

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**
2020

Facility Identification (FID): 3036259 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Sunrise Canyon Hospital **County:** Lubbock

Mailing Address: 1950 Aspen Ave Lubbock, TX 79404

Physical Address if different from above: _____

Effective Date of the current policy: 09/01/2020

Date of Scheduled Revision of this policy: 09/01/2023

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: Sunrise Canyon Hospital

Mailing Address: PO Box 2828

Contact Person: Benjamin Midkiff Title: Data Manager

Phone: (806) 740-1507 Fax: (806) 747-5481

Person completing this form if different from above:

Name: Lisa Alamanza-Figueroa Phone: Hospital Administrator

*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 2020 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: <https://www.dshs.texas.gov/chs/hosp/default.shtm>.

I. Charity Care Policy:

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

The mission of Sunrise Canyon Hospital reflects that of the Center, which is to create opportunities for community living.

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

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

Individuals admitted to Sunrise Canyon Hospital must meet one of the following criteria: $\dot{\text{z}}$ Danger to self $\dot{\text{z}}$ Danger to others $\dot{\text{z}}$ Inability to care for oneself due to mental illness or an emotional/behavioral crisis Persons are admitted to the hospital without regard to ability to pay or funding source. Services are available without discrimination on the basis of race, color, national origin, gender, sex orientation, or disability.

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

Texas Department of
State Health Services
sliding fee scale

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**.

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

YES NO If yes, please briefly summarize method. Texas Department of State Health Services sliding fee scale

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.

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? 0 - 60 days

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).

Public trust is an obligation placed on the Board of Trustees and the Center as a whole to develop, maintain, preserve, and expand resources to ensure that the organization's activities benefit the consumers of services and the community. Consumer and stakeholder input are crucial to the effectiveness and responsiveness of all planning activities. This input is obtained through a variety of mechanisms such as the Center's Advisory Committee, focus groups, community needs assessments, consumer volunteerism and consumer satisfaction surveys. The Center's Advisory Committee is critical to the processes of planning and evaluation and establishing fairness and objectivity as it relates to developing and managing the service delivery system. Committee membership consists of over 50% consumers and/or family members. The Committee charge is as follows: To assist the Board of Trustees in an advisory capacity by making recommendations concerning: 1. Development of the Local Plan 2. Development, design, management and evaluation of the service delivery system, which includes Home & Community Based Services (HCS), the Program for All Inclusive Care for the Elderly (PACE), and Sunrise Canyon Hospital. The hospital surveys consumers at discharge for satisfaction. The results are tallied monthly and reviewed by the Quality Assurance / Performance Improvement Committee as well as by the Risk Management Committee. The target outcome is to maintain a 3B average and to date this has been accomplished on all measures. The Texas Health and Human Services Commission conducts annual consumer surveys which rate services on quality, appropriateness, satisfaction, outcomes, and accessibility to services. The results are sent to all local mental health authorities and to the Center for Mental Health Services (CMHS, a component of the Substance Abuse and Mental Health Services Administration) for reporting requirements. Results are reviewed for areas needing improvement and incorporated into the Center's operational plan as appropriate. As a Joint Commission accredited facility, the hospital participates in the ORYX initiative, determining specific measures pertinent to the hospital and gathering data at admission, discharge and at the 6 month follow-up. Data is then compared to national aggregates of similar programs. This information is used to determine performance improvement opportunities and tracks demographic data for the random sample. All data for Sunrise Canyon Hospital falls within the accepted range nationally. The Center actively participates in interagency efforts to gather public input for planning and evaluation purposes. Developing a system of care and expanding resources to meet the needs of consumers requires the building of sound collaborative relationships with a wide array of agencies and other entities both public and private. The Center has forged many partnerships that are crucial to the planning and delivery of mental health, intellectual disability, and substance abuse service. As resources in the human services environment become increasingly scarcer, the need for effective collaborations has become even more critical to the provision of adequate services in the community.

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 twentieth 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: