduced-cost, medically necessary care, for a 12 month period effective on the date the medically necessary care was initially received.
5. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, FRHS is to apply the greater of the two discounts.
6. Patient is required to notify FRHS of their potential eligibility for this component of the financial assistance program.

F. **ASSISTANCE BASED ON INDIVIDUAL CIRCUMSTANCES:** FRHS reserves the right to consider individual patient and family financial circumstances to grant reduced-cost care in excess of State established criteria.

1. The eligibility, duration, and discount shall be patient-situation specific.
2. Patient balance after insurance accounts may be eligible for consideration.
3. Cases falling into this category require management level review and approval.

G. **ASSET CONSIDERATION**

1. Assets are generally not considered as part of financial assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient's responsibility without causing undue hardship. When assets are reviewed, individual patient financial circumstances, such as the ability to replenish the asset and future income potential, are taken into consideration.
2. The following assets are exempt from consideration:

TITLE: Financial Assistance

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- a. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
- b. Up to \$150,000 in primary residence equity.
- c. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

H. APPEALS

1. Patients whose financial assistance applications are denied have the option to appeal the decision. Appeals should be made in writing and mailed to: FRHS 400 West Seventh Street Frederick, MD 21701 Attn: Financial Counseling Team.
2. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
3. Appeals are documented and reviewed by the next level of management for additional reconsideration
4. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
5. Appeals can be escalated up to the Chief Financial Officer who will render the final decision.
6. Patients who have formally submitted an appeal will receive a letter of the final determination.

I. PATIENT REFUND

1. If, within a two (2) year period after the date of service, a patient is found to be eligible for free or reduced-cost care under FRHS' Financial Assistance Program, for that date of service, the patient shall be refunded payments in excess of their financial obligation where such refund is greater than \$5.
 - a. The two (2) year period may be reduced to 240 days (approximately 8 months) after receipt of the first post-discharge billing statement where FRHS' documentation demonstrates a lack of cooperation by the patient, or guarantor, in providing documentation or information necessary for determining patient's eligibility.
2. If a patient is found to be eligible for financial assistance after FRHS has initiated extraordinary collection actions (ECA), such as reporting to a credit agency, liens, or lawsuits, FRHS will not take any further ECA and will take all reasonable steps available to reverse any ECA already taken.

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

Effective Date: 7/01/07

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Revised Date: 1/01/11, 1/20/13, 05/17/2018

J. OPERATIONS

1. FRHS will designate a trained person or persons who will be responsible for taking Financial Assistance Applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, or other designated trained staff.
2. Every effort will be made to determine eligibility prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.
 - a. Staff will complete an eligibility check with the applicable state Medicaid program to determine whether patients have current coverage or may be eligible for coverage.
 - i. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations).
 - b. FRHS will provide patients with the Maryland State Uniform Financial Assistance Application and a checklist of what paperwork is required for a final determination of eligibility.
 - i. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:
 - (a) A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income);
 - (b) Proof of disability income (if applicable);
 - (c) A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income or documentation of how they are paying for living expenses;
 - (d) Proof of social security income (if applicable);
 - (e) A Medical Assistance Notice of Determination (if applicable);
 - (f) Reasonable proof of other declared expenses; and
 - (g) If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
3. If a patient has not submitted a completed Financial Assistance application or any required supporting documentation within 30 days after a formal request, a letter will be sent reminding the patient that financial assistance is available and informing the patient of the collection actions that will be taken if no documentation is received.

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

Effective Date: 7/01/07

Reviewed Date: 1/01/11, 1/1/13, 5/16/2018

Revised Date: 1/01/11, 1/20/13, 05/17/2018

- a. A deadline for submission, prior to initiation of collection actions, will be included in the letter. Such deadline will be no earlier than 30 days after the date the reminder letter is provided.
 - b. No extraordinary collection actions, such as reporting to a credit agency, liens, or lawsuits, will be taken prior to 120 days after the first post-discharge billing statement (approximately 4 months).
 - c. If documentation is received after collection actions have been initiated, but within the 240 day after patient receipt of the first post discharge billing statement, FRHS shall cease all collection actions and determine whether the patient is eligible for financial assistance.
4. A Plain Language Summary of this policy shall be included with the letter and FRHS staff must make a reasonable effort to orally notify the individual of FMH's financial assistance program.
 5. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on FRHS guidelines.
 - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
 - b. For complete applications, the patient will receive a letter notifying them of approval/denial within 30 days of submitting the completed applications.
 - c. If an application is determined to be incomplete, the patient will be contacted regarding any additional required documentation or information
 - i. If a patient is determined to be ineligible prior to receiving services, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
 - ii. If a patient is determined to be ineligible after receiving services, a payment arrangement will be obtained, subject to FRHS' approval, on any balance due by the patient.
 6. Except as noted below, once a patient is approved for financial assistance, such financial assistance shall be effective as of the date treatment is received and the following six (6) calendar months.
 - a. For those who qualify for reduced-cost care due to financial hardship, such qualification will apply for a twelve (12) month period.
 - b. Presumptive Financial Assistance cases which will apply to the date of service only

TITLE: Financial Assistance

Chapter: Finance/Revenue Cycle

Responsible Person: Carlos Mendoza

Effective Date: 7/01/07

Reviewed Date: 1/01/11, 1/1/13, 5/16/2018

Revised Date: 1/01/11, 1/20/13, 05/17/2018

c. If additional healthcare services are provided beyond the approval period, patients must reapply to continue to receive financial assistance.

7. The following may result in the reconsideration of Financial Assistance approval:

- a. Post approval discovery of an ability to pay; and
- b. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to FRHS.

8. FRHS will track patients' qualification for financial assistance or financial hardship. However, it is ultimately the responsibility of the patient to inform FRHS of their eligibility status at the time of registration or upon receiving a statement.

8. CREDIT & COLLECTIONS POLICY

- a. FRHS maintains a separate Credit & Collections Policy that outlines what actions FRHS may take in the event a patient fails to meet their financial responsibility.
- b. A copy of the Credit & Collections policy may be obtained by requesting a copy from FRHS staff or by visiting FRHS website.
- c. FRHS maintains a list of all non-FRHS providers who may care for patients while at FRHS. Non-FRHS providers bill separately for their services and not all participate in FRHS' Financial Assistance Program.
- d. A copy of this list may be obtained by requesting a copy from FRHS staff or by visiting FRHS' website at <https://www.fmh.org/Find-a-Doctor.aspx>.

How to Apply

You can:

- Call 240-566-4602 and ask one of our Financial Counselors to mail the application to you.
- Pick up a copy of the application at Frederick Memorial Hospital's main campus, any Frederick Regional Health System offsite campus, or any Monocacy Health Partners Practice.
- If you have a computer and the internet, you can go to fmh.org/About/Billing/Financial-Assistance and download the application.

Non-Discrimination Notice

FRHS offers its services, benefits, facilities and care to all individuals and does not deny, exclude or discriminate against any person because of their race, ethnicity, religion, color, national origin, ancestry, alienage, language, age, gender, sexual orientation, gender identity or expression, familial status, disability, or other protected characteristic under the law.

Attention: The Financial Assistance Policy, Application and Plain Language Summary are available in English and Spanish at fmh.org/billing. If you have limited English ability or need Sign Language, language assistance services are available to you free of charge. Call 1-240-566-4370 (TTY: 1-240-566-3592).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 240-566-4370.

Attention: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 240-566-4370.



400 West Seventh Street
Frederick, Maryland 21701

fmh.org

Financial Assistance Policy Plain Language Summary



Frederick Regional Health System wants to make sure every patient has access to medically necessary care, even if they are not able to pay. If you are unable to pay, you may qualify for free or reduced cost of medically necessary care, even if you do have some insurance coverage. To learn more or find out if you qualify, you can ask to meet with a Financial Counselor prior to or after you receive your care. If you have questions, you can call one of our Financial Counselors at 240-566-4602.

Who Can Apply?

Individuals eligible for reduced-cost care under this policy will not be charged more than the hospital's standard charges or amount generally billed (AGB), as set by Maryland's Health Services Cost Review Commission (HSCRC). Only providers employed by Frederick Regional Health System are covered under this policy. A list of our employed health care service providers is available at fmh.org/Find-a-Doctor.

If you are a patient or the person paying the medical bill, you may be able to get help with your bill if you:

- Do not have health insurance.
- Do not qualify for Medicare, Medicaid, or another state or county funded health care program.
- Have a family income less than 400% of the current Federal Poverty Level (*See FPL table below*).

If you **do** have health insurance, including Medicare, you may still be able to get help paying your bill if you:

- Are unable to pay the part of your bill that your insurance won't cover.
- Have a family income less than 400% of the current Federal Poverty Level (*See FPL table below*).

You may be presumptively eligible for free care if you:

- Have active Medical Assistance pharmacy coverage
- Have qualified Medicare Beneficiary coverage
- Are homeless
- Are a Maryland Public Health System Emergency Petition patient
- Participate in the Women, Infants and Children or "WIC" program
- Use food stamps
- Use other state or local assistance programs
- Were able to get help as part of the older State Only Medical Assistance Program

Medical Hardship

If you don't qualify for traditional financial assistance, you may be able to use our Medical Hardship Program. Please call one of our Financial Counselors at 240-566-4602.

You can view our complete Financial Assistance Policy, as well as our Self-Pay Collection Policy online at fmh.org/About/Billing/Financial-Assistance.

Family Size	2018 FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
1	\$ 12,060	\$ 24,280	\$ 30,350	\$ 36,420	\$ 42,490	\$ 48,560
2	\$ 16,460	\$ 32,920	\$ 41,150	\$ 49,380	\$ 57,610	\$ 65,840
3	\$ 20,780	\$ 41,560	\$ 51,950	\$ 62,340	\$ 72,730	\$ 83,120
4	\$ 25,100	\$ 50,200	\$ 62,750	\$ 75,300	\$ 87,850	\$ 100,400
5	\$ 29,420	\$ 58,840	\$ 73,550	\$ 88,260	\$ 102,970	\$ 117,680
% of Financial Assistance Available to You		100%	80%	60%	40%	20%

PART THREE: AMENDMENTS

Q98. Please provide the additional information that was missing from Frederick Memorial Hospital's Community Benefit narrative.

Q48. Section II - CHNA Part 2 - Participants

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Frederick County Health Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Frederick County Healthcare Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

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

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

Maryland Department of Education

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

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

Area Agency on Aging -- Please list the agencies here:
Frederick County Area on Aging

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

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

Local Govt. Organizations -- Please list the organizations here:
Frederick County Community Action Agency

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

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

Faith-Based Organizations

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

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

School - K-12 -- Please list the schools here:

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

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

School - Colleges and/or Universities -- Please list the schools here:
George Washington University

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

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

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

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

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

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

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

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

School - Nursing School -- Please list the schools here:
Hood College

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

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here: University of Maryland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Pharmacy School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: Way Station, Mental Health Association, Behavioral Health Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Service Organizations -- Please list the organizations here: United Way, Federated Charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community/Neighborhood Organizations -- Please list the organizations here: Asian- American Center, East Frederick Rising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations - Please list the organizations here: The Coordinating Center, Frederick Chamber of Commerce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: The Community Foundation, Amada Senior Care, National Cancer Institute/Leidos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q61. Section III - CB Administration Part 1 - Participants

	Activities									Click to write Column 2	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		
Other Hospitals -- Please list the hospitals here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Frederick County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Frederick County Healthcare Coalition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Frederick County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
City of Frederick Community Action Agency

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

Faith-Based Organizations

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

School - K-12 -- Please list the schools here:
Frederick County Public Schools

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

School - Colleges and/or Universities -- Please list the schools here:
Frederick Community College, Hood College

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

School - Nursing School -- Please list the schools here:
Hood College

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

School - Dental School -- Please list the schools here:
University of Maryland

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

Behavioral Health Organizations -- Please list the organizations here:
Way Station, Mental Health Association, Behavioral Health Partners

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

Social Service Organizations -- Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

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

Asian American Center, Centro Hispana

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

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

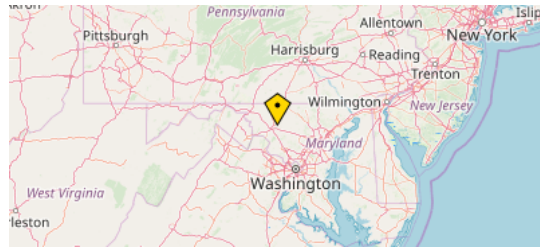
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

Location Data

Location: [39.444198608398, -77.339302062988](https://www.google.com/maps/place/39.444198608398,-77.339302062988)

Source: GeoIP Estimation



Question

Regarding Initiative 1, for the question “Enter the number of people in the population that this initiative targets,” please provide a number for the size of the target population, if possible.

Answer

The total population targeted for this initiative is taken from the 2106 Maryland BRFSS. At that time 21,246 adults reported 8-30 days their mental health wasn't good in the last 30 days, or 11.% of adults.

Question

Also in Initiative 1, please clarify what characteristics qualify a person as a target of this initiative. Did you intend to target those who seek mental health or substance use care at your hospital?

Answer

The characteristics of the target population are based on those that sought mental health or substance abuse at Frederick Memorial Hospital. No other community data was available to define the characteristics of this population.

Question

Based on your answer as to the outcome of Initiative 1, did you intend to select “Effects of healthcare utilization or cost” in the evidence of success question?

Answer

Yes- was not selected in error

Question

In Initiative 3, and in the section describing which CHNA needs were not addressed by any initiative of your hospital, you selected one need that was not selected in the CHNA description section. Did you intend to select “HIV” as having been identified in your most recent CHNA?

Answer

Yes- This was another selection error.