

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Name of the organization **GRIFFIN HOSPITAL** Employer identification number **06-0647014**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		139	1018499.	0.	1018499.	.66%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		4,500	18474558.	13579977.	4894581.	3.16%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....		0	0.	0.		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		4,639	19493057.	13579977.	5913080.	3.82%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....		84,147	870,301.	133,446.	736,855.	.48%
<b>f</b> Health professions education (from Worksheet 5) .....		0	7649564.	6245558.	1404006.	.91%
<b>g</b> Subsidized health services (from Worksheet 6) .....		38,453	8739904.	6734252.	2005652.	1.29%
<b>h</b> Research (from Worksheet 7) .....		0	956,988.	898,470.	58,518.	.04%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....		1,269	90,614.	0.	90,614.	.06%
<b>j Total.</b> Other Benefits .....		123,869	18307371.	14011726.	4295645.	2.78%
<b>k Total.</b> Add lines 7d and 7j .....		128,508	37800428.	27591703.	10208725.	6.60%



Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 GRIFFIN HOSPITAL
130 DIVISION STREET
DERBY, CT 06418
WWW.GRIFFINHEALTH.ORG

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, X, X, X, X, Other (describe)

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group GRIFFIN HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1 X	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5 X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.GRIFFINHEALTH.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.CT.GOV/DPH/CWP/VIEW</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8 X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10 X	
a If "Yes," (list url): <u>WWW.GRIFFINHEALTH.ORG/PORTALS/0/DOCUMENTS/CHNA/NAUGA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group GRIFFIN HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? .....	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group GRIFFIN HOSPITAL

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....		X
If "Yes," explain in Section C.			
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....		X
If "Yes," explain in Section C.			

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 5: THE 2016 VALLEY COMMUNITY INDEX WAS CREATED IN PARTNERSHIP WITH DATAHAVEN, THIS 2016 VALLEY COMMUNITY INDEX IS THE FIRST SINGLE-SOURCE REPORT OF ITS KIND THAT PROVIDES TIMELY, COMPREHENSIVE SOCIOECONOMIC, EDUCATION, HEALTH, AND WELL-BEING DATA SHAPING OUR REGION. COMMUNITY LEADERS WHO HAVE A FIRM PULSE ON THE NEEDS AND OPPORTUNITIES OF THE VALLEY CAME TOGETHER AS AN ADVISORY COMMITTEE SHARING A COMMON AGENDA TO PROVIDE THE DIRECTION FOR DATA RESEARCH, WHICH WILL ULTIMATELY LEAD TO MEASURABLE OUTCOMES. THIS REPORT IS ALSO COMPLETED TO MEET GRIFFIN HOSPITAL'S IRS REQUIREMENTS IN FORM 990 SCHEDULE H AND NOTICE 2011-52 THAT DISCUSS THE CREATION OF A COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH ALL TAX-EXEMPT HOSPITALS COMPLETE AS A RESULT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. THIS INDEX WILL BE USED TO CONVENE COMMUNITY CONVERSATIONS, FOSTER ENGAGEMENT, ALIGN CURRENT EFFORTS AND INVESTMENTS, AND COLLABORATE ON STRATEGIC ENDEAVORS TO BUILD, SUSTAIN, AND ENHANCE THE QUALITY OF LIFE IN THE VALLEY. -VALLEY COMMUNITY FOUNDATION

THE INDEX ALSO WENT INTO THE COMMUNITY MEASURING DIFFERENCES IN PERSONAL WELL-BEING IN THE VALLEY. THE UNITED NATIONS HAS IDENTIFIED MEASURING LOCAL WELL-BEING AS A GLOBAL PRIORITY. 4 THE 2015 DATAHAVEN COMMUNITY WELLBEING SURVEY (CWS) REPRESENTED A FIRST STEP TOWARD ACHIEVING THAT GOAL IN CONNECTICUT. MORE THAN 16,000 RANDOMLY-SELECTED ADULTS LIVING THROUGHOUT THE STATE, INCLUDING 1,051 IN THE VALLEY REGION, PARTICIPATED IN LIVE, IN-DEPTH INTERVIEWS. DESIGNED BY A PANEL OF LOCAL AND NATIONAL EXPERTS AND DRAWN FROM WELL-KNOWN SURVEYS IN THE UNITED STATES AND UNITED KINGDOM, THE CWS INCLUDED A SERIES OF QUESTIONS THAT ARE REGULARLY USED TO

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

EVALUATE PERSONAL WELL-BEING:

UNDERSTANDING THE VALLEY REGION: 2016 VALLEY COMMUNITY INDEX

PRODUCED BY THE VALLEY COMMUNITY FOUNDATION AND DATAHAVEN, SEPTEMBER 2016

LEAD AUTHORS MARY BUCHANAN, PROJECT MANAGER, DATAHAVEN, MARK ABRAHAM, EXECUTIVE DIRECTOR, DATAHAVEN, VALLEY COMMUNITY FOUNDATION STAFF SHARON CLOSIUS, PRESIDENT AND CEO, BETH COLETTE, VALERIE KNIGHT-DIGANGI, JOHN READY, LAURA DOWNS, MORRISON DOWNS ASSOCIATES, PROJECT CONSULTANT

LEAD SPONSORS VALLEY COMMUNITY FOUNDATION, INC., BASSETT FAMILY FUND, GRIFFIN HEALTH SERVICES, INC., KATHARINE MATTHIES FOUNDATION, BANK OF AMERICA, N.A., TRUSTEE, VALLEY UNITED WAY

CONTRIBUTING SPONSORS CONNECTICUT COMMUNITY FOUNDATION, LIBERTY BANK FOUNDATION

SPECIAL THANKS THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, OUR PARTNER IN PHILANTHROPY, NAUGATUCK VALLEY COUNCIL OF GOVERNMENTS, VALLEY COMMUNITY INDEX ADVISORY COMMITTEE, ALLIANCE FOR PREVENTION & WELLNESS (FORMERLY VSAAC), ANSONIA SCHOOL READINESS, BH CARE, BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY, CELEBRATE SHELTON, CENTER STAGE THEATRE, THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, CONNECTICUT COMMUNITY FOUNDATION, DERBY EARLY CHILDHOOD COUNCIL, DERBY NECK LIBRARY, DERBY YOUTH SERVICES BUREAU, DOWN TO EARTH CONSULTING SOLUTIONS, GREATER VALLEY CHAMBER OF COMMERCE, GRIFFIN HOSPITAL, HOUSATONIC COUNCIL, BSA, LITERACY VOLUNTEERS OF GREATER



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

NEW HAVEN, MIECHV/TEAM EARLY HEAD START, NAUGATUCK VALLEY COUNCIL OF GOVERNMENTS, NAUGATUCK VALLEY HEALTH DISTRICT, NAUGATUCK YMCA, PARENT CHILD RESOURCE CENTER, SHELTON ECONOMIC DEVELOPMENT CORPORATION, TEAM, INC., VALLEY PARISH NURSE PROGRAM, VALLEY REGIONAL ADULT EDUCATION, VALLEY SHAKESPEARE FESTIVAL, VALLEY UNITED WAY, THE VALLEY VOICE, VALLEY YMCA, VNA OF SOUTH CENTRAL CT, THE WORKPLACE, INC., HOWARD WHITTEMORE MEMORIAL LIBRARY, YALE-GRIFFIN PREVENTION RESEARCH CENTER

COMMUNITY VOLUNTEERS MARILYN CORMACK, ED KISLUK, AND RICHARD KNOLL

REPRESENTATIVES FROM THE VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES, WITH SPECIAL THANKS TO THE MEMBERS OF THE SENIOR SERVICES SUBCOMMITTEE

REPRESENTATIVES FROM EACH OF THE MUNICIPAL GOVERNMENTS AND SCHOOL DISTRICTS IN THE VALLEY

UNDERSTANDING THE VALLEY REGION: 2016 VALLEY COMMUNITY INDEX PRODUCED BY THE VALLEY COMMUNITY FOUNDATION AND DATAHAVEN, SEPTEMBER 2016

VALLEY COMMUNITY INDEX ADVISORY COMMITTEE: BUCHANAN, MARY, AND MARK ABRAHAM. (2016). UNDERSTANDING THE VALLEY REGION: 2016 VALLEY COMMUNITY INDEX.

DERBY, CT: VALLEY COMMUNITY FOUNDATION AND DATAHAVEN.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 6A: CHNA WAS NOT CONDUCTED WITH ANY OTHER HOSPITAL.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 6B:

- NAUGATUCK VALLEY HEALTH DISTRICT
- VALLEY COMMUNITY FOUNDATION
- DATA HAVEN
- VALLEY COMMUNITY INDEX ADVISORY COMMITTEE
- GRIFFIN HEALTH SERVICES, INC.
- KATHARINE MATTHIES FOUNDATION
- CONNECTICUT COMMUNITY FOUNDATION
- THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN
- NAUGATUCK VALLEY COUNCIL OF GOVERNMENTS
- VALLEY COMMUNITY INDEX ADVISORY COMMITTEE ALLIANCE FOR PREVENTION & WELLNESS (FORMERLY VSAAC)
- ANSONIA SCHOOL READINESS
- BH CARE
- BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY
- CELEBRATE SHELTON
- CONNECTICUT COMMUNITY FOUNDATION DERBY EARLY CHILDHOOD COUNCIL
- DERBY NECK LIBRARY
- DERBY YOUTH SERVICES BUREAU DOWN TO EARTH CONSULTING SOLUTIONS
- GREATER VALLEY CHAMBER OF COMMERCE
- GRIFFIN HOSPITAL HOUSATONIC COUNCIL, BSA

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

- LITERACY VOLUNTEERS OF GREATER NEW HAVEN
- MIECHV/TEAM EARLY HEAD START NAUGATUCK VALLEY COUNCIL OF GOVERNMENTS
- NAUGATUCK VALLEY HEALTH DISTRICT
- NAUGATUCK YMCA PARENT CHILD RESOURCE CENTER
- SHELTON ECONOMIC DEVELOPMENT CORPORATION
- TEAM, INC.
- GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM
- VALLEY REGIONAL ADULT EDUCATION
- VALLEY SHAKESPEARE FESTIVAL VALLEY UNITED WAY
- THE VALLEY VOICE
- VALLEY YMCA
- VNA OF SOUTH CENTRAL CT
- THE WORKPLACE, INC.
- HOWARD WHITMORE MEMORIAL LIBRARY
- YALE-GRIFFIN PREVENTION RESEARCH CENTER COMMUNITY
- VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 7D: WWW.GUIDESTAR.ORG/PROFILE/06-0647014

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 11: COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

PRIMARY FOCUS AREAS

TO BE FINALIZED WITH GOALS, OBJECTIVES AND STRATEGIES DEVELOPED FOR EACH

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

IN CONJUNCTION WITH NAUGATUCK VALLEY HEALTH DISTRICT AND OTHER COMMUNITY

PARTNERS:

CREATION OF BEHAVIORAL HEALTH/SUBSTANCE ABUSE COMMUNITY ACTION TEAM

CHRONIC DISEASE MANAGEMENT (DIABETES, CHF, COPD, ETC.)

OPIATE/ADDICTION PREVENTION & TREATMENT

CHILDHOOD OBESITY PREVENTION (VITAHLS PROGRAM)

EARLY DETECTION OF LUNG CANCER & SMOKING CESSATION

ASTHMA PREVENTION & SELF-MANAGEMENT (PART OF STATEWIDE CHA ASTHMA INITIATIVE)

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 13B: INVESTMENT, IRA, CHECKING ACCT, REAL ESTATE

GRIFFIN HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.GRIFFINHEALTH.ORG/PATIENT-INFORMATION/BILLING-INSURANCE/UNINSURED

GRIFFIN HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

WWW.GRIFFINHEALTH.ORG/PATIENT-INFORMATION/BILLING-INSURANCE

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 16I: FINANCIAL ASSISTANCE INFORMATION FOR GRIFFIN HOSPITAL IS POSTED THROUGHOUT THE HOSPITAL'S MAIN REGISTRATION AREA AND IS ATTACHED TO THE BILLING INVOICES.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 22D: THE UNINSURED RATES ARE ESTABLISHED BASED ON THE AVERAGE PAYMENTS RECEIVED FROM OUR LARGEST PARTICIPATING HMO.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART I, LINE 3C:**

GRIFFIN HOSPITAL CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE CARE OR DISCOUNTED CARE INCLUDE ELIGIBILITY REQUIREMENTS ALL GUARANTORS WITH FAMILY INCOME EQUAL TO OR BELOW TWO HUNDRED PERCENT OF THE FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR CHARITY SPONSORSHIP FOR THE FULL AMOUNT OF HOSPITAL CHARGES RELATED TO APPROPRIATE HOSPITAL-BASED MEDICAL SERVICES THAT ARE NOT COVERED BY PRIVATE OR PUBLIC THIRD-PARTY SPONSORSHIP. ALL GUARANTORS WITH FAMILY INCOME BETWEEN TWO HUNDRED ONE (250%) AND FOUR HUNDRED PERCENT (400%) OF THE FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR DISCOUNTS FROM CHARGES RELATED TO APPROPRIATE HOSPITAL BASED MEDICAL SERVICES IN ACCORDANCE WITH THE SLIDING FEE SCHEDULE IN ATTACHMENT A AND POLICIES REGARDING INDIVIDUAL FINANCIAL CIRCUMSTANCES BASED ON THE BELOW CRITERIA: A. ELIGIBILITY SHALL BE BASED ON FINANCIAL NEED AT THE TIME OF APPLICATION BY COMPARING TOTAL FAMILY INCOME WITH THE CURRENT FEDERAL POVERTY GUIDELINES. IF A FAMILY'S TOTAL INCOME IS GREATER THAN 100% OF THE FEDERAL POVERTY GUIDELINE FAMILY ASSETS OTHER THAN EXEMPT ASSETS LISTED BELOW MAY BE CONSIDERED AS A SOURCE

**Part VI** Supplemental Information (Continuation)

OF PAYMENT. B. EXEMPT ASSETS (BASED ON MEDICARE EXEMPTED ASSETS) LISTED BELOW SHOULD NOT BE ADDED TO FAMILY WORTH FOR CHARITY REVIEW: I. FAMILY PRINCIPAL RESIDENCE II. NECESSARY MOTOR VEHICLES REQUIRED FOR EMPLOYMENT, REQUIRED FOR ACCESS TO TREATMENT, OR MODIFIED FOR OPERATION OR TRANSPORT OF A DISABLED PERSON III. PERSONAL EFFECTS AND HOUSEHOLD GOODS IV. RESOURCES NECESSARY FOR SELF-SUPPORT. ALL RESOURCES OF BOTH SPOUSES ARE CONSIDERED TOGETHER. 3. CHARITY WILL BE ASSIGNED USING THE MOST RECENTLY PUBLISHED FEDERAL POVERTY STANDARDS AND EVALUATED ON THE ADJUSTED FAMILY INCOME AS EXPLAINED ABOVE FOR THOSE ABOVE 250% OF SUCH STANDARDS. 4. DOCUMENTATION WILL BE REQUESTED AND IN MOST CASES WILL BE REQUIRED TO ESTABLISH ELIGIBILITY FOR CHARITY CARE. IN THE EVENT THAT THE GUARANTOR IS NOT ABLE TO PROVIDE THE DOCUMENTATION DESCRIBED ABOVE, THE HOSPITAL SHALL RELY UPON WRITTEN AND SIGNED STATEMENTS FROM THE GUARANTOR TO MAKE A FINAL DETERMINATION OF ELIGIBILITY FOR CLASSIFICATION AS AN INDIGENT PERSON.

PART I, LINE 7:

CHARITY CARE AND OTHER COMMUNITY BENEFITS TABLE WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR COST TO CHARGE RATIO. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND ASSIGNS COST TO INDIVIDUAL SERVICES.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 1,923,632.

PART I, LINE 6A:

GRIFFIN HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT FOR YEAR ENDING 2016. IT IS POSTED ON THE GRIFFIN HOSPITAL WEBSITE.



**Part VI** Supplemental Information (Continuation)

PART I, LINE 6B:

GRIFFIN HOSPITAL POSTS ITS COMMUNITY BENEFIT REPORT AND INFORMATION ON THE HOSPITAL WEBSITE GRIFFINHEALTH.ORG.

PART III, LINE 4:

GRIFFIN HOSPITAL AND SUBSIDIARY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS SEPTEMBER 30, 2016

ALLOWANCE FOR DOUBTFUL ACCOUNTS - PAGE 16

THE HOSPITAL'S ESTIMATION OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE EFFECTIVENESS OF THE HOSPITAL'S COLLECTION EFFORTS. THE HOSPITAL'S POLICY IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS AND DEDUCTIBLES, AS THE CHARGES ARE RECORDED. ON A MONTHLY BASIS, THE HOSPITAL REVIEWS ITS ACCOUNTS RECEIVABLE BALANCES, THE EFFECTIVENESS OF THE HOSPITAL'S RESERVE POLICIES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES. THESE EFFORTS PRIMARILY CONSIST OF REVIEWING THE FOLLOWING: REVENUE AND VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-PAY COMPONENTS; CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND ACCOUNTS THAT REPRESENT CO-PAYMENTS AND DEDUCTIBLES DUE FROM PATIENTS; VARIOUS ALLOWANCE COVERAGE STATISTICS. THE HOSPITAL REGULARLY PERFORMS HINDSIGHT PROCEDURES TO EVALUATE HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE THROUGHOUT THE YEAR TO ASSIST IN DETERMINING THE REASONABLENESS OF ITS PROCESS FOR ESTIMATING THE

**Part VI** Supplemental Information (Continuation)

ALLOWANCE FOR DOUBTFUL ACCOUNTS.

GRIFFIN HOSPITAL AND SUBSIDIARY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2016

MEASURING CHARITY CARE - PAGE 17

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED AND CONTRACTUAL RATES. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS FREE CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. SELF-PAY REVENUES ARE DERIVED PRIMARILY FROM PATIENTS WHO DO NOT HAVE ANY FORM OF HEALTH CARE COVERAGE. THE HOSPITAL EVALUATES THESE PATIENTS, AFTER THE PATIENT'S MEDICAL CONDITION IS DETERMINED TO BE STABLE, FOR THEIR ABILITY TO PAY BASED UPON FEDERAL AND STATE POVERTY GUIDELINES, QUALIFICATIONS FOR MEDICAID OR OTHER GOVERNMENTAL ASSISTANCE PROGRAMS, AS WELL AS THE HOSPITAL'S POLICY FOR CHARITY CARE. FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, THE HOSPITAL ESTIMATES THAT ITS COSTS OF CARE PROVIDED UNDER ITS CHARITY CARE PROGRAMS APPROXIMATED \$1,016,129 AND \$822,647, RESPECTIVELY. THE HOSPITAL'S MANAGEMENT ESTIMATES ITS COSTS OF CARE PROVIDED UNDER ITS CHARITY CARE PROGRAMS UTILIZING A CALCULATED RATIO OF COSTS TO GROSS CHARGES MULTIPLIED BY THE HOSPITAL'S GROSS CHARITY

**Part VI** Supplemental Information (Continuation)

CARE CHARGES PROVIDED. THE HOSPITAL'S GROSS CHARITY CARE CHARGES INCLUDE ONLY SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE TO PAY AND QUALIFY UNDER THE HOSPITAL'S CHARITY CARE POLICY. TO THE EXTENT THE HOSPITAL RECEIVES REIMBURSEMENT THROUGH THE VARIOUS GOVERNMENTAL ASSISTANCE PROGRAMS IN WHICH IT PARTICIPATES TO SUBSIDIZE ITS CARE OF INDIGENT PATIENTS, THE HOSPITAL DOES NOT INCLUDE THESE PATIENTS' CHARGES IN ITS COST OF CARE PROVIDED UNDER ITS CHARITY CARE PROGRAM. ADDITIONALLY, THE HOSPITAL DOES NOT REPORT A CHARITY CARE PATIENT'S CHARGES IN REVENUES OR IN THE PROVISION FOR DOUBTFUL ACCOUNTS AS IT IS THE HOSPITAL'S POLICY NOT TO PURSUE COLLECTION OF AMOUNTS RELATED TO THESE PATIENTS.

## PART III, LINE 8:

GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE \$2.587 MILLION SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THIS YEAR MEDICARE ACCOUNTED FOR 1.7% OF HOSPITAL EXPENSES THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES.

## PART III, LINE 9B:

GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THE PATIENT AMOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. GRIFFIN WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES AT TIME OF BILLING. GRIFFIN WILL

**Part VI** Supplemental Information (Continuation)

PROVIDE TO ALL LOW INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL OWN FINANCIAL ASSISTANCE PROGRAM GRIFFIN WILL NOT KNOWINGLY SEND THAT PATIENT BILL TO A COLLECTION AGENCY. IF A PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE AMOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE. IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES AN OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES DIRECTOR. THE UNCOLLECTED DEBT WILL BE TRANSFERRED TO UNINSURED OR FREE CARE ASSISTANCE BY THE SUPERVISOR AFTER REVIEW. THE MEDICARE COSTS WERE OBTAINED FROM THE HOSPITAL'S INTERNAL COST ACCOUNTING SYSTEM.

## PART III, LINE 2:

GRIFFIN HOSPITAL BAD DEBT EXPENSE IS DETERMINED USING UNCOLLECTED ACCOUNTS NET OF ANY BAD DEBT RECOVERY MULTIPLIED BY THE COST TO CHARGE RATIO. GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THAT THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. CHARITY APPROVAL WILL AFFECT ALL ACCOUNTS FOR WHICH THE APPROVED GUARANTOR IS RESPONSIBLE. THE APPROVED CHARITY PERCENTAGE WILL BE APPLIED TO ALL EXISTING ACCOUNTS WITH DEBIT BALANCES. ACCOUNTS MAY ALSO BE RETURNED FROM BAD DEBT STATUS IF FINANCIAL CIRCUMSTANCES WARRANT AND CHARITY MAY BE APPLIED. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT

**Part VI** Supplemental Information (Continuation)

CHARGE OR AT AMOUNTS LESS THAT IT'S ESTABLISHED AND CONTRACTUAL RATES. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS FREE CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE.

PART III, LINE 3:

GRIFFIN HOSPITAL DOES NOT ATTRIBUTE ANY BAD DEBT TO COMMUNITY BENEFIT EXPENSE. UNCOLLECTED BALANCES ARE REVIEWED AT MANY STAGES TO DETERMINE IF THEY FALL UNDER UNINSURED OR FREE CARE ASSISTANCE.

PART VI, LINE 2:

THE TRADITIONAL APPROACH OF REACTING TO ILLNESSES IS SHIFTING TOWARDS A PROACTIVE APPROACH TO OVERALL WELLNESS AND GENERAL WELL-BEING. INCREASINGLY, HOSPITALS, PHYSICIANS, AND OTHER HEALTHCARE PROVIDERS ARE BEING REWARDED FOR KEEPING PEOPLE--AND IN SOME CASES, ENTIRE POPULATIONS--HEALTHY. WHAT IS NEW IS THAT THE INCENTIVES ARE BEING ALIGNED TO HELP ACHIEVE THE PROMOTION OF TRUE POPULATION HEALTH. FOR MANY YEARS, GRIFFIN HOSPITAL AND OTHER FORWARD-THINKING HEALTHCARE PROVIDERS HAVE FOCUSED EFFORTS ON PREVENTION AND WELLNESS BECAUSE, QUITE FRANKLY, IT WAS THE RIGHT THING TO DO FOR THOSE WE SERVE. NOW, WE ARE SEEING THE STATE AND FEDERAL GOVERNMENTS (MEDICAID AND MEDICARE), AS WELL AS PRIVATE INSURERS AND EMPLOYERS THAT PAY FOR HEALTH COVERAGE, RECOGNIZE THE COST-EFFECTIVE VALUE OF THOSE EFFORTS. AN INDIVIDUAL'S GOOD HEALTH AND WELL-BEING HAS A POSITIVE RIPPLE EFFECT ON HIS/HER FAMILY, COMMUNITY, AND WORKPLACE. FACING HEALTH CHALLENGES, HOWEVER, CAN HAVE QUITE THE OPPOSITE EFFECT. FOR EXAMPLE, THE COST OF MISSING WORK OR MISSING SCHOOL FOR BOTH THE PATIENT AND THE CAREGIVER CAN BE A TREMENDOUS PHYSICAL AND ECONOMIC BURDEN.

**Part VI** Supplemental Information (Continuation)

PREVENTION IS NO LONGER JUST THE RIGHT THING TO DO MORALLY AND ETHICALLY FOR OUR CITIZENS, IT IS ALSO THE RIGHT THING TO DO TO PRESERVE THE COMMUNITY'S ECONOMIC VIABILITY. GRIFFIN HOSPITAL, AS THE HUB OF THE VALLEY'S HEALTH CARE SYSTEM, LONG AGO REALIZED THAT THERE ARE MANY SPOKES THAT REACH OUT TO WHERE, FROM A POPULATION HEALTH STANDPOINT, THE RUBBER HITS THE ROAD. WE HAVE A LONG AND PROUD HISTORY OF HELPING ORGANIZE AND COORDINATE COMMUNITY RESOURCES THAT IDENTIFY AND ADDRESS INDIVIDUAL AND REGIONAL HEALTH NEEDS AND PROVIDE SUPPORT FOR OUR MOST VULNERABLE RESIDENTS. WORKING COLLABORATIVELY WITH THE NAUGATUCK VALLEY HEALTH DISTRICT, THE VALLEY COUNCIL FOR HEALTH AND HUMAN SERVICES, THE ALLIANCE FOR PREVENTION & WELLNESS (FORMERLY VSAAC), AND OUR VALLEY PARISH NURSES COMMUNITY OUTREACH PROGRAM, WE PROACTIVELY ADDRESS ISSUE AREAS SUCH AS CHILDHOOD OBESITY, EARLY DETECTION SCREENING FOR CANCER, CHILDHOOD ASTHMA, AND SUBSTANCE ABUSE PREVENTION. TO PARAPHRASE DR. DAVID KATZ, DIRECTOR OF THE YALE-GRIFFIN PREVENTION RESEARCH CENTER, WHAT WE DO WITH OUR FEET (ACTIVITY/EXERCISE), OUR FORKS (WHAT AND HOW MUCH WE EAT), AND OUR FINGERS (SMOKING AND DRINKING, FOR EXAMPLE) GREATLY INFLUENCES OUR LIKELIHOOD TO DEVELOP PREVENTABLE CHRONIC DISEASE. THESE ARE THE DISEASES THAT ROB NOT ONLY YEARS OF LIFE, BUT LIFE FROM OUR YEARS. AS A VALLEY COMMUNITY, WE HAVE ALWAYS BEEN UNIQUELY CONNECTED, WITH A SPIRIT OF COOPERATION AND COLLECTIVE WILL TO MAKE THINGS BETTER. NOW, BY LOOKING AT OUR SEVEN VALLEY TOWNS THROUGH THE LENS OF THIS REPORT, TAKING INTO CONSIDERATION EDUCATION, HOUSING, EMPLOYMENT, RECREATION, EARLY CHILDHOOD DEVELOPMENT, AND AGING ISSUES IN ADDITION TO HEALTH AND HEALTHIER LIFESTYLES, WE ARE SEEING A MUCH BROADER AND MORE COMPREHENSIVE PICTURE THAN EVER BEFORE. THIS INDEX SERVES AS THE AERIAL VIEW FROM WHICH WE CAN ZOOM IN ON THE CHALLENGES WE FACE, THE ISSUES WE HOPE TO ADDRESS, AND THE MANY OPPORTUNITIES WE HAVE TO LEVERAGE OUR CONSIDERABLE RESOURCES OVER THE NEXT

**Part VI** Supplemental Information (Continuation)

THREE YEARS TO EFFECT CHANGE AND IMPROVE THE HEALTH OF OUR COMMUNITY.

PART VI, LINE 3:

A FINANCIAL ASSISTANCE BROCHURE IS POSTED THROUGHOUT THE HOSPITAL (CHILDBIRTH AREA, ER AREA, AND CUSTOMER SERVICE AREA) IN ENGLISH AND SPANISH EXPLAINING THE FINANCIAL ASSISTANCE POLICY AND HOW TO CONTACT THE FINANCIAL COUNSELORS.

THE FOLLOWING POLICY REPRESENTS GRIFFIN HOSPITAL'S PROCEDURES FOR THE UNINSURED PATIENT, FREE CARE ASSISTANCE, AND FREE BED FUNDS AVAILABLE FOR PATIENTS WHO DO NOT HAVE MEDICAL INSURANCE.

POLICY: 2013

UNINSURED PATIENT PROCEDURE

PATIENTS THAT ARE EITHER SCHEDULED OR REGISTERED WITH NO ACTIVE INSURANCE WILL IMPORT ONTO THE THREE FINANCIAL ADVISORS ONTRAC WORKLIST.

PATIENTS THAT ARE REGISTERED WILL RECEIVE A STATE APPLICATION PACKET FROM THE PATIENT ACCESS STAFF. THIS CONSISTS OF THE FINANCIAL ADVISOR'S BUSINESS CARD, STATE APPLICATION, AND LIST OF DOCUMENTS NEEDED TO COMPLETE THE STATE APPLICATION. A LISTING OF THE DSS OFFICES IS INCLUDED IN THE PACKET.

ALL PATIENTS IDENTIFIED WILL RECEIVE A CALL OR A DIRECT VISIT, IF ADMITTED TO THE HOSPITAL, BY A FINANCIAL ADVISOR.

THE FINANCIAL ADVISOR WILL SCREEN THE PATIENT FOR ANY CURRENT SPONSORSHIP

**Part VI** Supplemental Information (Continuation)

AND DISCUSS ALL ELIGIBILITY OPTIONS WITH THE PATIENT.

IF THE PATIENT MEETS CRITERIA, THE FINANCIAL ADVISORS WILL BEGIN THE HUSKY APPLICATION PROCESS WITH THE PATIENT.

A DUE DILIGENCE PROCESS WILL BE FOLLOWED BY THE FINANCIAL ADVISORS TO ENSURE THAT THE PATIENTS ARE PURSUING ACTIVE COVERAGE. THE FINANCIAL ADVISORS WILL MONITOR THE DSS WEBSITE TO TRACK THE PROGRESS OF THE APPLICATION WITH THE STATE.

ONCE ELIGIBILITY HAS BEEN DETERMINED, ALL APPROPRIATE ACCOUNTS WILL BE UPDATED TO THE HUSKY INSURANCE AND BILLED ACCORDINGLY.

ALL UNINSURED PATIENTS NOT GRANTED STATE/HUSKY COVERAGE WILL HAVE THE CHA UNINSURED RATE APPLIED TO THEIR ACCOUNT. THE UNINSURED RATE WAS DETERMINED BY THE HOSPITAL TO REPRESENT THE CONNECTICUT NOT-FOR-PROFIT HOSPITAL DISCOUNT POLICY AS ADOPTED BY THE CONNECTICUT HOSPITAL ASSOCIATION 4/10/2006.

FREE CARE ASSISTANCE

ANY PATIENT REQUESTING CONSIDERATION FOR FREE CARE ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILLS OR FINANCIAL RESPONSIBILITY AFTER INSURANCE PAYMENT SHOULD CONTACT THE HOSPITAL'S FINANCIAL ADVISORY STAFF.

THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION. THE INFORMATION REQUIRED FROM THE PATIENT TO COMPLETE THE FREE CARE APPLICATION IS AS



**Part VI** Supplemental Information (Continuation)

FOLLOWS :

- PATIENT W-2 FORM OR MOST CURRENT AND COMPLETED TAX RETURN.
- OR THREE CONSECUTIVE PAYSTUBS FROM THE PATIENT'S CURRENT EMPLOYMENT/PROOF OF SOCIAL SECURITY.
- DEPENDENT INFORMATION (SPOUSE AND MINOR CHILDREN ONLY).
- ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS.

THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE. THIS IS BASED ON THE FEDERAL GOVERNMENT POVERTY INCOME GUIDELINES (SEE ATTACHED SLIDING SCALE). THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF THE PATIENT'S FREE CARE ELIGIBILITY STATUS.

IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE. THEN A LETTER (ATTACHED) WILL BE SENT OUT REFLECTING THE PATIENT'S NEW ADJUSTED BALANCE.

IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO:

- OBTAIN PAYMENT IN FULL
- SEND TO AN OUTSIDE AGENCY TO SET UP A MONTHLY PAYMENT ARRANGEMENT

IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCES.

IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT'S FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING

**Part VI** Supplemental Information (Continuation)

ACCOUNT BALANCES, AN ADMINISTRATIVE OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES COLLECTION SUPERVISOR OR DIRECTOR OF BUSINESS SERVICES. ALL ADMINISTRATIVE OVERRIDES WILL BE SIGNED OFF BY EACH OF THOSE PARTIES.

THE BUSINESS SERVICES COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL APPLIED FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS.

FREE BED FUNDS:

THE HOSPITAL HAS THE FOLLOWING FREE BED FUNDS AVAILABLE FOR PATIENTS WHO MEET THE FOLLOWING OUTLINED CRITERIA FOR EACH FUND:

THE ENO FUND: THE APPLICANT MUST BE A WORTHY PROTESTANT WOMAN, 60 YEARS OF AGE OR OLDER, AND BE A RESIDENT OF ANSONIA, DERBY OR SEYMOUR.

PINE TRUST: THE FUND IS AVAILABLE TO INDIGENT PATIENTS OF GRIFFIN HOSPITAL WHO RESIDE IN THE CITY OF ANSONIA.

DN CLARK: THE FUND IS AVAILABLE TO SHELTON RESIDENTS.

ALL FREE BED FUNDS GRANTED ARE PROCESSED THROUGH THE HOSPITAL'S FINANCIAL ADVISOR STAFF.

PART VI, LINE 4:

GRIFFIN HOSPITAL SERVES THE TOWNS THAT COMPRISE THE LOWER NAUGATUCK VALLEY INCLUDING ANSONIA, DERBY, SEYMOUR, SHELTON, OXFORD, BEACON FALLS AND SURROUNDING TOWNS INCLUDING BETHANY, MIDDLEBURY, MILFORD, MONROE,

**Part VI** Supplemental Information (Continuation)

NAUGATUCK, ORANGE, PROSPECT, SOUTHBURY, STRATFORD, TRUMBULL, WOODBRIDGE AND WOODBURY.

THE VALLEY IS A COMMUNITY OF CONNECTICUT TOWNS LOCATED IN NEW HAVEN AND FAIRFIELD COUNTIES. IT LIES ALONG THE HOUSATONIC AND NAUGATUCK RIVERS AND IS CONNECTED TO CITY CENTERS ALONG I-95 BETWEEN NEW YORK AND NEW HAVEN, AS WELL AS ALONG ROUTE 8 TO WATERBURY. WE DEFINE THE VALLEY AS THE SEVEN TOWNS THAT COLLABORATED TO WIN THE ALL-AMERICA CITY AWARD IN THE YEAR 2000: ANSONIA, BEACON FALLS, DERBY, NAUGATUCK, OXFORD, SEYMOUR, AND SHELTON. THE TOWNS SHARE A SPIRITED COMMUNITY CULTURE AND STRONG INSTITUTIONS, WHICH COLLABORATE ON INITIATIVES IN CIVIC VITALITY, HEALTH AND HUMAN SERVICES, ECONOMIC DEVELOPMENT, AND QUALITY OF LIFE. THE COLLABORATIVE WORK IT TOOK BY MANY TO BE RECOGNIZED AS PART OF THE 20-TOWN NAUGATUCK VALLEY CORRIDOR, A FEDERALLY-DESIGNATED ECONOMIC DEVELOPMENT DISTRICT (EDD), IS A PRIME EXAMPLE OF HOW VALLEY LEADERS COME TOGETHER FOR THE GREATER GOOD.

THE VALLEY HAS A COMMON HISTORY AND IDENTITY, BUT EACH OF ITS TOWNS HAS ITS OWN UNIQUE CHARACTERISTICS. THE REGION'S DEMOGRAPHICS AND ECONOMY ARE CONSTANTLY CHANGING IN RESPONSE TO OUTSIDE FORCES; THESE CHANGES AFFECT THE REGION'S NEIGHBORHOODS IN DIFFERENT WAYS. TOWN CENTERS OFFER A LARGE SHARE OF RENTAL OR AFFORDABLE HOUSING UNITS, WHICH ARE ATTRACTIVE TO YOUNGER WORKERS, SINGLE ADULTS, AND OTHER HOUSEHOLDS THAT WOULD PREFER TO RENT FOR ECONOMIC OR LIFESTYLE REASONS. IN OTHER NEIGHBORHOODS, NEWER HOMES AND LARGER LOTS CONTINUE TO ATTRACT HOMEOWNERS WITH HIGH INCOMES. THE VARIETY OF NEIGHBORHOODS AND RESIDENTS WHO CHOOSE TO LIVE THERE HELP MAKE THE VALLEY A RESILIENT COMMUNITY WITH A RICH TRADITION OF IMMIGRATION AND MIGRATION.

**Part VI** Supplemental Information (Continuation)

THE VALLEY'S LEGACY OF AGRICULTURAL AND INDUSTRIAL PRODUCTION ARISES FROM ITS LOCATION ALONG TWO MAJOR RIVERS. TODAY, THE ECONOMY OF THE VALLEY COMMUNITIES IS SIGNIFICANTLY INFLUENCED BY THE CONTINUED DEVELOPMENT ALONG THE ROUTE 8 CORRIDOR, WHICH HAS RESULTED IN BOTH OPPORTUNITIES AND CHALLENGES. SHELTON, IN PARTICULAR, HAS EXPERIENCED NEW COMMERCIAL AND OFFICE DEVELOPMENT BY VIRTUE OF ITS LOCATION AND INFRASTRUCTURE. ITS STRONG FINANCIAL BASE, HOWEVER, CAN MASK THE ECONOMIC CHALLENGES THAT OTHER TOWNS FACE.

LEVELS OF PERSONAL WELL-BEING ARE NOT EVENLY DISTRIBUTED ACROSS THE VALLEY'S POPULATION. AN INCREASINGLY DIVERSE POPULATION AND A GROWING NUMBER OF SENIORS PRESENT NEW NEEDS AND OPPORTUNITIES. INCOMES VARY BY TOWN, AND MORE PEOPLE, ESPECIALLY CHILDREN, LIVE IN ECONOMIC HARDSHIP. CANCER, HEART DISEASE, AND ACCIDENTS ARE LEADING CAUSES OF PREMATURE DEATHS. THE OFFICIAL 2015 UNEMPLOYMENT RATE IN THE VALLEY WAS 6.1 PERCENT, THE LOWEST SINCE 2008. CENSUS DATA SHOWS THAT 45 PERCENT OF VALLEY WORKERS EARN LESS THAN \$40,000 PER YEAR, A "LIVING WAGE" THAT IS CONSIDERED NECESSARY TO COVER COSTS OF LIVING IN THE REGION.

PART VI, LINE 5:

AS A PATIENT-CENTERED HEALTH CARE SYSTEM, GRIFFIN HOSPITAL IS COMMITTED TO PARTNERING WITH OUR COMMUNITY TO PROMOTE WELLNESS THROUGH A WIDE VARIETY OF PROGRAMS AND SERVICES.

GRIFFIN-SPONSORED EVENTS AS A PROUD MEMBER OF THE NAUGATUCK VALLEY COMMUNITY, GRIFFIN HOSPITAL WORKS IN TANDEM WITH OTHER COMMUNITY ORGANIZATIONS TO STRENGTHEN OUR CITIZENS, ENCOURAGE POSITIVE

**Part VI** Supplemental Information (Continuation)

RELATIONSHIPS, FACILITATE ONGOING WELLNESS AND PROVIDE ONGOING SUPPORT TO THOSE IN NEEDS.

VALLEY PARISH NURSE PROGRAM VALLEY PARISH NURSES SERVE AS COORDINATORS BETWEEN THE CLERGY, PARISH AND RESOURCES IN THE COMMUNITY, SUCH AS HOSPITALS AND OTHER SOCIAL SERVICE AGENCIES.

MOBILE HEALTH RESOURCE CENTER- THE GRIFFIN HOSPITAL MOBILE HEALTH RESOURCE VAN IS A CUSTOM BUILT WINNEBAGO THAT TRAVELS TO VARIOUS LOCATIONS THROUGHOUT THE LOWER NAUGATUCK VALLEY, SUCH AS SENIOR CENTERS, SHOPPING CENTERS, NEIGHBORHOODS, COMPANIES AND COMMUNITY EVENTS AND FAIRS.

ADVANCE CARE PLANNING PLAN NOW TO ENSURE THAT YOUR WISHES FOR END-OF-LIFE DECISIONS ARE UNDERSTOOD, RESPECTED, AND HONORED BY LOVED ONES AND HEALTHCARE PROVIDERS. IT'S EASY AND IT'S FREE.

HEALTH INITIATIVE FOR MEN (HIM)- THE GOAL OF THE HIM IS TO INFLUENCE MEN TO SEE THEIR PHYSICIAN ANNUALLY, AND TO BE SCREENED FOR VARIOUS DISEASES THAT RESPOND BETTER TO TREATMENT IF DETECTED EARLY.

VALLEY WOMEN'S HEALTH INITIATIVE THE VALLEY WOMEN'S HEALTH INITIATIVE (WHI) IS COMPRISED OF MEMBERS OF THE COMMUNITY WORKING TOWARD A COMMON GOAL OF ADDRESSING AND IMPROVING WOMEN'S HEALTH ISSUES INCLUDING BREAST CANCER AWARENESS AND HEART DISEASE.

WOMEN'S HEART WELLNESS COMMITTEE A COMMUNITY INITIATIVE FOCUSED ON EDUCATION, OUTREACH, AND PREVENTION.

**Part VI** Supplemental Information (Continuation)

HEALTH RESOURCE CENTER THE COMMUNITY HEALTH RESOURCE CENTER (HRC) AT GRIFFIN HOSPITAL IS A TRADITIONAL FREE LENDING LIBRARY THAT PROVIDES AN ARRAY OF MEDICAL AND HEALTH INFORMATION.

HEALTHY U EDUCATIONAL SERIES HEALTHY U IS A SERIES OF WELLNESS TALKS FEATURING GRIFFIN HOSPITAL MEDICAL EXPERTS AND COMMUNITY PARTNERS PROVIDING TRUSTED HEALTH INFORMATION AND ANSWERS TO QUESTIONS ON A WIDE RANGE OF TOPICS. ALL TALKS ARE FREE AND OPEN TO THE PUBLIC.

MINI MED SCHOOL FREE PROGRAM FOR THE LAYPERSON WITH LITTLE OR NO MEDICAL BACKGROUND, PROVIDING A UNIQUE OPPORTUNITY TO GAIN A GREATER UNDERSTANDING OF HOW THE HUMAN BODY WORKS, INSIGHT INTO COMMON DISORDERS OF THE VARIOUS ORGAN SYSTEMS, AS WELL AS INFORMATION ABOUT DISEASE PREVENTION.

PERSONAL EMERGENCY PREPAREDNESS GRIFFIN HOSPITAL DEPARTMENT OF EMERGENCY MANAGEMENT (EM) HELPS TO PREPARE THE COMMUNITY IN CASE OF A DISASTER OR EMERGENCY SITUATION. THIS PAGE PROVIDES SAFETY AND PREPAREDNESS TIPS AS WELL AS IMPORTANT LOCAL AND GOVERNMENTAL CONTACTS.

PLANETREE WELLNESS EDUCATION SERIES GRIFFIN HOSPITAL'S PLANETREE EDUCATION IS PROUD TO OFFER THIS FREE HEALTH EMPOWERMENT SERIES OF FUN AND EDUCATIONAL TALKS FOR MEMBERS OF OUR COMMUNITY.

SAFE KIDS GRIFFIN HOSPITAL'S SAFE KIDS GREATER NAUGATUCK VALLEY COALITION IS AVAILABLE TO EDUCATE CHILDREN AND ADULTS ON VARIETY OF HEALTH AND SAFETY PROGRAMS TO REDUCE UNINTENTIONAL INJURIES AMONG CHILDREN. WE OFFER PROGRAMS AT THE HOSPITAL OR AT YOUR FACILITY.

**Part VI** Supplemental Information (Continuation)

VITAHLS VALLEY INITIATIVE TO ADVANCE HEALTH & LEARNING IN SCHOOLS GRIFFIN HOSPITAL HAS BEEN EXPANDING ITS REACH INTO THE COMMUNITY LIKE NEVER BEFORE.

GRIFFIN HOSPITAL SUPPLIED COMMUNITY ASSISTANCE THRU THE WALK RUN 5K FUNDRAISING EVENT THAT SUPPLIED THE FUNDS TO ASSIST OUR COMMUNITY CANCER PROGRAMS SUCH AS LOOK GOOD FEEL BETTER, VOICES OF HOPE AND ASSISTANCE FOR WIGS AND SUPPLIES, TREATMENT, TRANSPORTATION, SEYMOUR PINK EXERCISE TRAINOR, AFTER THE STORM MASSAGE THERAPY SERVICES AND CIRCLE OF FRIENDS.

SPARK PLUG PROGRAM WHICH SUPPORTS EMPLOYEES TIME TO RAISE MONEY IN THE HOSPITAL THRU CHRISTMAS TREE RAFFLES AND EASTER RAFFLES WERE THE MONEY IS DONATED TO SPOONER HOUSE FOOD SHELTER IN SHELTON CT.

IN ADDITION TO PROVIDING HEALTH INFORMATION AND SERVICES TO THE PUBLIC AT THE HOSPITAL AND OTHER SATELLITE LOCATIONS, GRIFFIN TAKES THESE ACTIVITIES INTO THE COMMUNITIES WHERE PATIENTS LIVE, WORK, AND WORSHIP. BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIONS, EDUCATIONAL PROGRAMS, AND OTHER COMMUNITY-BASED RESOURCES AND ACTIVITIES, AND COLLABORATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HAS EXTENDED ITS MISSION "TO PROVIDE LEADERSHIP TO IMPROVE THE HEALTH OF THE COMMUNITY SERVED" FAR BEYOND THE HOSPITAL'S WALLS.

367 SPECIAL PROGRAMS HELD ON THE FOLLOWING TOPICS AT LOCAL CHURCHES, LIBRARIES, HOSPITAL, SENIOR CENTERS AND PRIVATE COMPANIES: MONTHLY ACP -ACCOUNTABLE CARE PLANNING, ACCESS HEALTH ASSISTANCE, BREAST WELLNESS, DIABETES EDUCATION FALL PREVENTION, TRANSPORTING CHILDREN WITH SPECIAL NEEDS INSTRUCTOR CLASS, AARP SAFE DRIVING, CHILD PASSENGER SAFETY

**Part VI** Supplemental Information (Continuation)

CONFERENCE, LIVER DISEASE EDUCATION, VOLUNTEER PARISH NURSES FROM 20 DIFFERENT PARISHES AFFILIATED WITH THE VPNP AT GRIFFIN HOSPITAL PARTICIPATED FOR THE PROGRAM YEAR. CONTACTS INCLUDED OFFICE HOUR VISITS, HOME, HOSPITAL AND NURSING HOME VISITS, PHONE CALLS, AND BULLETIN DELIVERIES, 334 HEALTH AND WELLNESS PROGRAMS WERE HOSTED AT THE VARIOUS CHURCHES WITH 8526 PARTICIPANTS, HEALTHY HINTS IN WEEKLY BULLETINS AT 3 CHURCHES. APPROXIMATELY 30,000 PEOPLE READ OVER THE YEAR, CHRONIC DISEASE SELF-MANAGEMENT PROGRAM.

GRIFFIN HOSPITAL COMMUNITY VAN VISITED 223 COMMUNITY SITES CONSISTING OF LOCAL CHURCHES, FOOD BANKS, SHELTERS AND SHOPPING AREAS. THE VALLEY PARISH NURSE PROGRAM COMPLETED A TOTAL OF 7052 SCREENINGS ON INDIVIDUALS THRU PROGRAMS.

162 COMMUNITY OUTREACH MEETINGS HELD WITH LOCAL BOARD OF DIRECTORS, HEALTH DEPTS., HEALTH CARE COUNCILS, PARISH NURSING, SAFE KIDS, CANCER COMMITTEES, AND WOMEN MAKING A DIFFERENCE. ACO STEERING ACP, QUARTERLY AHA, ANSONIA EARLY CHILDHOOD COUNCIL, BOYS & GIRLS CLUB BOARD- SHELTON, CANCER COMMITTEE, CHA- COMMUNITY HEALTH GROUP, CT COALITION OF DIABETES EDUCATOR, CT COUNCIL OF PARISH NURSE, KOMEN, DERBY DIABETES PREVENTION TASK FORCE, EARLY CHILDHOOD COUNCIL COORDINATOR, CT DIABETES PARTNERSHIP, PASTORAL CARE, SAFE KIDS, STATE DEPT. HEALTH IMPROVEMENT, PLAN VALLEY CARES, ALLIANCE VALLEY CARE, GIVERS VALLEY COUNCIL, HEALTH/HUMAN SERVICES, VALLEY HEALTHCARE COUNCIL, VALLEY PARISH NURSES, VALLEY COUNCIL YOUTH COMMITTEE, VITAHLS, VSAAC WOMEN HEART WELLNESS, WOMEN MAKING A DIFFERENCE, EARLY CHILDHOOD COUNCIL.

320 CPR CLASSES AT VARIOUS LOCATIONS.



**Part VI** Supplemental Information (Continuation)

GRIFFIN HAD 420 CHILDREN'S PROGRAMS THROUGHOUT THE YEAR. CHILDREN'S EDUCATION PROGRAMS INCLUDED CPR EDUCATION, POISON EDUCATION, HALLOWEEN HOME, FIRE.911,GERMS, WINTER, PETS, NUTRITION, EXERCISE, SPORTS, SUMMER, WATER AND PEDESTRIAN CROSSING.

214 SUPPORT GROUPS OFFERED THROUGH GRIFFIN HOSPITAL VALLEY PARISH NURSE, CANCER CENTER AND PASTORAL CARE. SUPPORT GROUPS INCLUDED ALZHEIMER CAREGIVERS, DIABETES, HEAL, MULTIPLE SCLEROSIS, FIBROMYALGIA, VALLEY HEART CLUB, PASTORAL CARE BEREAVEMENT GROUP, VOICES OF HOPE, LOOK GOOD FEEL BETTER, AND CIRCLE OF FRIENDS.

PART VI, LINE 6:

N/A

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT