

Texas Nonprofit Hospitals*
**Part II Summary of Current Hospital Charity Care Policy and
Community Benefits for Inclusion in DSHS Charity Care Manual as Required
by Texas Health and Safety Code, § 311.0461**
2021**

Facility Identification (FID): 296150 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Clarity Child Guidance Center **County:** Bexar

Mailing Address: 8535 Tom Slick Drive

Physical Address if different from above: _____

Effective Date of the current policy: 08/23/2021

Date of Scheduled Revision of this policy: 08/23/2024

How often do you revise your charity care policy? 3 years

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department: Derrick W. Flowers

Mailing Address: 8535 Tom Slick Drive

Contact Person: Derrick W. Flowers Title: Chief Financial Officer

Phone: (210) 582-6476 Fax: (210) 582-6463

Person completing this form if different from above:

Name: _____ Phone: _____

*This summary form is to be completed by each nonprofit hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is only available in PDF format at DSHS web site: <https://www.dshs.texas.gov/chs/hosp/hosp3.aspx> under 2021 Annual Statement of Community Benefits Standard.

** The information in the manual will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

*** The list is also available on DSHS web site: <http://www.dshs.texas.gov/chs/hosp/>

I. Charity Care Policy:

1. Include your hospital’s Charity Care Mission statement in the space below.

Clarity Child Guidance Center (CCGC) is committed to treating uninsured/underinsured patients who are financially or medically indigent with the same dignity and consideration that is extended to all of its patients regardless of their ability to pay.

2. Provide the following information regarding your hospital’s current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

Financial Assistance or Charity Care is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CCGC’s procedures for obtaining Charity Care or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. 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, for their overall personal health, and for the protection of their individual assets. Patients who do not have health insurance or are unable to pay their hospital bills may qualify for Medicaid, Children's Health Insurance Program (CHIP), County MHMR/LMHA Funds or other Medical Assistance Programs. Individuals who are determined to be eligible for these programs will be required to apply for them and demonstrate denial prior to being granted Financial Assistance under this policy. Applicants for Financial Assistance or Charity Care must agree to complete the patient Financial Assistance Application Form and cooperate with CCGC staff by furnishing information required to complete the application in a timely manner, but not later than 120 days after the first, post discharge statement has been sent.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.

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- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify _____

c. Is eligibility based upon net or gross income? Check one.

d. Does your hospital have a charity care policy for the Medically Indigent?

YES NO IF yes, provide the definition of the term **Medically Indigent**.

¿ Medically Indigent- A person whose medical or hospital bills for which they assume responsibility after payment by third-party payers exceeds 10% of the patient’s (or responsible parties) annual gross income, determined in accordance with the hospital’s eligibility procedure, and the person is unable to pay the remainder of the bill.

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES NO If yes, please briefly summarize method. CCGC will consider earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

f. Whose income and resources are considered for income and/or assets eligibility determination?

- 1. Single parent and children
- 2. Mother, Father and Children
- 3. All family members
- 4. All household members
- 5. Other, please explain _____

g. What is included in your definition of income from the list below? Check all that apply.

- 1. Wages and salaries before deductions
- 2. Self-employment income
- 3. Social security benefits
- 4. Pensions and retirement benefits
- 5. Unemployment compensation
- 6. Strike benefits from union funds
- 7. Worker's compensation
- 8. Veteran's payments
- 9. Public assistance payments
- 10. Training stipends
- 11. Alimony
- 12. Child support
- 13. Military family allotments
- 14. Income from dividends, interest, rents, royalties
- 15. Regular insurance or annuity payments
- 16. Income from estates and trusts
- 17. Support from an absent family member or someone not living in the household
- 18. Lottery winnings
- 19. Other, specify _____

3. Does application for charity care require completion of a form? YES NO

If YES,

a. **Please attach a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

- 1. By telephone

2. In person

3. Other, please specify _____

c. Are charity care application forms available in places other than the hospital?

YES NO If, YES, please provide name and address of the place.

Clarity Website, <https://www.claritycgc.org/rates-insurance-and-financial-aid/>

d. Is the application form available in language(s) other than English?

YES NO

If yes, please check

Spanish 1 Other, please specify _____

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

1. The hospital independently verifies information with third party evidence (W2, pay stubs)

2. The hospital uses patient self-declaration

3. The hospital uses independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets?
Check all that apply.

1. W2-form

2. Wage and earning statement

3. Paycheck remittance

4. Worker's compensation

5. Unemployment compensation determination letters

6. Income tax returns

7. Statement from employer

8. Social security statement of earnings

9. Bank statements

10. Copy of checks

11. Living expenses

12. Long term notes

13. Copy of bills

14. Mortgage statements

15. Document of assets

16. Documents of sources of income

- 17. Telephone verification of gross income with the employer
- 18. Proof of participation in gov't assistance programs such as Medicaid
- 19. Signed affidavit or attestation by patient
- 20. Veterans benefit statement
- 21. Other, please specify _____

5. When is a patient determined to be a charity care patient? Check all that apply.

- a. At the time of admission
- b. During hospital stay
- c. At discharge
- d. After discharge
- e. Other, please specify _____

6. How much of the bill will your hospital cover under the charity care policy?

- a. 100%
- b. A specified amount/percentage based on the patient's financial situation
- c. A minimum or maximum dollar or percentage amount established by the hospital
- d. Other, please specify _____

7. Is there a charge for processing an application/request for charity care assistance?

YES NO

8. How many days does it take for your hospital to complete the eligibility determination process? 5

9. How long does the eligibility last before the patient will need to reapply? Check one.

- a. Per admission
- b. Less than six months
- c. One year
- d. Other, specify _____

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply.
Check all that apply?

- a. In person
- b. By telephone
- c. By correspondence
- d. Other, specify _____

11. Are all services provided by your hospital available to charity care patients?

YES NO

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees).

12. Does your hospital pay for charity care services provided at hospitals owned by others?

YES NO

II. Community Benefits Projects/Activities:

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness). Clarity Child Guidance Center’s leadership evaluated the opportunities revealed in the Community Health Needs Assessment and, with the guidance of the Board of Directors, developed a strategic plan to address gaps in the community. Items prioritized were the following: 1. Continue investing in development to enable systemic and repeatable funding streams to our existing business model of billing insurance companies. 2. Explore methods to increase access to care, knowing that a severe shortage of psychiatrists and other mental health professionals has been an ongoing societal issue. 3. Expand levels of care and types of care in the community. a. Deployment of neighborhood-based clinics over a period of several years to expand access to mental health care, alleviating wait times for initial care and transportation issues. i. Expand traditional longer-term outpatient therapy to include a brief psychotherapy model. ii. Include medication management at the clinic, when feasible. iii. Offer day treatment (partial hospitalization) when feasible. b. Deploy brief therapy options beyond the neighborhood clinics. c. Evaluate non-medical based levels of care, such as intensive outpatient, respite beds, etc. d. Evaluate addition of substance abuse services and support. e. Evaluate home- and school-based partnerships for services.

Additional Information:

Use this space if more space is required for comments or to elaborate on any of the information supplied on this form. Please refer to the response by question and item number.

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NOTE: This is the twenty-first year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512)776-7261 or fax:(512)776-7344 or E-mail: dwayne.collins@dshs.texas.gov.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: