

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**
2018

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, San Antonio, TX 78229

Physical Address if different from above: _____

Effective Date of the current policy: 07/01/2018

Date of Scheduled Revision of this policy: 06/30/2019

How often do you revise your charity care policy? Annual Review

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

Name of the office/department: Patient Financial Services

Mailing Address: 8535 Tom Slick, San Antonio, TX 78229

Contact Person: Eliza Arias Title: Patient Financial Representative

Phone: (210) 582-6931 Fax: (210) 582-6463 E-Mail eliza.arias@claritycgc.org

Person completing this form if different from above:

Name: Derrick Flowers Phone: (210) 582-6476

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: www.dshs.texas.gov/chs/hosp under 2018 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: 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's charitable mission is to help children, adolescents, and families overcome the disabling effects of mental illness, and improve their ability to function successfully at home, at school and in the community. As a result of our services, we help heal young minds and hearts.

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

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

Charity Care is free or reduced price medical care for services provided by Clarity Child Guidance Center.

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

5

1. 100%

4. <200%

2. <133%

5. Other, specify

500

3. <150%

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**.

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.

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 www.claritycgc.org

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.

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

YES NO

If yes, please check

Spanish 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. Pay check 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? 1 day in most cases

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 is devoted to caring for children ages 3-17 with mental, emotional and behavioral (MEB) disorders. Our continuum of care resulted in 23,237 outpatient patient visits and 23,991 hospital days of care for the children of our community in fiscal year 2018. Thousands of children received services and as a nonprofit, they were treated regardless of their ability to pay for the treatment provided. Clarity Child Guidance Center provided lectures, presentations and other health education programs to benefit the community in fiscal year 2018. Costs to provide these services free to the public include staff time, travel, materials and indirect costs. Following is a list of the various ways in which we provided such community services: Our website receives over 73,000 visits a year from professionals, families and donors looking for warning signs and other information. We also share knowledge by hosting free continuing education sessions on our campus. This year, 725 people from across the community attended these sessions to gain critical knowledge. We also provided over 40 education sessions in other locations in the community to 1200 attendees and hosted 40 benchmarking tours for 330 people. 24 United Way presentations were made to 562 attendees representing multiple companies in our community. Clarity's YouTube channel and its library of topics had more than 165,743 views, and 950,370 minutes of content streamed to increase knowledge and education about children's mental health. We continued providing education about children's mental health by hosting the third Claritycon™ conference for professionals across the state. In June, 350 professionals attended a 1.5 day event that featured 20 breakout session speakers, panelists, and two keynote speakers, including Abigail Bird, PhD an expert on the brain, adolescent behavior and development. Attendees gave the overall content offered at the event an incredible 98% satisfaction rating.

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.

**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**

NOTE: This is the eighteenth 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: