

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **TRINITY HEALTH - MICHIGAN** Employer identification number **38-2113393**

**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 checked="" 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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<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)			11863024.		11863024.	.43%
<b>b</b> Medicaid (from Worksheet 3, column a)			388833212	357465362	31367850.	1.15%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			11825179.	9069651.	2755528.	.10%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			412521415	366535013	45986402.	1.68%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	56	31,429	6237306.	843,004.	5394302.	.20%
<b>f</b> Health professions education (from Worksheet 5)	14	1,539	96427438.	59490082.	36937356.	1.35%
<b>g</b> Subsidized health services (from Worksheet 6)	19	132,573	38085012.	22412536.	15672476.	.57%
<b>h</b> Research (from Worksheet 7)	1		9159680.	4857274.	4302406.	.16%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	43	205	3787300.	474,151.	3313149.	.12%
<b>j Total.</b> Other Benefits	133	165,746	153696736	88077047.	65619689.	2.40%
<b>k Total.</b> Add lines 7d and 7j	133	165,746	566218151	454612060	111606091	4.08%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1		16,250.		16,250.	.00%
9 Other						
10 Total	1		16,250.		16,250.	.00%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	80,633,226.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	480,713,736.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	467,414,459.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	13,299,277.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CENTER FOR DIGESTIVE CARE, LLC	SURGICAL CENTER	51.00%		49.00%
2 FRANCES WARDE MEDICAL LABORATORY	LABORATORY SERVICES	66.67%		33.33%
3 WOODLAND IMAGING CENTER, LLC DBA AVANT IMAGING	IMAGING SERVICES	51.00%		49.00%
4 HEALTH PARK CENTRAL LLC	MEDICAL OFFICE BUILDING	10.55%		82.49%
5 SIXTY FOURTH STREET LLC	SURGICAL CENTER	53.94%		41.45%
6 WATERFORD SURGICAL CENTER, LLC	SURGICAL CENTER	20.00%		80.00%

**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? 5

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)

	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
1 TRINITY HEALTH ANN ARBOR HOSPITAL 5301 MCAULEY DR YPSILANTI, MI 48197 WWW.TRINITYHEALTHMICHIGAN.ORG LICENSE 1060000071	X	X		X			X			
2 TRINITY HEALTH GRAND RAPIDS HOSPITAL 200 JEFFERSON STREET SE GRAND RAPIDS, MI 49503 WWW.TRINITYHEALTHMICHIGAN.ORG LICENSE 1060000030	X	X		X			X			
3 TRINITY HEALTH OAKLAND HOSPITAL 44405 WOODWARD AVE PONTIAC, MI 48341 WWW.TRINITYHEALTHMICHIGAN.ORG LICENSE 1060000013	X	X		X			X			
4 TRINITY HEALTH LIVONIA HOSPITAL 36475 FIVE MILE RD LIVONIA, MI 48154 WWW.TRINITYHEALTHMICHIGAN.ORG LICENSE 1060000001	X	X		X			X			
5 TRINITY HEALTH LIVINGSTON HOSPITAL 620 BYRON RD HOWELL, MI 48843 WWW.TRINITYHEALTHMICHIGAN.ORG LICENSE 1060000033	X	X		X			X			

**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 TRINITY HEALTH ANN ARBOR 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? .....		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 .....		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 .....	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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</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 .....	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 .....	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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	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>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 TRINITY HEALTH ANN ARBOR 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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input 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 checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" 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 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> Was widely publicized 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 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<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 8</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group TRINITY HEALTH ANN ARBOR HOSPITAL

	Yes	No
<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 nonpayment? .....	<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:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <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? .....	<b>X</b>	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

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

Name of hospital facility or letter of facility reporting group TRINITY HEALTH ANN ARBOR HOSPITAL

	Yes	No
<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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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? ..... If "Yes," explain in Section C.	<b>23</b>	<b>X</b>
<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? ..... If "Yes," explain in Section C.	<b>24</b>	<b>X</b>

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**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 TRINITY HEALTH GRAND RAPIDS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	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? .....		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 .....		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 .....	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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</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 .....	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 .....	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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	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>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 TRINITY HEALTH GRAND RAPIDS 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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input 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 checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" 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 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> Was widely publicized 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 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<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 8</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group TRINITY HEALTH GRAND RAPIDS HOSPITAL

	Yes	No
<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 nonpayment? .....	X	
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<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)		

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

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

Name of hospital facility or letter of facility reporting group TRINITY HEALTH GRAND RAPIDS HOSPITAL

		Yes	No
<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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
<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? ..... If "Yes," explain in Section C.		<b>X</b>
<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? ..... If "Yes," explain in Section C.		<b>X</b>

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**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 TRINITY HEALTH OAKLAND HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	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? .....		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 .....		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 .....	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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 20</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 .....	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 .....		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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	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>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 TRINITY HEALTH OAKLAND 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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input 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 checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" 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 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>	Was widely publicized 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 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<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 8</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group TRINITY HEALTH OAKLAND HOSPITAL

	Yes	No
17 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 nonpayment? .....	X	
18 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

21 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:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

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

Name of hospital facility or letter of facility reporting group TRINITY HEALTH OAKLAND HOSPITAL

		Yes	No
<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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
<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? .....		<b>X</b>
	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? .....		<b>X</b>
	If "Yes," explain in Section C.		

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**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 TRINITY HEALTH LIVONIA HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	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? .....		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 .....		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 .....	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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</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 .....	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 .....		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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 TRINITY HEALTH LIVONIA 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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input 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 checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" 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 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> Was widely publicized 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 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<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 8</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group TRINITY HEALTH LIVONIA HOSPITAL

	Yes	No
<p><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 nonpayment? .....</p>	<b>X</b>	
<p><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:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><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? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><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):</p> <p><b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><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? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group TRINITY HEALTH LIVONIA HOSPITAL

		Yes	No
<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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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? ..... If "Yes," explain in Section C.	23	X
<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? ..... If "Yes," explain in Section C.	24	X

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**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 TRINITY HEALTH LIVINGSTON HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	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? .....		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 .....		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 .....	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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 20</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 .....	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 .....		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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
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)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 TRINITY HEALTH LIVINGSTON 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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input 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 checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" 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 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>	Was widely publicized 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 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<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 8</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group TRINITY HEALTH LIVINGSTON HOSPITAL

	Yes	No
<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 nonpayment? .....	<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:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<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? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <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? .....	<b>X</b>	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

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

Name of hospital facility or letter of facility reporting group TRINITY HEALTH LIVINGSTON HOSPITAL

	Yes	No
<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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<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? ..... If "Yes," explain in Section C.	<b>23</b>	<b>X</b>
<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? ..... If "Yes," explain in Section C.	<b>24</b>	<b>X</b>

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**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH ANN ARBOR HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH ANN ARBOR HOSPITAL (THAA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THAA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2021 (FY21) THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. MENTAL HEALTH AND SUBSTANCE USE DISORDERS
- 2. OBESITY AND RELATED ILLNESSES
- 3. PRECONCEPTUAL AND PERINATAL HEALTH

TRINITY HEALTH GRAND RAPIDS HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH GRAND RAPIDS HOSPITAL (THGR) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THGR WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2021 (FY21) THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. ACCESS TO HEALTH CARE
- 2. DISCRIMINATION AND RACIAL INEQUITY



**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

3. ECONOMIC SECURITY

4. MENTAL HEALTH

TRINITY HEALTH OAKLAND HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH OAKLAND HOSPITAL (THO) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THO WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2021 (FY21) THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS
- 2. FOOD SECURITY
- 3. ACCESS TO CARE INCLUDING HEALTH EDUCATION AND PATIENT NAVIGATION
- 4. MATERNAL HEALTH
- 5. DIABETES AND HIGH BLOOD PRESSURE

TRINITY HEALTH LIVONIA HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH LIVONIA HOSPITAL (THLA) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THLA WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2021

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

(FY21) THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE
- 2. ACCESS TO CARE
- 3. FOOD SECURITY AND ACCESS
- 4. OBESITY, DIABETES, AND HYPERTENSION

TRINITY HEALTH LIVINGSTON HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

LINE 3E: TRINITY HEALTH LIVINGSTON HOSPITAL (THL) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS FOR THL WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2021 (FY21) THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. ACCESS TO CARE
- 2. BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE USE
- 3. FOOD SECURITY AND ACCESS
- 4. TRANSPORTATION

TRINITY HEALTH ANN ARBOR HOSPITAL:

PART V, SECTION B, LINE 5: BEGINNING IN THE FALL OF 2020 AND THROUGH THE SPRING OF 2021, THAA, AS A PART OF THE COLLABORATIVE NEEDS ASSESSMENT PROCESS WITH CHELSEA HOSPITAL AND UNIVERSITY OF MICHIGAN HEALTH SYSTEM,

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

CONSULTED MANY COMMUNITY ORGANIZATIONS TO TAKE INTO ACCOUNT INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND MINORITY POPULATIONS THROUGH KEY STAKEHOLDER INTERVIEWS AND COMMUNITY SURVEYS. THE HOSPITAL COLLABORATORS, NAMED UNIFIED NEEDS ASSESSMENT IMPLEMENTATION PLAN TEAM ENGAGEMENT (UNITE), SOUGHT QUALITATIVE INPUT FROM COMMUNITY MEMBERS AND KEY STAKEHOLDERS ON THE TOP COMMUNITY HEALTH NEEDS, AS WELL AS BROADER COMMUNITY NEEDS.

UNITE MEMBERS COLLECTED THIS DATA DURING VIRTUAL MEETINGS OF WELLNESS COALITIONS, SAFETY-NET ORGANIZATIONS, FOOD PANTRIES, MINISTERIAL ASSOCIATIONS, AND WASHTENAW HEALTH INITIATIVE STAKEHOLDERS. THE HOSPITALS ALSO COLLECTED THIS DATA ELECTRONICALLY, VIA A SURVEY SENT TO COMMUNITY PARTNERS (INCLUDING HEALTH CARE PROVIDERS, SOCIAL SERVICE PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS). ORGANIZATIONS THAT WERE ENGAGED IN VIRTUAL MEETINGS AND THE SURVEY INCLUDED, BUT ARE NOT LIMITED TO: WASHTENAW HEALTH INITIATIVE, WASHTENAW HEALTH DEPARTMENT COMMUNITY VOICES FOR HEALTH EQUITY TEAM, FOOD GATHERERS, YPSILANTI MEALS ON WHEELS, AND FAITH IN ACTION. THESE ORGANIZATIONS REPRESENT THE LOW-INCOME, MINORITY, AND MEDICALLY UNDERSERVED POPULATIONS IN THE THAA SERVICE AREA.

TRINITY HEALTH GRAND RAPIDS HOSPITAL:

PART V, SECTION B, LINE 5: THE CHNA WAS VERY INCLUSIVE AND COMPREHENSIVE IN INCORPORATING INPUT FROM PEOPLE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL. THE DATA WAS COLLECTED THROUGH THE MONTHS OF JANUARY TO SEPTEMBER OF 2020. THE QUALITATIVE DATA WAS FROM A COLLECTION OF BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEYS VIA TELEPHONE AND COMMUNITY SURVEYS DEVELOPED BY THE CHNA COUNSEL, WHICH WERE

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

ADMINISTERED VIA WEB-BASED OR PAPER FORM, AND WERE OFFERED IN BOTH ENGLISH AND SPANISH. ADDITIONAL DATA WAS COLLECTED FROM STATE INFORMATION SOURCES SUCH AS:

AMERICAN COMMUNITY SURVEY 1-YEAR AND 5-YEAR ESTIMATES, CONDUCTED BY THE U.S. CENSUS BUREAU; DATABASE OF THE CENTERS FOR DISEASE CONTROL (CDC) AND PREVENTION'S NATIONAL CENTER FOR HEALTH STATISTICS; MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION FOR VITAL RECORDS AND HEALTH STATISTICS; MICHIGAN DISEASE SURVEILLANCE SYSTEM; MICHIGAN RESIDENT INPATIENT FILES; AND THE MICHIGAN PROFILE FOR HEALTHY YOUTH SURVEY, CONDUCTED BY THE MICHIGAN DEPARTMENT OF EDUCATION. MORE INFORMATION ON EACH OF THESE METHODS IS DESCRIBED IN GREATER DETAIL IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

SEVERAL COMMUNITY ORGANIZATIONS PROVIDED INPUT, INCLUDING: ARBOR CIRCLE, AREA AGENCY ON AGING, CHERRY HEALTH, DEAF AND HARD OF HEARING SERVICES, FAMILY OUTREACH CENTER, GARFIELD PARK NEIGHBORHOOD ASSOCIATION, WEST MICHIGAN SUSTAINABLE BUSINESS FORUM, BLUE CROSS BLUE SHIELD OF MI, BRIGHT HORIZONS, BRONSON HEALTH CARE, DEPARTMENT OF INFRASTRUCTURE MANAGEMENT, WASHTENAW COUNTY, DUTTON ELEMENTARY SCHOOL, FEDERAL EMERGENCY MANAGEMENT AGENCY, GEERS LAW, GREATER GRAND RAPIDS NAACP, HELEN DEVOS CHILDREN'S HOSPITAL, HERITAGE HOMES, INC., HOLLAND HOSPITAL, HOPE NETWORK, JUDSON GROUP, KENT COUNTY HEALTH DEPARTMENT, KEURIG, DR PEPPER, KIDS' FOOD BASKET, MARY FREE BED REHABILITATION HOSPITAL, MICHIGAN STATE UNIVERSITY, MISSION POINT HEALTHCARE, NETWORK180, ORTHOPEDIC ASSOCIATES OF MICHIGAN, SPECTRUM HEALTH, AND TRINITY HEALTH OAKLAND HOSPITAL.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

THE RESULTS OF THE SURVEYS WERE FROM COMMUNITIES ACROSS KENT COUNTY AND REPRESENTED A DIVERSE POPULATION. SURVEY RESPONDENTS WERE 20% MALE, 79% FEMALE, 1% NON-BINARY, AND REPRESENTED VARYING ETHNICITIES, INCLUDING NOT HISPANIC OR LATINO, ASIAN, HISPANIC/LATINO, AND THOSE WITH MULTIRACIAL BACKGROUNDS. OF SURVEY RESPONDENTS, 13% EARNED ANNUAL INCOME OF LESS THAN \$20,000 AND 2% OF SURVEY RESPONDENTS DID NOT HAVE A HIGH SCHOOL DIPLOMA. THE COMMUNITY ORGANIZATIONS WHO WERE INVOLVED IN THE CHNA PROCESS REPRESENT RESIDENTS OF ALL AGES, LOW-INCOME, HOMELESS, ETHNICALLY DIVERSE, UNINSURED/UNDERINSURED, AT-RISK YOUTH, PREGNANT WOMEN, AND THOSE STRUGGLING WITH BEHAVIORAL HEALTH AND SUBSTANCE USE CONCERNS.

TRINITY HEALTH OAKLAND HOSPITAL:

PART V, SECTION B, LINE 5: IN THE FALL OF 2020, THO CONDUCTED A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, WITH COMMUNITY ORGANIZATION INPUT INCLUDING THE OAKLAND COUNTY HEALTH DEPARTMENT. THE HOSPITAL COLLABORATORS AND COMMUNITY ORGANIZATIONS REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY AND MINORITY POPULATIONS AS A PART OF THE NEEDS ASSESSMENT.

THE CHNA COUNCIL SERVED AS THE THO CHNA ADVISORY GROUP. THE ADVISORY GROUP INCLUDED BOARD OF DIRECTOR MEMBERSHIP AND REPRESENTATIVES FROM THE VULNERABLE PATIENT POPULATION. THESE MEMBERS WERE INVOLVED IN SURVEY DISTRIBUTION, HEALTH NEEDS IDENTIFICATION AND PRIORITIZATION. INPUT FROM COMMUNITY LEADERS INCLUDED THE PONTIAC SCHOOL BOARD, OAKLAND COUNTY SHERIFF'S DEPARTMENT AND OAKLAND UNIVERSITY. CENTRO MULTICULTURAL LA FAMILIA, GARY BURNSTEIN COMMUNITY HEALTH CLINIC, AND OAKLAND LIVINGSTON HUMAN SERVICE AGENCY PROVIDED INPUT REPRESENTING THE COMMUNITY'S

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

**MARGINALIZED RESIDENTS.**

THE THO CHNA WAS BRANDED "MAKING A DIFFERENCE IN THE HEALTH OF OUR COMMUNITY." A 27-QUESTION PAPER AND ONLINE SURVEY WAS DEVELOPED COVERING THE TOPICS OF ACCESS TO CARE, PERSONAL HEALTH BEHAVIORS, PERCEIVED COMMUNITY HEALTH NEEDS AND PARTICIPANT DEMOGRAPHICS. THIS SURVEY WAS PROMOTED THROUGH VARIOUS COMMUNITY PARTNERS. PAPER SURVEYS WERE DISTRIBUTED TO RESIDENTS AT STRATEGIC COMMUNITY ACCESS POINTS TO REDUCE BARRIERS TO COMPLETION. DISTRIBUTION WAS VARIED BECAUSE OF COVID-19 RESTRICTIONS AND INCLUDED ADDITIONAL QUESTIONS RELATED TO THE PANDEMIC. A TOTAL OF 663 SURVEY RESPONSES WERE RECEIVED FROM BOTH ONLINE AND PAPER SUBMISSIONS FOR OAKLAND COUNTY.

VIRTUAL COMMUNITY FORUMS WERE HELD WITH THE MICHIGAN INSTITUTE FOR CLINICAL AND HEALTH RESEARCH AND THE OAKLAND COUNTY HEALTH DEPARTMENT ON JANUARY 13 AND 20, 2021. THE FORUMS WERE CONDUCTED TO GAIN COMMUNITY INPUT ON THE MOST PRESSING HEALTH NEEDS, BARRIERS TO HEALTH CARE ACCESS, AND WHICH HEALTH NEEDS TO ADDRESS.

**TRINITY HEALTH LIVONIA HOSPITAL:**

PART V, SECTION B, LINE 5: A COMMUNITY-BASED COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY GROUP OF OVER 20 MEMBERS WAS CONVENED IN SEPTEMBER 2020 TO LEAD THIS PROCESS, WITH THE INTENT THAT SOME OF THE MEMBERS WOULD CONTINUE AS PARTICIPANTS FOR THE IMPLEMENTATION WORK GROUP. THESE PARTNERS INCLUDE REPRESENTATIVES FROM THE WAYNE COUNTY DEPARTMENT OF HEALTH, VETERANS AND COMMUNITY HEALTH, LIVONIA AND SOUTH REDFORD SCHOOL DISTRICTS, WAYNE HOPE CLINIC, MADONNA UNIVERSITY, WAYNE METROPOLITAN COMMUNITY ACTION

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

AGENCY, NORTHVILLE TOWNSHIP PARKS AND RECREATION, INTERFAITH HEALTH AND HOPE COALITION, JOURNEY TO HOUSING, PLYMOUTH COMMUNITY CHAMBER OF COMMERCE, FARMINGTON HILLS SPECIAL SERVICES, REDFORD INTERFAITH RELIEF (RIR), COVENANT COMMUNITY CARE, AUTHORITY HEALTH, KIRKSEY LIVONIA RECREATION CENTER (CITY OF LIVONIA), AND THREE COMMUNITY MEMBERS. THE DIRECTOR OF COMMUNITY HEALTH AND WELL BEING CONVENED THE MEETINGS AND OTHER THLA AND TRINITY HEALTH COLLEAGUES ATTENDED, AS APPROPRIATE.

THE THLA COMMUNITY HEALTH NEEDS SURVEY WAS BRANDED "MAKING A DIFFERENCE IN THE HEALTH OF OUR COMMUNITY." A PAPER AND ONLINE SURVEY, COMPOSED OF 27 QUESTIONS ABOUT ACCESS TO CARE, PERSONAL HEALTH BEHAVIORS, PERCEIVED COMMUNITY HEALTH NEEDS AND PARTICIPANT DEMOGRAPHICS WAS PROMOTED THROUGH VARIOUS COMMUNITY PARTNERS. DISTRIBUTION WAS DIFFERENT THIS YEAR BECAUSE OF COVID-19 RESTRICTIONS. THE SURVEY INCLUDED ADDITIONAL QUESTIONS RELATED TO THE COVID-19 PANDEMIC. OF THE 714 RESPONSES, 214 (30%) WERE PAPER SURVEYS MOSTLY FROM VULNERABLE POPULATIONS, SUCH AS REDFORD INTERFAITH RELIEF FOOD PANTRY, OTHER FOOD DISTRIBUTION SITES IN THE COMMUNITY, AND SENIOR HOUSING LOCATIONS.

ON NOVEMBER 17 AND 19, 2020, VIRTUAL COMMUNITY FORUMS WERE HELD WITH THE MICHIGAN INSTITUTE FOR CLINICAL AND HEALTH RESEARCH AND THE WAYNE COUNTY DEPARTMENT OF HEALTH, VETERANS AND COMMUNITY HEALTH. THE FORUMS WERE CONDUCTED TO GAIN COMMUNITY INPUT ON THE MOST PRESSING HEALTH NEEDS, BARRIERS TO HEALTH CARE ACCESS, AND WHICH HEALTH NEEDS TO ADDRESS.

TO GAIN INPUT FROM THE VULNERABLE POPULATIONS IN OUR AREA, THLA ENGAGED THE LEADERSHIP OF THE REDFORD INTERFAITH RELIEF (RIR) AND CANTON COMMUNITY

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

FOUNDATION IN THE DISTRIBUTION OF THE PAPER SURVEYS. THERE WAS ALSO LEADERSHIP REPRESENTATION FROM COVENANT COMMUNITY CARE (WHICH MANAGES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) IN WESTLAND), RIR, AND HOPE CLINIC. THESE ORGANIZATIONS WERE IN THE CHNA ADVISORY GROUP AND, AS PART OF THEIR ADVISORY ROLES, PARTICIPATED IN PRIORITIZATION OF NEEDS AND WORKGROUP DEVELOPMENT FOR IMPLEMENTATION PLANNING.

TRINITY HEALTH LIVINGSTON HOSPITAL:

PART V, SECTION B, LINE 5: MANY COLLABORATIVE PARTNERS, INCLUDING THE LIVINGSTON COUNTY HEALTH DEPARTMENT, WERE ENGAGED TO ADVISE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. THE LIVINGSTON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WORK GROUP WAS DESIGNATED AS THE THL CHNA ADVISORY GROUP. THE MEMBERS WERE INVOLVED IN SURVEY DISTRIBUTION, THE NEEDS IDENTIFICATION, AND PRIORITIZATION PROCESS. COMMUNITY STAKEHOLDERS AND ORGANIZATIONS WERE INTERVIEWED FOR THE PURPOSE OF PROVIDING INPUT AND INFORMING THE CHNA PROCESS. INPUT FROM LEADERS IN LIVINGSTON COUNTY CATHOLIC CHARITIES, LIVINGSTON ESSENTIAL TRANSPORTATION SERVICE, OLSHA, GLEANERS, AND UNITED WAY PROVIDED INPUT ON NEEDS OF THOSE MOST VULNERABLE IN OUR COMMUNITY.

THE THL COMMUNITY HEALTH NEEDS SURVEY WAS BRANDED "MAKING A DIFFERENCE IN THE HEALTH OF OUR COMMUNITY." A PAPER AND ONLINE SURVEY, COMPOSED OF 27 QUESTIONS ABOUT ACCESS TO CARE, PERSONAL HEALTH BEHAVIORS, PERCEIVED COMMUNITY HEALTH NEEDS, AND PARTICIPANT DEMOGRAPHICS WAS PROMOTED THROUGH VARIOUS COMMUNITY PARTNERS. DISTRIBUTION WAS DIFFERENT THIS YEAR BECAUSE OF COVID-19 RESTRICTIONS. THE SURVEY INCLUDED ADDITIONAL QUESTIONS RELATED TO THE COVID-19 PANDEMIC. FOR LIVINGSTON COUNTY, THERE WERE A TOTAL OF 426



**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

**SURVEY RESPONSES RECEIVED FROM BOTH ONLINE AND PAPER SUBMISSIONS.**

ON NOVEMBER 10 AND 12, 2020, VIRTUAL COMMUNITY FORUMS WERE HELD WITH THE MICHIGAN INSTITUTE FOR CLINICAL AND HEALTH RESEARCH AND THE LIVINGSTON COUNTY HEALTH DEPARTMENT. THE FORUMS WERE CONDUCTED TO GAIN COMMUNITY INPUT ON THE MOST PRESSING HEALTH NEEDS, BARRIERS TO HEALTH CARE ACCESS, AND WHICH HEALTH NEEDS TO ADDRESS.

**TRINITY HEALTH ANN ARBOR HOSPITAL:**

PART V, SECTION B, LINE 6A: THAA CONDUCTED THE CHNA WITH CHELSEA HOSPITAL AND MICHIGAN MEDICINE (D/B/A UNIVERSITY OF MICHIGAN HEALTH SYSTEM).

**TRINITY HEALTH GRAND RAPIDS HOSPITAL:**

PART V, SECTION B, LINE 6A: THGR CONDUCTED THE CHNA WITH METRO HEALTH HOSPITAL (UNIVERSITY OF MICHIGAN HEALTH), SPECTRUM HEALTH, AND MARY FREE BED REHABILITATION HOSPITAL.

**TRINITY HEALTH ANN ARBOR HOSPITAL:**

PART V, SECTION B, LINE 6B: THAA CONDUCTED THE CHNA WITH THE WASHTENAW COUNTY HEALTH DEPARTMENT.

**TRINITY HEALTH GRAND RAPIDS HOSPITAL:**

PART V, SECTION B, LINE 6B: THGR CONDUCTED THE CHNA WITH KENT COUNTY HEALTH DEPARTMENT AND PINE REST CHRISTIAN MENTAL HEALTH SERVICES.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH OAKLAND HOSPITAL:

PART V, SECTION B, LINE 6B: THO CONDUCTED THE CHNA WITH THE OAKLAND COUNTY HEALTH DEPARTMENT.

TRINITY HEALTH ANN ARBOR HOSPITAL:

PART V, SECTION B, LINE 7D: THAA SHARES PERIODIC UPDATES ON THE PROGRESS MADE ON PROGRAMS AND SERVICES VIA POWERPOINT PRESENTATIONS AND NARRATIVE REPORTS. THESE DOCUMENTS ARE AVAILABLE FOR PARTNERS TO SHARE WITH THEIR CONSTITUENTS. THAA HIGHLIGHTED ITS COMMUNITY HEALTH AND WELLNESS PROGRAMS IN THE THAA REGIONAL COMMUNITY HEALTH AND WELL-BEING REPORT AND CONTINUES TO DISTRIBUTE THE REPORT.

TRINITY HEALTH OAKLAND HOSPITAL:

PART V, SECTION B, LINE 7D: THO SHARED ITS CHNA BROADLY ON THE HOSPITAL'S COMMUNITY HEALTH AND WELL-BEING WEBPAGE. THO REVIEWED QUARTERLY METRICS WITH COMMUNITY BENEFIT RECIPIENTS TO TRACK IMPLEMENTATION PLAN DEVELOPMENT RELATIVE TO PRIORITY HEALTH PROGRAMS AND SERVICES. THO ALSO SHARED ITS CHNA WITH THE OAKLAND COUNTY HEALTH DEPARTMENT AND NEIGHBORING COMMUNITIES THROUGH A VIRTUAL POWERPOINT PRESENTATION. ADDITIONAL COPIES OF THE CHNA ARE ALSO MADE AVAILABLE FOR RETRIEVAL BY REQUEST FROM THE THO MARKETING DEPARTMENT AND CLERK'S OFFICES FOR WATERFORD AND PONTIAC TO FURTHER ACCOMMODATE BROAD COMMUNITY ACCESS OF THE REPORT WITHIN THE HOSPITAL'S IMMEDIATE SERVICE AREA.

TRINITY HEALTH ANN ARBOR HOSPITAL:

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PART V, SECTION B, LINE 11: AS A PART OF THE COLLABORATIVE CHNA PROCESS WITH CHELSEA HOSPITAL AND UNIVERSITY OF MICHIGAN HEALTH SYSTEM, THE COMMUNITY HEALTH NEEDS PRIORITIZED ARE MENTAL HEALTH AND SUBSTANCE USE, OBESITY-RELATED ILLNESSES, AND PRECONCEPTUAL/PERINATAL HEALTH. TRINITY HEALTH ANN ARBOR (THAA) ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN FY22:

MENTAL HEALTH AND SUBSTANCE USE - IN FY22, THAA CONTINUED WORKING TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING BEHAVIORAL HEALTH IN OUR COMMUNITY BY:

- CONTRIBUTING TOWARD IMPROVING ACCESS TO AND INTEGRATION OF BEHAVIORAL HEALTH SERVICES ACROSS THE LIFESPAN, SUBSTANCE USE DISORDER TREATMENT, AND SUPPORT FOR PATIENT COMPLIANCE;

- ADDRESSING ACCESS-TO-CARE BARRIERS FOR THOSE MOST VULNERABLE IN THE COMMUNITY SERVED BY THAA, INCLUDING CONTINUED EDUCATION IN THE COMMUNITY ABOUT EXPANDED SERVICES THROUGH OUR TRANSITION CLINIC, ENHANCED SUPPORT THROUGH OUR GREENBROOK RECOVERY CENTER FOR THOSE EXPERIENCING CRISIS, AND EXPANDED INTEGRATION OF MENTAL HEALTH PROVIDER SUPPORT WITHIN THE PHYSICIAN NETWORK ACROSS SOUTHEAST MICHIGAN; AND

- ENGAGING SOCIAL SERVICE ORGANIZATIONS PROVIDING SERVICES AROUND MENTAL HEALTH AND SUBSTANCE USE DISORDER THROUGH THE TRINITY HEALTH ANN ARBOR INVESTING IN OUR COMMUNITIES GRANT FUNDING.

OBESITY - IN FY22, THAA CONTINUED WORKING TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING RISING OBESITY RATES IN OUR COMMUNITY. THAA SUPPORTED THE COMMUNITY THROUGH:

- EFFORTS SEEKING TO INCREASE ACCESS TO NUTRITIOUS FOODS THROUGH THE

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

AVAILABILITY OF AFFORDABLE, LOCALLY-SOURCED OPTIONS, COUPLED WITH NUTRITION EDUCATION, TO ENCOURAGE LONG-TERM BEHAVIOR CHANGE, INCLUDING AN EXPANSION OF SUBSIDIZED COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAMMING AT THE FARM AT TRINITY HEALTH ANN ARBOR, ENHANCED RELATIONSHIPS WITH LOCAL FARMERS AND FOOD PROVIDERS THROUGH FARM PARTNERSHIPS TO INCREASE FOOD AVAILABILITY TO OUR MOST VULNERABLE COMMUNITY MEMBERS, CONTINUED FUNDING SUPPORT FOR PRESCRIPTION FOR HEALTH, AND NEW FOOD DELIVERY AND ONLINE ACCESS TO NUTRITIOUS LOCAL FOODS FOR THOSE WHO ARE HOMEBOUND OR EXPERIENCING INCREASED FOOD INSECURITY;

-INVOLVEMENT IN LOCAL AND STATE POLICY CONVERSATIONS TO ENHANCE FOOD SYSTEMS FOR COMMUNITY MEMBERS; AND

-ENGAGEMENT OF SOCIAL SERVICE ORGANIZATIONS PROVIDING SERVICES AROUND FOOD INSECURITY THROUGH THE TRINITY HEALTH ANN ARBOR INVESTING IN OUR COMMUNITIES GRANT FUNDING.

PRECONCEPTUAL/PERINATAL HEALTH - IN FY22, THAA CONTINUED WORKING TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING PRECONCEPTUAL/PERINATAL HEALTH IN OUR COMMUNITY BY:

- PROVIDING INNOVATIVE STRATEGIES TO ENSURE LOW-INCOME PREGNANT WOMEN IN THE COMMUNITY RECEIVE PRENATAL CARE IN A SUPPORTIVE ENVIRONMENT;

- SUPPORTING WOMEN IN THEIR CHOICE TO BREASTFEED THROUGH THE ACHIEVEMENT OF BABY-FRIENDLY DESIGNATION;

- BEGINNING EXECUTION OF EXPANSION OF PERINATAL SERVICES THROUGH ENHANCED COMPREHENSIVE MENTAL, PHYSICAL, AND SOCIAL INFLUENCER OF HEALTH (SIOH) SUPPORT IN THE DEVELOPMENT OF A PERINATAL WELLNESS CENTER; AND

- OFFERING WOMEN AND THEIR PARTNERS OPPORTUNITIES TO BE PREPARED TO ENTER INTO PARENTHOOD THROUGH OFFERING BIRTH, BREASTFEEDING, AND PARENTING

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PREPARATORY COURSES (VIRTUAL DUE TO THE PANDEMIC).

TRINITY HEALTH GRAND RAPIDS HOSPITAL:

PART V, SECTION B, LINE 11: DURING FY 2022, THGR HAS WORKED IN PARTNERSHIP WITH MULTIPLE COMMUNITY-BASED ORGANIZATIONS AND THE HEALTH PROJECT TO ADDRESS THE PRIORITY NEEDS IDENTIFIED IN THE 2021 CHNA. THESE PRIORITY NEEDS INCLUDED: ACCESS TO CARE, DISCRIMINATION AND RACIAL INEQUITY, ECONOMIC SECURITY, AND MENTAL HEALTH.

ACCESS TO CARE - THGR HAS THREE SAFETY NET PRIMARY CARE CLINICS FOR LOW- AND NO-INCOME PATIENTS IN KENT COUNTY SERVING APPROXIMATELY 35,832 PATIENTS PER YEAR. THESE INCLUDE BROWNING CLAYTOR IN THE SOUTHEAST NEIGHBORHOOD OF GRAND RAPIDS, CLINICA SANTA MARIA SERVING SOUTHWEST GRAND RAPIDS, AND TRINITY HEALTH MEDICAL GROUP-SPARTA, SERVING THE RESIDENTS OF NORTHWEST KENT COUNTY. IN ADDITION TO PRIMARY CARE, THESE CLINICS OFFER MATERNAL SUPPORT SERVICES FOR LOW-INCOME PREGNANT WOMEN, PROVIDING A HOLISTIC APPROACH TO PRENATAL CARE FOR AT-RISK PREGNANT WOMEN.

THGR ALSO OFFERS SPECIALTY SERVICES THROUGH ITS INTERNAL MEDICINE RESIDENCY CLINIC, THE TRINITY HEALTH MEDICAL GROUP, ACADEMIC INTERNAL MEDICINE - GRAND RAPIDS CAMPUS, WHICH SERVED 4,052 PEOPLE IN 2022. THGR ALSO HAS THE TRINITY HEALTH MEDICAL GROUP, MCAULEY CLINIC, PROVIDING MEDICAL SERVICES FOR 2,100 PATIENTS LIVING WITH HIV/AIDS. THGR ALSO HAS A COMPREHENSIVE DIABETES PROGRAM THAT PROVIDES DIABETIC CARE AND EDUCATION TO HIGH-RISK AND UNMANAGED DIABETICS SERVING 17,524 PATIENTS.

THE HEALTH PROJECT HUB HOME-VISITING COMMUNITY HEALTH WORKERS (CHW'S) AND

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

THE OFFICE-BASED CHW'S CONNECT THOSE WHO ARE UNINSURED AND PEOPLE WITH MEDICAID AND MEDICARE INSURANCES TO MEDICATION ASSISTANCE, FINANCIAL ASSISTANCE, MEDICAL PROVIDERS, AND SPECIALTY PROVIDERS. MANY OF THE PATIENTS WHO ARE SERVED BY THE CHW'S DO NOT HAVE A PHYSICIAN OR NEED PHYSICIAN SPECIALISTS, SUCH AS ONCOLOGISTS. THE HOME- AND OFFICE-BASED CHW'S PROVIDE, ON AVERAGE, 2,100 MONTHLY CONTACTS WITH PATIENTS, CONNECTING THEM TO NEEDED MEDICAL AND COMMUNITY RESOURCES. THE CHW'S WHO ARE ALSO CROSS-TRAINED AS RECOVERY COACHES LINK PATIENTS WITH OPIATE USE DISORDER TO OUTPATIENT TREATMENT AND OTHER MEDICAL PROVIDERS AND COMMUNITY RESOURCES. IN FY22, THE HOME-VISITING CHW'S CONNECTED PATIENTS TO A PRIMARY CARE PHYSICIAN, SPECIALTY PHYSICIANS, OR OTHER HEALTH CARE SERVICES, ASSISTED PATIENTS WITH HEALTH INSURANCE, AND PROVIDED EDUCATION ON A VARIETY OF ISSUES.

DISCRIMINATION AND RACIAL INEQUITY - THGR HAS INITIATED A DIVERSITY AND INCLUSION COUNCIL TO ADDRESS SYSTEMIC ISSUES ROOTED IN INEQUALITY AND RACISM AS IT RELATES TO OVERALL POLICY AND SYSTEM ORIENTATION. MISSION SERVICES INITIATED A DEEP DIVE INTO THE PATIENT EXPERIENCE AND ACCESS DATA THAT WOULD UNCOVER OPPORTUNITIES FOR IMPROVEMENT. ADDITIONALLY, TRINITY HEALTH'S SYSTEM OFFICE REQUIRED ALL COLLEAGUES TO HAVE UNCONSCIOUS BIAS TRAINING WITH ADVANCED COURSEWORK FOR ALL PROVIDERS EMPLOYED WITHIN MICHIGAN.

THGR PROVIDES ADMINISTRATIVE SUPPORT TO THE STRONG BEGINNINGS AND FIRST STEPS KENT PROGRAMS, PROVIDING SERVICES TO HIGH-RISK PREGNANT MOTHERS WHO ARE AFRICAN AMERICAN, LATINX OR EAST AFRICAN REFUGEES. THE STAFF FOR THE TRINITY HEALTH COMMUNITY HEALTH WORKER HUB PROGRAM IS RACIALLY DIVERSE -

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

AFRICAN AMERICAN, ASIAN, ARABIC OR LATINX - AND ADDRESSES THE NEEDS OF THE POPULATION THEY SERVE IN A CULTURALLY DIVERSE AND SENSITIVE MANNER. THEY CAN CONNECT WITH THE COMMUNITIES THEY SERVE GIVEN THEIR PERSONAL KNOWLEDGE OF THE COMMUNITY. THE RACIAL COMPOSITION OF THE PATIENTS SERVED BY THE HOME-VISITING CHW'S WAS 30% AFRICAN AMERICAN, 13% HISPANIC AND 2% ASIAN.

MENTAL HEALTH - WITH THE GOAL OF REDUCING BARRIERS TO ACCESSING MENTAL HEALTH SERVICES, THGR HAS CONTINUED TO INTEGRATE MENTAL HEALTH SERVICES IN THE PRIMARY CARE SETTING. THIS ALLOWS FOR A WARM TRANSITION FROM A TRUSTED MEDICAL PROVIDER TO A TRUSTED MENTAL HEALTH PROVIDER, ELIMINATING THE NEED FOR PATIENTS TO NAVIGATE THE COMPLICATED MENTAL HEALTH CARE SYSTEM ON THEIR OWN. OFFERING INTEGRATED SERVICES ALSO REDUCES TRANSPORTATION BARRIERS FOR PATIENTS. IN FY22, THERE WERE 11 PRIMARY CARE, RESIDENCY, AND SPECIALTY OFFICES THAT OFFERED MENTAL HEALTH SERVICES. ADDITIONALLY, THE CHW PROGRAM IS DESIGNED TO NAVIGATE THIS SYSTEM WITH HIGH-RISK PATIENTS TO ENSURE ACCESS, COMPLIANCE, AND TREATMENT INITIATION. IN FY22, THERE WERE 21 PATIENTS SERVED BY COMMUNITY HEALTH WORKERS FOR BEHAVIORAL HEALTH CONCERNS.

THGR OFFERS OUTPATIENT BEHAVIORAL HEALTH SERVICES THAT ARE INTEGRATED INTO PRIMARY CARE SERVICES AS WELL AS PROVIDING AN ACUTE UNIT THAT PROVIDES SERVICES FOR THOSE PATIENTS WITH CHRONIC AND DEBILITATING MENTAL HEALTH ISSUES AS WELL AS NEW ONSET PSYCHIATRIC SYMPTOMS. RECOGNIZING A SIGNIFICANT GAP IN THE COMMUNITY, THEY ALSO BEGAN MAKING PLANS FOR A NEW BEHAVIORAL HEALTH CRISIS CENTER WHICH WILL OPEN ON THE TRINITY HEALTH HOSPITAL CAMPUS IN DOWNTOWN GRAND RAPIDS, ALLOWING MORE SPECIALIZED CARE FOR PEOPLE IN CRISIS. THIS NEW CENTER, SCHEDULED TO OPEN IN FY23, WILL

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

HAVE DEDICATED SPACE, SEPARATE FROM EMERGENCY MEDICAL SERVICES, ALLOWING MORE TARGETED AND EFFECTIVE BEHAVIORAL HEALTH CARE.

ECONOMIC SECURITY - TRINITY HEALTH GRAND RAPIDS IS COMMITTED TO IDENTIFYING AND WORKING TO IMPACT THE SOCIAL INFLUENCERS OF HEALTH, AS WELL AS DEMONSTRATE INTENTION TOWARD THE RESOLUTION OF DISPROPORTIONATE BARRIERS THAT FACED THGR'S PATIENTS AND THEIR FAMILIES RELATED TO ECONOMIC PROSPERITY AND OPPORTUNITY. DURING THE REPORTING PERIOD, THGR CONTINUED TO FURTHER THE SCREENINGS FOR SOCIAL NEEDS, DESIGNED TO GROW THE RATE OF SCREENINGS IN THGR'S AMBULATORY AND EMERGENCY DEPARTMENTS AND BRING OVERALL SCREENING RATES UP TO 56% OF ALL PATIENTS IN 2022. SIGNIFICANT PLANNING AND RESOURCE DEVELOPMENT HAVE BEEN DONE FOR THE HEARTSIDE HEALTH DISTRICT REVITALIZATION PROJECT THAT WILL REINVIGORATE THE COMMUNITY THROUGH MIXED USE HOUSING, INNOVATIVE LOCAL BUSINESSES, AND SUPPORT OF AREA NONPROFITS THAT SERVE THE COMMUNITY. THROUGH A GOOD BOX PROGRAM, THGR INCREASED THEIR INVESTMENT IN FOOD SECURITY, PROVIDING 100 FAMILIES (UP FROM 50) WITH 20LBS OF FRESH PRODUCE EACH WEEK. CONCURRENTLY, THGR TRACKED SCREENING RATES FOR THOSE THAT HAVE FOOD INSECURITY AND SUPPORTED ENROLLMENT INTO STATE AND FEDERALLY SPONSORED FOOD ACCESS PROGRAMS AND BENEFITS. INTERNALLY, THGR IS BEGINNING TO WORK CLOSELY WITH TRINITY HEALTH - MICHIGAN ON THE ESTABLISHMENT OF EXPANDING ENTRY LEVEL CAREER PATHWAYS IN ORDER TO SUPPORT INDIVIDUALS AND FAMILIES IN EMBARKING UPON A CAREER IN HEALTH CARE.

TRINITY HEALTH OAKLAND HOSPITAL:

PART V, SECTION B, LINE 11: IN FY22, TRINITY HEALTH OAKLAND (THO)

PRIORITIZED AND ADDRESSED THE FOLLOWING SIGNIFICANT COMMUNITY HEALTH



**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

NEEDS: BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND SUBSTANCE USE), FOOD SECURITY, ACCESS TO CARE, MATERNAL HEALTH, DIABETES AND HIGH BLOOD PRESSURE.

BEHAVIORAL HEALTH/SUBSTANCE ABUSE - THO CONTINUED TO SUPPORT PATIENT MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS THROUGH REFERRAL TO COMMON GROUND, LIGHTHOUSE OF OAKLAND COUNTY, AND HOMELESS HOUSING RESPITE CARE PROGRAMS. IN FY22, COMMUNITY HEALTH AND WELL BEING PLACED SUBSTANTIAL FOCUS ON COMMUNITY HEALTH WORKERS (CHW) PROVIDING PATIENT NAVIGATION. UNIQUE FOCUS WAS PLACED ON AFFORDABLE AND SUBSIDIZED HOUSING RESOURCES INCLUDING HOUSING STATUS VERIFICATION AND HOMELESS DIVERSION SUPPORT. CHW'S UTILIZED SOCIAL INFLUENCER OF HEALTH (SIOH) ASSESSMENTS TO IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT RESOURCES.

DRUG-FREE COMMUNITIES MATCHING FUNDS WERE PROVIDED TO LIGHTHOUSE OF OAKLAND COUNTY AND QUALIFYING COMMUNITY RESPITE CARE PROGRAMS INCLUDING HOPE WARMING SHELTER. THO CONTINUES TO PROVIDE IN-KIND STAFF SUPPORT FROM THE CHW TEAM FOR BEHAVIORAL HEALTH AND PEER SUPPORT GROUP REFERRALS.

FOOD SECURITY - IN FY22, THO CONTINUED TO PROVIDE COMMITTEE MEMBER LEADERSHIP AND SUPPORT FOR HEALTHY PONTIAC, WE CAN! AND OAKLAND COUNTY FOOD POLICY COUNCILS. THESE COUNCILS WORKED COLLABORATIVELY TO ADVOCATE ON FOOD POLICY BARRIERS IN ACCESSIBILITY AND SUPPLY SHORTAGES, SPECIFICALLY WITHIN THE COMMUNITIES OF PONTIAC AND GREATER OAKLAND COUNTY.

THE OAKLAND FARM, LOCATED ON THE THO CAMPUS, BECAME A PROMINENT COMMUNITY GARDEN AND HEALTH EDUCATION SPACE FOR THE GREATER PONTIAC COMMUNITY IN

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

FY22. THE OAKLAND FARM INTRODUCED COMMUNITY SHARED AGRICULTURE (CSA) AND PRODUCE TO PATIENT PROGRAMS TO IMPROVE FRESH PRODUCE ACCESS AND CONSUMPTION. IN PARTNERSHIP WITH LIGHTHOUSE OF SOUTHEASTERN MICHIGAN, A FOOD BOX PROGRAM WAS INITIATED AT SEVERAL AMBULATORY SITES AND THE EMERGENCY DEPARTMENT TO AID THOSE SCREENING POSITIVE FOR FOOD INSECURITY.

ACCESS TO CARE - IN FY22, THO CONTINUED TO PROVIDE LAB SERVICES FOR THE BERNSTEIN CLINIC TO SUPPORT HOMELESS RESIDENTS IN OAKLAND COUNTY WITH FREE DIAGNOSTIC SERVICES.

THROUGH COMMUNITY HEALTH PROMOTION, THO'S COMMUNITY HEALTH WORKERS UTILIZED A SIOH TOOL EMBEDDED WITHIN THE ELECTRONIC MEDICAL RECORD TO SCREEN, IDENTIFY AND REFER PATIENTS IN NEED OF SOCIAL SUPPORT RESOURCES TO THE APPROPRIATE COMMUNITY AGENCIES THROUGH A CLOSED LOOP REFERRAL SYSTEM. THE PROCESS OF IDENTIFYING AND SUPPORTING MARGINALIZED PATIENTS WITH SOCIAL SUPPORT RESOURCES AIMS TO REDUCE READMISSIONS AND IMPROVE OVERALL PATIENT HEALTH PREVENTION PRACTICES.

MATERNAL HEALTH - THO CONTINUED WORKING TO IMPROVE THE COORDINATION OF AND SUPPORT FOR EXISTING COMMUNITY RESOURCES ADDRESSING PERINATAL HEALTH IN THO'S COMMUNITY IN FY22.

THO MAINTAINED SUPPORT FOR WOMEN'S CHOICE TO BREASTFEED THROUGH ITS BABY-FRIENDLY DESIGNATION. AS A CERTIFIED "BABY-FRIENDLY" HOSPITAL, THO ACTIVELY PROMOTES BREASTFEEDING AND MOTHER/BABY BONDING. THE MOTHER BABY UNIT SPONSORS LACTATION COUNSELING DURING WEEKLY BREASTFEEDING SUPPORT GROUP SESSIONS THAT SERVED OVER 200 MOTHERS IN FY22. THO'S MOTHER BABY

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

UNIT ALSO OFFERS NEW MOTHERS TRANSPORTATION TO MEDICAL APPOINTMENTS IN PARTNERSHIP WITH "FREEDOM ROAD". WOMEN AND THEIR PARTNERS CONTINUE TO RECEIVE ADVOCACY AND EDUCATION FROM THO'S CULTURALLY COMPETENT LACTATION CONSULTANTS THROUGH BREASTFEEDING AND PARENTING COURSES.

DIABETES AND HIGH BLOOD PRESSURE - IN FY22, THO PROVIDED SUPPORT FOR THE HEALTHY OAKLAND PARTNERSHIP THROUGH SPONSORSHIP OF SENIOR AND FAMILY MARKET DAYS IN COLLABORATION WITH THE LOCAL OAKLAND COUNTY FARMER'S MARKET. THE PROGRAM PROVIDES ACCESS TO EXPERTS ON THE TOPICS OF NUTRITION, CANCER PREVENTION, BLOOD PRESSURE CONTROL, DIABETES HEALTH, AND SAFE USE OF MEDICATIONS.

THROUGH THE PRESCRIPTION FOR A HEALTHY OAKLAND INITIATIVE, GREATER OAKLAND COUNTY RESIDENTS AND BUSINESS COLLEAGUES WERE ABLE TO ENGAGE IN PHYSICAL ACTIVITY AND IMPROVED EATING HABITS. THIS PROGRAM USED A "SOCIAL PRESCRIBING" MODEL TO CONNECT FAMILIES AND/OR SENIORS WITH LOCAL HEALTHY FOODS, PHYSICAL ACTIVITY, AND EDUCATIONAL RESOURCES. SOCIAL PRESCRIBING IS A METHOD THAT REFERS INDIVIDUALS TO NONCLINICAL SUPPORTIVE SERVICES AND COMMUNITY RESOURCES THAT ADDRESS SOCIAL, EMOTIONAL, OR PRACTICAL NEEDS.

THO INITIATED ITS SECOND 16-WEEK DIABETES PREVENTION PROGRAM (DPP) COHORT IN JUNE 2022, WITH 14 ACTIVE PARTICIPANTS. THIS CDC-RECOGNIZED LIFESTYLE CHANGE PROGRAM PROVIDES FREE DIABETES PREVENTION EDUCATION AND RESOURCES ON HOW TO BE MORE ACTIVE, MANAGE STRESS AND LOSE WEIGHT WHILE LEARNING TECHNIQUES THAT WILL HELP INDIVIDUALS STAY POSITIVE AND MOTIVATED. HIGH BLOOD PRESSURE AND HEART DISEASE WERE INDIRECTLY ADDRESSED THROUGH THE STRATEGIES FOR FOOD SECURITY AND DIABETES.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH LIVONIA HOSPITAL:

PART V, SECTION B, LINE 11: IN FY22, TRINITY HEALTH LIVONIA (THLA)

DIRECTLY ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS: BEHAVIORAL HEALTH, ACCESS TO CARE, FOOD SECURITY AND ACCESS, AND OBESITY, DIABETES, AND HYPERTENSION.

BEHAVIORAL HEALTH - SUBSTANCE USE PREVENTION WORK CONTINUED IN COLLABORATION WITH LIVONIA SAVE OUR YOUTH (LSOY). LSOY PROVIDED VIRTUAL BI-WEEKLY ADDICTION FORUM SESSIONS. ATTENDEES INCLUDED PROFESSIONALS, INDIVIDUALS, TEENS, AND SENIORS. LSOY ALSO PROVIDED "TALK, THEY HEAR YOU" MESSAGING AT SCHOOL AND COMMUNITY-BASED EVENTS. THLA COLLABORATED WITH GROWTH WORKS, INC. TO PROVIDE PEER RECOVERY SERVICES IN THE EMERGENCY DEPARTMENT AND INPATIENT BEHAVIORAL HEALTH UNITS. THE WESTERN WAYNE SUICIDE PREVENTION COALITION ENGAGED SEVEN SCHOOL DISTRICTS IN TRAINING TEACHERS AND SUPPORT STAFF TO RECOGNIZE STUDENTS AT RISK FOR SUICIDE AND CONNECT THEM TO SERVICES.

ACCESS TO CARE - TRINITY HEALTH LIVONIA CONTINUED TO PROVIDE LAB SERVICES FOR WAYNE HOPE CLINIC THAT ENABLED COMMUNITY MEMBERS TO RECEIVE DIAGNOSTIC SERVICES. THLA COORDINATED A TRANSITION OF CARE PROCESS BETWEEN WAYNE HOPE CLINIC (FREE CLINIC) AND COVENANT COMMUNITY CARE (AN FQHC) TO ENSURE THE RIGHT CARE AT THE RIGHT TIME. SUPPORT WAS PROVIDED TO THE ARAB COMMUNITY CENTER FOR ECONOMIC AND SOCIAL SERVICES TO IMPROVE ACCESS TO CARE FOR ARAB-AMERICAN RESIDENTS OF WAYNE COUNTY. TRANSPORTATION ASSISTANCE WAS PROVIDED THROUGH CAB SERVICES, LYFT AND VAN FOR PATIENTS LACKING TRANSPORTATION TO APPOINTMENTS OR UPON DISCHARGE FROM THE HOSPITAL.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

FUNDING WAS PROVIDED TO NORTHVILLE TRANSPORTATION SERVICES TO PROVIDE SENIORS AND THOSE WITH DISABILITIES WITH LOWER COST RIDES TO MEDICAL APPOINTMENTS AND OTHER LOCATIONS, SUCH AS GROCERY STORES.

FOOD SECURITY/ACCESS - TRINITY HEALTH LIVONIA PARTICIPATED IN THE WESTERN WAYNE FOOD POLICY COUNCIL. THIS COUNCIL WORKS COLLABORATIVELY AS ADVOCATES TO ADDRESS COMMUNITY FOOD POLICY ISSUES RELATING TO ACCESSIBILITY, SCARCITY, FOOD JUSTICE AND SOVEREIGNTY FOR WESTERN WAYNE COUNTY. GOOD FOOD BOXES WERE DISTRIBUTED TO PATIENTS THROUGH THREE AMBULATORY CARE SITES AND THE EMERGENCY DEPARTMENT. A FARM STAND WAS PROVIDED ONE DAY PER WEEK AT THE LIVONIA RECREATION CENTER. PATRONS INCLUDED THOSE WHO CAME SPECIFICALLY TO PURCHASE FRESH, LOCALLY GROWN PRODUCE AND THOSE WHO WERE USING THE RECREATION FACILITIES.

OBESITY/DIABETES/HYPERTENSION - THE HEALTHY LIVONIA INITIATIVE PROVIDED FUNDING FOR THE LEADERS ADVANCING HEALTH CARE HEALTHY LIVING NUTRITION PROGRAM. "GROW IT, TRY IT, LIKE IT" WAS OFFERED TO 112 STUDENTS IN THE GREAT START READINESS PROGRAM AT LIVONIA PUBLIC SCHOOLS' GARFIELD ELEMENTARY SCHOOL. OUTCOMES INCLUDE 38% OF KIDS REPORTED ASKING THEIR PARENTS TO BUY MORE FRUITS AND VEGETABLES, 45% OF PARENTS REPORTED EATING MORE FRUITS, AND 40% OF PARENTS REPORTED EATING MORE VEGETABLES. DIABETES PREVENTION PROGRAM IMPLEMENTATION (DPP) IN SOUTHEAST MICHIGAN WAS OVERSEEN BY THLA. THLA CONTINUED TO ADMINISTER THE 1705 ADAPT (DPP) GRANT. FUNDING WAS PROVIDED TO SUPPORT WESTLAND'S POWER OF PRODUCE CLUB OFFERING EDUCATION AND PRODUCE TASTING FOR YOUTH AGED 3 TO 13. THROUGH THE HEALTHY LIVONIA INITIATIVE, THE "CARROT" WELLNESS PROGRAM CONTINUED AND FOCUSED ON ENGAGING LIVONIA RESIDENTS AND LOCAL BUSINESS COLLEAGUES IN PHYSICAL

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

ACTIVITY; THE PROGRAM SERVED 3,673 ACTIVE USERS BY THE END OF FY22.

TRINITY HEALTH LIVINGSTON HOSPITAL:

PART V, SECTION B, LINE 11: THE SIGNIFICANT COMMUNITY HEALTH NEEDS

PRIORITIZED BY TRINITY HEALTH LIVINGSTON (THL) ARE ACCESS TO CARE, BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH AND SUBSTANCE USE), FOOD SECURITY AND ACCESS, AND TRANSPORTATION. IN FY22, THL ADDRESSED THE FOLLOWING:

ACCESS TO CARE - COMPLEX CARE COORDINATION CONTINUED THROUGH THE EMERGENCY DEPARTMENT TO ASSIST WITH HEALTH CARE NAVIGATION TO SUPPORT THOSE INDIVIDUALS EXPERIENCING A COMBINATION OF MULTIPLE CHRONIC CONDITIONS, MENTAL HEALTH ISSUES, MEDICATION-RELATED PROBLEMS, AND SOCIAL VULNERABILITY. IN ADDITION, THL FUNDED LACASA THROUGH THE TRINITY HEALTH LIVINGSTON'S INVESTING IN OUR COMMUNITIES GRANT TO SUPPORT THE SEXUAL ASSAULT NURSE EXAMINER PROGRAM. THIS PROGRAM PROVIDES QUALITY, DIGNIFIED AND SPECIALIZED CARE TO ADULTS AND/OR CHILDREN WHO HAVE BEEN SEXUALLY ASSAULTED.

BEHAVIORAL HEALTH - IN FY22, THL CONTINUED TO SUPPORT THE DEVELOPMENT OF PROJECT ASSERT, A PEER SUPPORT PROGRAM EMBEDDED WITHIN THE EMERGENCY DEPARTMENT, IN PARTNERSHIP WITH LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH. RECOVERY ADVOCATES IN LIVINGSTON RECEIVED FUNDING THROUGH TRINITY HEALTH LIVINGSTON'S INVESTING IN OUR COMMUNITIES GRANT FOR TWO PEER-LED RECOVERY PROGRAMS TO RESIDENTS IN LIVINGSTON COUNTY: A SOBER RECOVERY HOUSE FOR WOMEN AND A RECOVERY SUPPORT SERVICES CENTER. FURTHERMORE, THL CONTINUED TO SUPPORT AND PROMOTE DRUG TAKE BACK EVENTS AND UTILIZED THE GREEN

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

BIN/RED BARRELS WITHIN THL.

FOOD SECURITY/ACCESS - THL SUPPORTED FOOD ACCESS, HEALTHY WEIGHT AND REDUCING CHRONIC DISEASE RISK, INCIDENCE, AND PREVALENCE THROUGH PRESCRIPTION FOR HEALTH FUNDING AND PROGRAM EXPANSION OF REFERRAL PARTNERS.

TRANSPORTATION - THL CONTINUED COLLABORATIVE MATCHING COMMITMENTS WITH MICHIGAN MEDICINE AND ASCENSION HEALTH SYSTEMS TO EXPAND HEALTH CARE TRANSPORTATION THROUGH LIVINGSTON ESSENTIAL TRANSPORTATION SERVICE, THEREBY SUPPORTING INCREASED HEALTH CARE RELATED TRANSPORTATION AND ALLOWING FOR SOCIAL INFLUENCERS OF HEALTH (SIOH) NEEDS TO ALSO BE MET THROUGH THE NON-HEALTH CARE TRANSPORTATION INFRASTRUCTURE LOCALLY.

TRINITY HEALTH ANN ARBOR HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

TRINITY HEALTH GRAND RAPIDS HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF



**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

TRINITY HEALTH OAKLAND HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

TRINITY HEALTH LIVONIA HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO

RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL

NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS

ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS

TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY

PATIENTS.

TRINITY HEALTH LIVINGSTON HOSPITAL:

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO

RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE

MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS

TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

TRINITY HEALTH ANN ARBOR HOSPITAL:

PART V, SECTION B, LINE 20E: THE HOSPITAL OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, AND USED AUTOMATED PRESUMPTIVE CHARITY FOR SELF-PAY ACCOUNTS.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH LIVINGSTON HOSPITAL:

PART V, SECTION B, LINE 20E: THE HOSPITAL OFFERED INFORMATION FOR OTHER VARIETIES OF PAYMENT PLAN OPTIONS, AND USED AUTOMATED PRESUMPTIVE CHARITY FOR SELF-PAY ACCOUNTS.

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 7A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/C  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH GRAND RAPIDS HOSPITAL - PART V, SECTION B, LINE 7A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/C  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH OAKLAND HOSPITAL - PART V, SECTION B, LINE 7A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/C  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH LIVONIA HOSPITAL- PART V, SECTION B, LINE 7A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/C  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH LIVINGSTON HOSPITAL- PART V, SECTION B, LINE 7A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/C  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 7B

WWW.UOFMHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

TRINITY HEALTH GRAND RAPIDS HOSPITAL - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

TRINITY HEALTH OAKLAND HOSPITAL - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

TRINITY HEALTH LIVONIA HOSPITAL- PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH LIVINGSTON HOSPITAL- PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH GRAND RAPIDS HOSPITAL - PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH OAKLAND HOSPITAL - PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH LIVONIA HOSPITAL - PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH LIVINGSTON HOSPITAL - PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 16A

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 16B

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH ANN ARBOR HOSPITAL - PART V, SECTION B, LINE 16C

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH GRAND RAPIDS HOSPITAL - PART V, SECTION B, LINE 16A

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH GRAND RAPIDS HOSPITAL - PART V, SECTION B, LINE 16B

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH GRAND RAPIDS HOSPITAL - PART V, SECTION B, LINE 16C

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH OAKLAND HOSPITAL - PART V, SECTION B, LINE 16A

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH OAKLAND HOSPITAL - PART V, SECTION B, LINE 16B

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH OAKLAND HOSPITAL - PART V, SECTION B, LINE 16C

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH LIVONIA HOSPITAL - PART V, SECTION B, LINE 16A

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH LIVONIA HOSPITAL - PART V, SECTION B, LINE 16B

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH LIVONIA HOSPITAL - PART V, SECTION B, LINE 16C

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FINANCIAL-ASSISTANCE/

TRINITY HEALTH LIVINGSTON HOSPITAL - PART V, SECTION B, LINE 16A

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

TRINITY HEALTH LIVINGSTON HOSPITAL - PART V, SECTION B, LINE 16B

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/



**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

TRINITY HEALTH LIVINGSTON HOSPITAL - PART V, SECTION B, LINE 16C

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE/

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
1 (ANN ARBOR) TRINITY HEALTH BRIGHTON 7575 GRAND RIVER RD BRIGHTON, MI 48114	LAB, IMAGING, THERAPY, AMBULATORY SURG., EMPLOYED PHYS, ONCOLOGY, 24 HR ER
2 (AA) TH MEDICAL CENTER - CANTON 1600 CANTON CENTER RD CANTON, MI 48188	LAB, IMAGING, THERAPY, ONCOLOGY, AMBULATORY SURGERY, URGENT CARE
3 (AA) TRINITY HEALTH MICHIGAN HEART 5325 ELLIOTT DR YPSILANTI, MI 48197	CARDIOVASCULAR CARE
4 (AA) ELLEN THOMPSON WOMEN'S CENTER 5320 ELLIOTT DR YPSILANTI, MI 48197	WOMEN'S HEALTH
5 (OTHER) FRANCES WARDE MEDICAL LAB 300 W TEXTILE RD ANN ARBOR, MI 48104	LAB
6 (AA) MARIAN PROFESSIONAL BUILDING 14555 LEVAN RD LIVONIA, MI 48154	RADIATION ONCOLOGY, REHAB, MRI, EMPLOYED PHYSICIANS
7 (AA) MICHIGAN ORTHOPEDIC CENTER 5315 ELLIOTT DR YPSILANTI, MI 48197	ORTHOPEDIC CARE
8 (AA) SLEEP DISORDERS CENTER 5305 ELLIOTT DR YPSILANTI, MI 48197	SLEEP CLINIC
9 (AA) REICHERT HEALTH CENTER 5333 MCAULEY DR YPSILANTI, MI 48197	LAB, IMAGING, AMBULATORY SURG., EMPLOYED PHYSICIANS
10 (AA) HAAB HEALTH BUILDING 111 N HURON ST YPSILANTI, MI 48197	FAMILY PRACTICE

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**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
11 (AA) CENTER FOR DIGESTIVE CARE 5300 ELLIOTT DR YPSILANTI, MI 48197	DIGESTIVE CARE
12 (AA) SAMARITAN CENTER 5555 CONNER DETROIT, MI 48213	INDIGENT CARE
13 (AA) TRINITY HEALTH LAB - PLYMOUTH 990 W ANN ARBOR TRAIL PLYMOUTH, MI 48170	LAB
14 (AA) PARKWAY MEDICAL CENTER 2345 S HURON PKWY ANN ARBOR, MI 48104	LAB
15 (AA) HURON PROFESSIONAL BUILDING 704 W HURON ST ANN ARBOR, MI 48103	LAB
16 (AA) TRINITY HEALTH BEHAVIORAL SVCS 2200 CANTON CENTER RD CANTON, MI 48188	BEHAVIORAL MEDICINE
17 (AA) HURON OAKS 5401 MCAULEY DR YPSILANTI, MI 48197	BEHAVIORAL MEDICINE
18 (AA) GENOA MEDICAL CENTER 2305 GENOA BUSINESS PARK DR BRIGHTON, MI 48114	LAB
19 (AA) DIAGNOSTIC SERVICES CENTER 202 E VAN RIPER RD FOWLERVILLE, MI 48836	LAB, IMAGING
20 (AA) ARBOR SCIO PROFESSIONAL BLDG 6360 JACKSON RD ANN ARBOR, MI 48103	LAB

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**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
21 (AA) ARBOR PARK CENTRE 4972 CLARK RD YPSILANTI, MI 48197	LAB
22 (AA) CHERRY HILL LAB 49650 CHERRY HILL RD CANTON, MI 48187	LAB
23 (AA) TOWSLEY HEALTH BUILDING 5361 MCAULEY DR YPSILANTI, MI 48197	NURSING HOME, EMPLOYED PHYS.
24 (GR RAPIDS) TH WEGE MEDICAL CENTER 300 LAFAYETTE GRAND RAPIDS, MI 49503	LAB, FAMILY PRACTICE, INTERNAL MEDICINE PRACTICE
25 (GR) TH MEDICAL CTR - BYRON CTR 2373 64TH STREET SW BYRON CENTER, MI 49315	AMBULATORY SURGICAL CTR, REHAB, LAB, IMAGING, FAMILY PRACTICE, CARDIO AND ER
26 (GR) TH MEDICAL CTR - E BELTLINE 1471 EAST BELTLINE GRAND RAPIDS, MI 49525	LAB, IMAGING, REHAB, EMPLOYED PHYS., URGENT CARE, OB
27 (GR) CLINICA SANTA MARIA 730 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	INDIGENT PRIMARY CARE CENTER
28 (GR) PINE REST 300 68TH STREET SE GRAND RAPIDS, MI 49548	MENTAL HEALTH
29 (GR) TH MEDICAL GROUP - SPARTA 475 S STATE ST SPARTA, MI 49345	FAMILY PRACTICE CENTER
30 (GR) TH MED GROUP -BROWNING CLAYTOR 1246 MADISON SE GRAND RAPIDS, MI 49507	FAMILY PRACTICE CENTER

Schedule H (Form 990) 2021

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
31 (GR) TH MEDICAL CTR - RIVERTOWN 3380 44TH STREET SW GRANDVILLE, MI 49418	LAB, IMAGING, REHAB, FAMILY PRACTICE
32 (GR) TH MEDICAL CTR - WALKER 1175 WILSON AVE NW WALKER, MI 49534	LAB, IMAGING, REHAB, FAMILY PRACTICE
33 (GR) TH MEDICAL GROUP - GR CAMPUS 310 LAFAYETTE SE GRAND RAPIDS, MI 49503	IMMUNOLOGY, VASCULAR, INFECTIOUS DISEASE, AND PULMONOLOGY
34 (GR) TH MEDICAL CTR - CALEDONIA 10047 CROSS ROADS COURT CALEDONIA, MI 49316	LAB, IMAGING, REHAB, FAMILY PRACTICE
35 (GR) ADVENT REHAB 1375 W. GREEN ST HASTINGS, MI 49058	REHAB
36 (GR) ADVENT REHAB 1915 GEORGETOWN CENTER DR JENISON, MI 49428	REHAB
37 (GR) TH MEDICAL CTR - CHERRY 245 CHERRY ST GRAND RAPIDS, MI 49503	PEDIATRIC CLINIC, FAMILY MEDICINE, OB, NEUROSCIENCES, AND SLEEP
38 (GR) TRINITY HEALTH MEDICAL GROUP 933 THREE MILE NW GRAND RAPIDS, MI 49504	LAB, REHAB, FAMILY PRACTICE
39 (GR) TH MEDICAL GROUP - JENISON 7782 20TH AVENUE JENISON, MI 49428	FAMILY PRACTICE CENTER
40 (GR) TH MEDICAL GROUP - KENTWOOD 2080 44TH ST SE KENTWOOD, MI 49508	REHAB, LAB, FAMILY PRACTICE

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**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
41 (GR) TH MEDICAL CTR - ROCKFORD 6050 NORTHLAND DR NE ROCKFORD, MI 49341	FAMILY PRACTICE CENTER, URGENT CARE, LAB, IMAGING, WOMEN'S HEALTH, REHAB
42 (GR) ADVENT REHAB 1000 EAST PARIS, ST 222 GRAND RAPIDS, MI 49546	REHAB
43 (GR) ADVENT REHAB 150 JEFFERSON SE, ST 100 GRAND RAPIDS, MI 49503	REHAB
44 (GR) TRINITY HEALTH MEDICAL GROUP 2093 HEALTH DRIVE SUITE 300 WYOMING, MI 49519	VASCULAR
45 (GR) TRINITY HEALTH MEDICAL GROUP 2144 EAST PARIS SE GRAND RAPIDS, MI 49546	INTERNAL MEDICINE
46 (GR) TRINITY HEALTH MEDICAL GROUP 1000 EAST PARIS, STE 222 GRAND RAPIDS, MI 49546	CARDIOVASCULAR
47 (GR) TRINITY HEALTH MEDICAL GROUP 260 JEFFERSON SE STE 115 GRAND RAPIDS, MI 49503	CONCIERGE MEDICINE
48 (GR) TRINITY HEALTH MEDICAL GROUP 3290 NORTH WELLNESS DRIVE HOLLAND, MI 49424	FAMILY PRACTICE
49 (GR) TRINITY HEALTH MEDICAL GROUP 250 CHERRY ST SE GRAND RAPIDS, MI 49503	ONCOLOGY
50 (GR) TRINITY HEALTH MEDICAL GROUP 3925 32ND AVE STE 300 HUDSONVILLE, MI 49426	FAMILY PRACTICE & URGENT CARE

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
51 (GR) TRINITY HEALTH MEDICAL GROUP 801 BROADWAY STREET NW GRAND RAPIDS, MI 49504	FAMILY PRACTICE
52 (GR) TRINITY HEALTH MEDICAL GROUP 301 N MAIN SHERIDAN, MI 49315	VASCULAR
53 (GR) TRINITY HEALTH MEDICAL GROUP 1309 SHELDON RD GRAND HAVEN, MI 49444	NEUROLOGY
54 (GR) HAUENSTEIN BEHAVIORAL HEALTH 220 CHERRY ST SE GRAND RAPIDS, MI 49503	GEN NEURO, MOV DISORDER, NEUROMUSCULAR, NEURO RESIDENCY
55 (LIVONIA) OUTPATIENT SURGERY CENTER 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
56 (LIV) AMBULATORY SURGERY LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
57 (LIV) OUTPATIENT SURGERY CENTER-ENDO 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER
58 (LIV) TRINITYELITE SPORTS PERFORMANCE 13245 NEWBURGH RD LIVONIA, MI 48154	SPORTS THERAPY
59 (LIV) MAMMOGRAPHY LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
60 (LIV) CT LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER

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**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
61 (LIV) MRI LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
62 (LIV) ULTRASOUND LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
63 (LIV) ANESTHESIOLOGY LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
64 (LIV) TH FREEDOM MEDICAL 20206 FARMINGTON RD LIVONIA, MI 48152	INTERNAL MEDICINE PRACTICE
65 (LIV) BARIATRIC OFFICE 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	BARIATRIC
66 (LIV) TH ACADEMIC PSYCHIATRY 37595 W SEVEN MILE RD LIVONIA, MI 48152	OUTPATIENT BEHAVIORAL SERVICES
67 (LIV) RADIOLOGY LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
68 (LIV) TRINITY HEALTH SLEEP CENTER 14600 FARMINGTON RD LIVONIA, MI 48154	SLEEP LAB
69 (LIV) SPORTS MEDICINE 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	SPORTS MEDICINE
70 (LIV) CRNA OSC 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER

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**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
71 (LIV) CRNA LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
72 (LIV) WESTSIDE OB_GYN 19000 ST JOE'S PARKWAY LIVONIA, MI 48154	OB/GYN PRACTICE
73 (LIV) ENDOCRINOLOGY LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
74 (LIV) TH IHA MED GROUP - WESTLAND 32932 WARREN ROAD SUITE 100 WESTLAND, MI 48185	OB/GYN PRACTICE
75 (LIV) ASA PLASTIC SURGERY 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	PLASTIC SURGERY
76 (LIV) WESTSIDE UROGYNECOLOGY 19000 ST JOE'S PARKWAY LIVONIA, MI 48154	UROLOGY, OB/GYN
77 (LIV) SLEEP DISORDERS LAB 14600 FARMINGTON RD SUITE 101 LIVONIA, MI 48154	SLEEP LAB
78 (LIV) URGENT CARE SCHOOLCRAFT 19000 ST JOE'S PARKWAY SUITE 140 LIVONIA, MI 48152	URGENT CARE
79 (LIV) LABORATORY LMC 19000 ST JOE'S PARKWAY LIVONIA, MI 48152	MEDICAL CENTER
80 (LIV) OUTPATIENT SURGERY CENTER 36622 5 MILE RD SUITE 201 LIVONIA, MI 48154	SURGICAL CENTER - PRE AND POST OP

Schedule H (Form 990) 2021

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 88

Name and address	Type of Facility (describe)
81 (LIV) PSYCHIATRY 2006 HOGBACK RD SUITE 1 ANN ARBOR, MI 48105	OUTPATIENT BEHAVIORAL SERVICES
82 (OAKLAND) TH REHABILITATION 44428 WOODWARD PONTIAC, MI 48341	REHAB
83 (OAK) TH IMAGING - CLARKSTON 7210 N. MAIN STREET CLARKSTON, MI 48346	IMAGING
84 (OAK) TH IMAGING -LAKE ORION 1375 S LAPEER RD, STE.104 ORION TOWNSHIP , MI 48360	IMAGING
85 (OAK) TH IMAGING -WEST BLOOMFIELD 2300 HAGGERTY ROAD, STE 1050 WEST BLOOMFIELD, MI 48323	IMAGING
86 (OAK) TH SLEEP CENTER - OAKLAND 3100 CROSS CREEK, STE 210 AUBURN HILLS, MI 48326	SLEEP LAB
87 (OAK) TH LAB -LEXUS BUILDING 44200 WOODWARD, STE 105 PONTIAC, MI 48341	LAB
88 (OAK) TH LAB - COMMERCE TWNSHP 2630 UNION LAKE RD, STE 200 COMMERCE TOWNSHIP, MI 48382	LAB

**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.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

TRINITY HEALTH - MICHIGAN (TH-MI) REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, THE HOSPITAL DIVISIONS OF TH-MI INCLUDE A COPY OF THEIR MOST RECENT SCHEDULE H ON THEIR RESPECTIVE WEBSITES. TRINITY HEALTH ALSO INCLUDES TH-MI'S MOST RECENTLY FILED SCHEDULE H ON ITS WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

**Part VI** Supplemental Information (Continuation)

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITALS' COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$80,633,226, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

TRINITY HEALTH LIVONIA CONTINUED TO SUPPORT THE DETROIT CRISTO REY SCHOOL, A COLLEGE PREP CATHOLIC HIGH SCHOOL FOR LOW-INCOME YOUTH WHO OTHERWISE WOULD NOT BE ABLE TO AFFORD PRIVATE SCHOOL, TO ADDRESS DISPARITIES IN EDUCATIONAL OUTCOMES IN DETROIT. MOST STUDENTS ARE EITHER HISPANIC OR BLACK, AND MOST OF THEM WILL BE THE FIRST IN THEIR FAMILY TO GO TO COLLEGE. STUDENTS INTERESTED IN HEALTH CARE TRADE THEIR SCHOOL UNIFORMS FOR HOSPITAL SCRUBS AT THLA FOR THEIR WORK EXPERIENCE IN THE MIRACLE OF LIFE BIRTHING CENTER ONE DAY A WEEK, BEGINNING FRESHMAN YEAR. AS A CORPORATE SPONSOR, THLA PAID 60% OF THE STUDENT'S TUITION IN THIS EDUCATIONAL MODEL THAT PREPARES STUDENTS FOR COLLEGE AND WORK.

IN COLLABORATION WITH LIVONIA PUBLIC SCHOOLS, THLA WORKED TO IMPROVE FUTURE EMPLOYMENT OPPORTUNITIES FOR SPECIAL NEEDS STUDENTS BY PROVIDING STUDENT PLACEMENTS FOR THE LIVONIA TRANSITION PROGRAM. STUDENTS AGES 18-26

**Part VI** Supplemental Information (Continuation)

WERE PLACED IN INTERNSHIP ROLES WITH VARIOUS DEPARTMENTS ACROSS THE HOSPITAL INCLUDING THE CANCER CENTER, THE LABORATORY AND GME PROGRAM.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

TH-MI USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, TH-MI IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, TH-MI IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

TH-MI IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE

**Part VI** Supplemental Information (Continuation)

FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE ONE PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD APRIL 1, 2022 THROUGH JUNE 30, 2022.

PART III, LINE 8:

TH-MI DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION

**Part VI** Supplemental Information (Continuation)

RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B: THE HOSPITALS' FINANCIAL ASSISTANCE POLICIES CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN EACH ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. THE HOSPITALS HAVE IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2: NEEDS ASSESSMENT - THE HOSPITALS IN TH-MI ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF

**Part VI** Supplemental Information (Continuation)

THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THEIR OVERALL COMMUNITIES. IN THE ASSESSMENT OF THEIR COMMUNITIES, THE HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, COMMITTEE MEETINGS WITH MEDICAL STAFF (PHYSICIANS) AND DEPARTMENT STAFF, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - TH-MI COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

TH-MI OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT



**Part VI** Supplemental Information (Continuation)

QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

TH-MI HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. TH-MI MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

TRINITY HEALTH ANN ARBOR HOSPITAL:

TRINITY HEALTH ANN ARBOR HOSPITAL IS PART OF TRINITY HEALTH - SOUTHEAST MICHIGAN (TH-SEMI), A SUBURBAN HEALTH CARE NETWORK SERVING WASHTENAW, LIVINGSTON, EASTERN JACKSON, LENAWEE, MONROE, WESTERN WAYNE, AND SOUTHWESTERN OAKLAND COUNTIES. THE TH-SEMI HEALTH CARE NETWORK INCLUDES FIVE HOSPITALS: TRINITY HEALTH ANN ARBOR HOSPITAL, TRINITY HEALTH LIVONIA HOSPITAL, ST. JOSEPH MERCY CHELSEA (CHELSEA HOSPITAL), TRINITY HEALTH OAKLAND HOSPITAL IN PONTIAC, AND TRINITY HEALTH LIVINGSTON HOSPITAL IN

**Part VI** Supplemental Information (Continuation)

HOWELL. COMBINED, THESE HOSPITALS ARE LICENSED FOR 1,726 INPATIENT BEDS.

THE THAA SERVICE AREA IS DEFINED AS THE POPULATION OF WASHTENAW COUNTY. WASHTENAW COUNTY IS ESTIMATED TO HAVE A POPULATION OF 367,601 AS OF 2019 (SOURCE: US CENSUS). IN 2019, 14.4% OF THE POPULATION WAS 65 AND OLDER. WASHTENAW COUNTY'S POPULATION IS RACIALLY DIVERSE WITH 73.6% WHITE, 12.1% BLACK, 9% ASIAN, AND 0.4% NATIVE AMERICAN IN 2019.

INCOME AND POVERTY ARE SIGNIFICANT INDICATORS OF HEALTH AND LIFE EXPECTANCY. EDUCATION LEVEL IS ALSO SIGNIFICANTLY CONNECTED WITH INCOME LEVEL AND POVERTY. IN WASHTENAW COUNTY, THE MEDIAN HOUSEHOLD INCOME IS \$76,576. THIS IS SIGNIFICANTLY HIGHER THAN THE MEDIAN INCOME OF MICHIGAN IN GENERAL, WHICH IS \$59,584. HOWEVER, OBSERVING THE PERCENTAGE OF THOSE LIVING IN POVERTY BASED ON GEOGRAPHICAL LOCATION DEMONSTRATES THERE ARE SPECIFIC AREAS OF WASHTENAW COUNTY THAT ARE EXPERIENCING HIGHER RATES OF POVERTY COMPARED TO THE REST OF THE COUNTY AND THE STATE.

TRINITY HEALTH GRAND RAPIDS HOSPITAL:  
LOCATED IN WESTERN MICHIGAN, KENT COUNTY IS CONSIDERED THE PRIMARY MARKET AREA OF THGR AND IS THE FOURTH LARGEST POPULOUS COUNTY IN THE STATE. THE COUNTY IS COMPOSED OF 21 TOWNSHIPS, FIVE VILLAGES, AND NINE CITIES COVERING 872 SQUARE MILES. GRAND RAPIDS IS THE COUNTY SEAT AND IS 30 MILES FROM LAKE MICHIGAN. THE HEALTH CARE RESOURCES IN KENT COUNTY INCLUDE THGR, METROPOLITAN HEALTH (UNIVERSITY OF MICHIGAN HEALTH), SPECTRUM HEALTH-BUTTERWORTH CAMPUS, SPECTRUM HEALTH-BLODGETT CAMPUS, PINE REST CHRISTIAN MENTAL HEALTH SERVICES, AND MARY FREE BED REHABILITATION HOSPITAL. IN ADDITION, THE HEALTH DEPARTMENT OPERATES SIX PUBLIC HEALTH CLINICS THROUGHOUT THE COUNTY THAT OFFER PERSONAL HEALTH SERVICES.

**Part VI** Supplemental Information (Continuation)

AN ESTIMATED 656,955 PEOPLE RESIDE IN KENT COUNTY AS OF 2019. THE MEDIAN HOUSEHOLD INCOME FOR KENT COUNTY IS \$63,053 WITH 11.7% OF RESIDENTS LIVING IN POVERTY AND THE UNEMPLOYMENT RATE AT 4.4%. RACE AND ETHNICITY SHOW 79.6% OF THE POPULATION IS WHITE, 9.6% BLACK, AND 4.1% TWO OR MORE RACES; ETHNICITY SHOWS 10.6% OF KENT COUNTY IS HISPANIC OR LATINO (OF ANY RACE). HOME OWNERSHIP RATE IS 69.8%, WITH MEDIAN HOME VALUE AT \$176,700, AND EDUCATIONAL ATTAINMENT SHOWS 35.7% HAVE A BACHELOR'S DEGREE OR HIGHER.

## TRINITY HEALTH OAKLAND HOSPITAL:

THO IS LOCATED IN THE CITY OF PONTIAC, A COMMUNITY FACING ECONOMIC CHALLENGES AFFECTING THE HEALTH AND WELLBEING OF LOCAL RESIDENTS. AS OF JULY 2020, DURING THE COVID-19 PANDEMIC, PONTIAC'S UNEMPLOYMENT RATE REACHED 30%, UP FROM 8.6 % IN MARCH. THIS IS DOUBLE THE STATEWIDE UNEMPLOYMENT RATE OF 15% IN JULY 2020, UP FROM 4% IN MARCH. PONTIAC'S POVERTY RATE IS 32%, MORE THAN TWICE THE STATEWIDE RATE OF 14%. THE MEDIAN HOUSEHOLD INCOME IN PONTIAC IS \$33,006, JUST A FRACTION OF THE MICHIGAN MEDIAN HOUSEHOLD INCOME OF \$56,697 AND THE OAKLAND COUNTY MEDIAN HOUSEHOLD INCOME OF \$76,387.

PONTIAC ALSO REFLECTS AN UNUSUALLY HIGH COMMUNITY NEED INDEX (CNI) RATE, AN AGGREGATE OF FIVE SOCIOECONOMIC INDICATORS KNOWN TO CONTRIBUTE TO HEALTH DISPARITY: INCOME, CULTURE/LANGUAGE, EDUCATION, HOUSING STATUS, AND INSURANCE COVERAGE. CNI IN THE THO SERVICE AREA IS 2.09; THE CNI FOR PONTIAC AVERAGES 4.08.

PONTIAC IS THE ONLY FEDERALLY DESIGNATED MEDICALLY UNDERSERVED COMMUNITY IN OAKLAND COUNTY. IT IS A DIVERSE COMMUNITY: 49% OF RESIDENTS ARE

**Part VI** Supplemental Information (Continuation)

AFRICAN AMERICAN, 40% ARE CAUCASIAN AND 17% ARE HISPANIC, THE LARGEST AND FASTEST-GROWING HISPANIC COMMUNITY IN OAKLAND COUNTY.

THO'S PRIMARY SERVICE AREA IS NORTH OAKLAND COUNTY, WITH UNIQUE FOCUS ON THE PONTIAC COMMUNITY. THE THO GEOGRAPHIC BOUNDARY INCLUDES THE ZIP CODES OF PONTIAC, WATERFORD, CLARKSTON, AUBURN HILLS, OXFORD, BLOOMFIELD HILLS, WHITE LAKE, LAKE ORION, ORTONVILLE, HOLLY, AND ROCHESTER. THE POPULATION FOR THESE COMMUNITIES IS 439,160 RESIDENTS.

TRINITY HEALTH LIVONIA HOSPITAL:

LOCATED IN WESTERN WAYNE COUNTY, THE SERVICE AREA OF THLA FOR THE MOST RECENT CHNA WAS DEFINED AS CITIES WITHIN A FIVE-MILE RADIUS OF THE HOSPITAL. THIS INCLUDES THE ZIP CODES OF WESTLAND, CANTON, LIVONIA, NORTHVILLE CITY, NORTHVILLE TOWNSHIP, PLYMOUTH CITY, PLYMOUTH TOWNSHIP, REDFORD, FARMINGTON HILLS, AND THE CITY OF FARMINGTON. MOST OF THESE CITIES ARE IN WESTERN WAYNE COUNTY, HOWEVER, FARMINGTON HILLS AND THE CITY OF FARMINGTON LIE WITHIN SOUTHERN OAKLAND COUNTY. THE POPULATION FOR THESE COMMUNITIES IS 495,162 RESIDENTS.

TRINITY HEALTH LIVINGSTON HOSPITAL:

THE SERVICE AREA FOR THL IS DEFINED AS LIVINGSTON COUNTY, AS THE MAJORITY OF PATIENTS SERVED BY THE HOSPITAL ARE FROM THIS COUNTY. LIVINGSTON COUNTY IS LOCATED ON THE SOUTHEAST SIDE OF MICHIGAN, BORDERED BY WASHTENAW, GENESEE, SHIAWASSEE, OAKLAND, INGHAM, AND JACKSON COUNTIES. THE CENSUS BUREAU 2019 POPULATION ESTIMATES ARE AT 188,482, WHICH IS CONSISTENT WITH THE LAST CHNA CYCLE.

PART VI, LINE 5:

**Part VI** Supplemental Information (Continuation)

PROMOTION OF COMMUNITY HEALTH:

TH-MI HOSPITALS COLLABORATE WITH OTHERS IN THE COMMUNITY TO ACHIEVE IMPROVEMENTS IN HEALTH AND ACCESS TO HEALTH CARE.

TRINITY HEALTH ANN ARBOR HOSPITAL:

THE WASHTENAW HEALTH PLAN REPRESENTS A PARTNERSHIP BETWEEN WASHTENAW COUNTY, THE UNIVERSITY OF MICHIGAN AND TRINITY HEALTH - MICHIGAN (TH-MI) TO PROVIDE PRIMARY MEDICAL CARE SERVICES FOR THE MOST VULNERABLE AND DISENFRANCHISED IN THE COMMUNITY. TH-MI SUPPORTS THIS PROGRAM BY PROVIDING STAFF SUPPORT TO HELP PATIENTS GAIN ACCESS TO A MEDICAL HOME. THE HOSPITALS ALSO PROVIDE THIS POPULATION WITH FREE OR REDUCED-FEE CLINICAL SERVICES.

THAA WAS THE LEAD AGENCY IN THE ORIGINATION OF THE WASHTENAW HOUSING ALLIANCE, A COALITION OF NINE SOCIAL SERVICE AGENCIES DEALING WITH HOUSING OF VARIOUS TYPES, WHOSE MISSION IS TO END HOMELESSNESS IN WASHTENAW COUNTY. IN ADDITION, THAA AND ITS BOARD MEMBERS WERE KEY IN BUILDING THE DELONIS CENTER IN DOWNTOWN ANN ARBOR. THIS CENTER PROVIDES NEEDED ACCOMMODATIONS AND SOCIAL AND HEALTH SUPPORT SERVICES FOR THOSE WHO ARE HOMELESS. THAA ALSO PROVIDES FUNDING FOR STAFF SUPPORT TO GENERATE FUNDING FOR PERMANENT SUPPORTIVE HOUSING THROUGH THE SISTER YVONNE GELISE FUND, WHICH WAS STARTED IN PART BY THAA TO PROVIDE NEEDED SUPPORT FOR HOMELESS INDIVIDUALS IN WASHTENAW COUNTY.

THAA CO-FOUNDED THE WASHTENAW/LIVINGSTON COMMUNITY HEALTH WORKER (CHW) COALITION TO CREATE A STRONGER SOCIAL CARE INFRASTRUCTURE TO BETTER ADDRESS THE NEEDS OF THE COMMUNITY AND SUSTAIN CHW PROGRAMS. ADDITIONALLY, THE COMMUNITY RESOURCE DIRECTORY WAS AVAILABLE TO THE COMMUNITY TO QUICKLY

**Part VI** Supplemental Information (Continuation)

LOCATE COMMUNITY-BASED SOCIAL CARE RESOURCES THROUGH THE FINDHELP PLATFORM.

THAA PROVIDES CLINICAL STAFF SUPPORT TO LOCAL ORGANIZATIONS PROVIDING SUBSIDIZED CARE OPPORTUNITIES, INCLUDING CORNER HEALTH, WHICH FOCUSES ON YOUTH. THAA AND ITS PHYSICIAN NETWORK, IHA, WORK TOGETHER WITH EASTERN MICHIGAN UNIVERSITY TO RUN A CLINIC PROXIMATE TO ITS CAMPUS AND ZIP CODES THAT ARE SEEN TO HAVE A GAP IN CARE.

THAA PROVIDED GRANT FUNDING THROUGH THE IT STARTS HERE AND JUST IN TIME GRANT PROCESS TO LOCAL COMMUNITY PARTNERS, INCLUDING SOS COMMUNITY SERVICES, MICHIGAN DOULA INITIATIVE, HOPE CLINIC AND FAMILY EMPOWERMENT PROGRAM, TO ADDRESS TOP CHNA PRIORITY NEEDS.

AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, THAA CONTINUED TO PROVIDE ON-CAMPUS TESTING ACCORDING TO STATE AND CDC GUIDELINES, AND COVID-19-SPECIFIC UNITS CONTINUED TO BE STRUCTURED TO MEET THE NEEDS OF THE COMMUNITY AS THEY AROSE. THAA WORKED WITH THE WASHTENAW COUNTY HEALTH DEPARTMENT TO PROVIDE COVID-19 VACCINES TO THE COMMUNITY AT A MASS TESTING SITE IN ONE OF THE MOST AT-RISK ZIP CODES IN THE COUNTY. ADDITIONALLY, THAA IN PARTNERSHIP WITH WASHTENAW COUNTY HEALTH DEPARTMENT, THE COUNTY OFFICE OF EQUITY, HOPE CLINIC, MINISTERIAL REPRESENTATIVES, AND MICHIGAN MEDICINE, PROVIDED POP-UP VACCINATION CLINICS IN AREAS WHERE THERE WAS A GREATER INCIDENCE RATE OF POSITIVE TESTS, EMBEDDED IN BLACK AND LATINO NEIGHBORHOODS. OUR PHYSICIAN AND EXECUTIVE LEADERS PARTICIPATED IN VIRTUAL TOWN HALLS WITH COMMUNITY PARTNERS TO DISCUSS HEALTH AND SAFETY PRACTICES IN THE ERA OF COVID-19, AND TO ADDRESS VACCINE HESITANCY.

**Part VI** Supplemental Information (Continuation)

TRINITY HEALTH GRAND RAPIDS HOSPITAL:

IN APRIL 2016, THGR OPENED A CONCIERGE MEDICINE DEPARTMENT PROVIDING 24/7 ACCESS TO A PRIMARY CARE PHYSICIAN. IN ALIGNMENT WITH THGR'S MISSION TO PROVIDE CARE FOR THE POOR AND UNDERSERVED, 10% OF THE REVENUE FROM THE CONCIERGE MEDICINE DEPARTMENT IS REALLOCATED TO FUND PROGRAMS SUPPORTING THOSE IN NEED.

THGR STAFF HAVE BEEN INVOLVED IN A NUMBER OF COMMUNITY COLLABORATIVE EFFORTS IN FY22. STAFF SERVED ON THE CHNA COMMUNITY IMPLEMENTATION PLAN SUBCOMMITTEES HOSTED BY THE KENT COUNTY PUBLIC HEALTH DEPARTMENT. ONE STAFF SERVES AS THE CO-CHAIR FOR THE ACCESS TO CARE GROUP (ONE OF THREE WORKGROUPS), AND THERE WAS ADDITIONAL REPRESENTATION ON THE BEHAVIORAL HEALTH SUBCOMMITTEE.

THE HUB MANAGER WAS ALSO PART OF THE FUSE (FREQUENT USERS SYSTEM ENGAGEMENT) TEAM IN KENT COUNTY WHICH IS DEVELOPING PERMANENT SUPPORTIVE HOUSING FOR INDIVIDUALS AND FAMILIES THAT ARE CHRONICALLY HOMELESS AND HAVE DISABLING CONDITIONS. THE FUSE TEAM COMPRISES 30 ENTITIES THROUGHOUT KENT COUNTY. THGR STAFF HAVE BEEN ACTIVELY ENGAGED WITH THE KENT COUNTY ESSENTIAL NEEDS TASK FORCE'S FOOD AND NUTRITION COMMITTEE THAT ENSURES THAT ALL RESIDENTS ARE FOOD SECURE AND HAVE ACCESS TO FOOD THAT IS NUTRITIONALLY DIVERSE. THEY WERE ALSO INVOLVED WITH THE GRAND RAPIDS HOUSING COALITION AND THE HISPANIC CENTER ACTIVITIES AND COMMITTEES.

THE CDC DIABETES PREVENTION PROGRAM (DPP) ADAPT GRANT WAS EXTENDED TO KENT COUNTY DURING THIS TIME. DPP IS A 12-MONTH, FREE PROGRAM THAT FOCUSES DIABETES PREVENTION EFFORTS TOWARD AFRICAN AMERICAN, LATINX, MEDICARE RECIPIENTS AND MEN OF ALL AGES, TO REDUCE THE INCIDENCE OF DIABETES.

**Part VI** Supplemental Information (Continuation)

WHILE THE CDC GRANT PAYS FOR THE PROGRAM COSTS, THGR PAID FOR THE ADMINISTRATIVE COSTS OF THE PROGRAM, INCLUDING INTEGRATION INTO THE ELECTRONIC MEDICAL RECORD, WHICH ALLOWS FOR THE REFERRAL OF POTENTIAL PARTICIPANTS BASED ON CLINICAL AND OTHER FACTORS. DURING THIS PERIOD, THE PROGRAM VENDOR RECEIVED ADDITIONAL FUNDING FOR PARTICIPANT MANAGEMENT AND BILLING SOFTWARE THAT WILL ALLOW THEM TO BILL CMS AND PRIVATE INSURANCE AFTER THE CDC GRANT IS DONE IN FY23.

AT THE ONSET OF THE COVID-19 PANDEMIC, AND IN RESPONSE TO THE CRITICAL NEED OF COMMUNITIES, TRINITY HEALTH AWARDED THGR THE "IT STARTS HERE" GRANT, WHICH PROVIDES FUNDS AND RESOURCES TO COMBAT THE IMPACTS OF THE PANDEMIC AND TO PROMOTE VACCINATION AWARENESS AND ACCESS. MUCH OF THE AWARD WAS SPENT SUPPORTING THE CREATION OF VACCINATION SITES THAT WERE EASY TO ACCESS AND PROVIDING TRANSPORTATION THROUGH BUS CARDS AND TAXI VOUCHERS FOR VULNERABLE PATIENTS AND FAMILIES. THESE SITES CONTINUED THROUGH THE SPRING OF 2022.

## TRINITY HEALTH OAKLAND HOSPITAL:

TRINITY HEALTH OAKLAND (THO) COLLABORATES WITH OTHERS IN THE COMMUNITY TO ACHIEVE IMPROVEMENTS IN HEALTH AND ACCESS TO HEALTH CARE. IN FY22, OVER 4,000 LOW-INCOME AND AT-RISK PERSONS WERE SERVED THROUGH THE MERCY SUPPORT PROGRAM, WHILE MORE THAN 7,000 PATIENTS WERE SERVED THROUGH THE INDIGENT PROCUREMENTS AND MERCY SUPPORT PRESCRIPTION PROGRAMS.

THO MAINTAINED ITS COMFORT CARE PROGRAM INTENDED TO ADDRESS SOCIAL ISOLATION IN OAKLAND COUNTY RESIDENTS. COMFORT CARE IS AN EVIDENCE-BASED, PROACTIVE PUBLIC SAFETY INITIATIVE DESIGNED TO LOCATE, IDENTIFY, AND REFER AT-RISK, ISOLATED ADULTS TO SOCIAL SUPPORT AGENCIES USING NONTRADITIONAL



**Part VI** Supplemental Information (Continuation)

COMMUNITY EMBEDDED HOSPITAL REFERRAL SOURCES. THE COMFORT CARE PROGRAM, IN COLLABORATION WITH THE CITY OF PONTIAC, MAIN STREET PONTIAC, OAKLAND COUNTY SHERIFF'S DEPARTMENT, OAKLAND SCHOOLS AND SENIOR ADVISORY COUNTY, WAS INITIATED PRIOR TO COVID-19 AND HAS ACHIEVED OVER 100 WEEKLY RESIDENTIAL COMMUNITY CALLS TO RESIDENTS IN NEED.

THROUGH COMMUNITY HEALTH PROMOTION, A TEAM OF COMMUNITY HEALTH WORKERS (CHW'S) NOW ADDRESS SOCIAL DETERMINANTS OF HEALTH SCREENINGS. THESE CHW'S UTILIZE A SIOH TOOL EMBEDDED WITHIN THE PATIENT RECORD SYSTEM TO SCREEN, IDENTIFY AND REFER PATIENTS IN NEED OF SOCIAL SUPPORT RESOURCES TO THE APPROPRIATE COMMUNITY AGENCIES THROUGH A CLOSED LOOP REFERRAL SYSTEM. THE PROCESS OF IDENTIFYING AND SUPPORTING MARGINALIZED PATIENTS WITH SOCIAL SUPPORT RESOURCES AIMS TO REDUCE READMISSIONS AND IMPROVE OVERALL PATIENT HEALTH PREVENTION PRACTICES.

AS A CERTIFIED "BABY-FRIENDLY" HOSPITAL, THO ACTIVELY SUPPORTS AND PROMOTES BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. A WEEKLY BREASTFEEDING SUPPORT GROUP CONTINUES TO BE OFFERED, SERVING OVER 200 MOTHERS THROUGH THE YEAR. THE GROUP OFFERS SUPPORT AND ENCOURAGEMENT TO MOTHERS IN THE COMMUNITY WHO MAKE THE CHOICE TO BREASTFEED. THE GROUP CONTINUES TO GROW AND IS WELL RECEIVED.

AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, THO INITIATED A DRIVE-UP COVID-19 TESTING SITE OUTSIDE THE EMERGENCY DEPARTMENT IN 2021 AND MAINTAINED THE SITE THROUGH THE COVID-19 SPIKES DURING 2022. COMMUNITY-EMBEDDED COVID-19 VACCINATION SITES WERE ALSO MAINTAINED IN COLLABORATION WITH COMMUNITY CHURCHES WITHIN THE HOSPITAL'S SERVICE AREA.

**Part VI** Supplemental Information (Continuation)

TESTING AND VACCINATIONS WERE SUPPLIED ACCORDING TO GUIDANCE PROVIDED BY THE STATE AND CDC. THE OAKLAND COUNTY HEALTH DEPARTMENT SERVED AS A CORE COLLABORATIVE PARTNER IN ADDRESSING RESIDENTS' PRIORITIZED COMMUNITY HEALTH NEEDS.

(CONTINUED)

PART VI, LINE 6:

TH-MI IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES,
2. ADVANCING SOCIAL CARE, AND
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH.

TO FURTHER OUR STRATEGY IN FISCAL YEAR 2022 (FY22), CHWB LAUNCHED TWO TRAINING SERIES TO ADVANCE HEALTH AND RACIAL EQUITY IN OUR COMMUNITIES.

1. CHWB LEADER SERIES TO ADVANCE HEALTH AND RACIAL EQUITY: A YEAR-LONG PEER LEARNING SERIES TO BUILD THE CAPACITY OF OUR CHWB LEADERS TO DELIVER ON OUR CHWB STRATEGY WITH A FOCUS ON COMMUNITY LEADERSHIP AND ENGAGEMENT, AND THE USE OF A RACIAL EQUITY LENS IN ALL OF OUR DECISION MAKING.
2. COMMUNITY ENGAGEMENT TO ADVANCE RACIAL JUSTICE - PREPARING FOR IMPLEMENTATION STRATEGY: A FOUR-PART SERIES ON ENGAGING OUR COMMUNITIES IN MEANINGFUL WAYS USING A HEALTH EQUITY AND RACIAL EQUITY LENS TO BUILD

**Part VI** Supplemental Information (Continuation)

LASTING PARTNERSHIPS AND IMPACTFUL IMPLEMENTATION STRATEGIES.

INVESTING IN OUR COMMUNITIES -

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FY22, TRINITY HEALTH CONTRIBUTED \$1.37 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

SOME EXAMPLES OF THESE INVESTMENTS INCLUDE:

TRINITY HEALTH AWARDED OVER \$1.6 MILLION IN COMMUNITY GRANTS THAT DIRECTLY ALIGN WITH INTERVENTIONS AND LOCAL PARTNERSHIPS IDENTIFIED IN ITS MEMBER HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION STRATEGIES, INCLUDING ACCESS TO HEALTH CARE, MENTAL HEALTH, TRANSPORTATION, COMMUNITY ENGAGEMENT, FOOD ACCESS, AND HOUSING SUPPORTS.

WITH A \$1.2 MILLION INITIAL INVESTMENT, TRINITY HEALTH LAUNCHED ROUND 2 OF THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), A FIVE-YEAR, INNOVATIVE FUNDING AND TECHNICAL ASSISTANCE INITIATIVE, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO ADVANCE HEALTH AND RACIAL EQUITY IN NINE OF OUR COMMUNITIES EXPERIENCING HIGH POVERTY AND OTHER VULNERABILITIES. HEALTH MINISTRIES RECEIVING TCI FUNDING ARE COLLABORATING WITH A LOCAL MULTI-SECTOR COLLABORATIVE TO DEVELOP AND IMPLEMENT EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH ADDRESSING AT LEAST ONE ROOT CAUSE OF POOR HEALTH IDENTIFIED IN THE

**Part VI** Supplemental Information (Continuation)

DEVELOPMENT OF THEIR MOST RECENT CHNA IMPLEMENTATION STRATEGY.

TRINITY HEALTH AWARDED OVER \$1 MILLION IN COVID-19 FUNDING TO SUPPORT NEW AND ONGOING COMMUNITY ENGAGEMENT AND MOBILIZATION EFFORTS AROUND MAKING THE COVID-19 VACCINATION ACCESSIBLE TO ALL ELIGIBLE POPULATIONS. THIS FUNDING WAS DESIGNED TO SUPPORT ALL COMMUNITIES TO ENSURE EASY AND EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR ALL PEOPLE TO RECEIVE THE VACCINE, ESPECIALLY COMMUNITIES THAT HAVE LESS THAN A 75% VACCINATION RATE. WITH THIS FUNDING, HEALTH MINISTRIES FACILITATED 3,200 COVID-19 VACCINE EVENTS, ADMINISTERED 80,000 COVID-19 VACCINE DOSES, AND REACHED 874,000 PEOPLE WITH EDUCATIONAL MATERIALS ON COVID-19 AND THE BENEFITS OF VACCINATION.

IN ADDITION TO THE \$1.37 BILLION IN COMMUNITY BENEFIT SPENDING, OUR COMMUNITY INVESTING PROGRAM HAD THE MOST ROBUST YEAR OF LENDING SINCE THE PROGRAM'S INCEPTION OVER 20 YEARS AGO: \$17.8 MILLION IN NEW LOANS AND \$8.3 MILLION IN LOAN RENEWALS WERE APPROVED, FOCUSING ON BUILDING AFFORDABLE HOUSING AND INCREASING ACCESS TO EDUCATION IN PARTNERSHIP WITH OUR HEALTH MINISTRIES.

ADVANCING SOCIAL CARE -

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO ADDRESS SOCIAL NEEDS, SUCH AS ACCESS TO TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS.

HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:

- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW

**Part VI** Supplemental Information (Continuation)

## STAFF ACROSS MOST HEALTH MINISTRIES

- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS

- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL

- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021

- ENGAGED 5,300+ PATIENTS WHO ARE DUALY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASTHMA)

## IMPACTING SOCIAL INFLUENCERS OF HEALTH -

LEVERAGING INVESTOR POWER TO CATALYZE CORPORATE SOCIAL RESPONSIBILITY, TRINITY HEALTH'S SHAREHOLDER ADVOCACY WORK FOCUSES ON DISMANTLING RACISM ACROSS FIVE STRATEGIC FOCUS AREAS BY HOLDING CORPORATIONS ACCOUNTABLE FOR THE HUMAN RIGHTS VIOLATIONS THOSE COMPANIES PERPETUATE IN THE U.S. AND BEYOND. IN FY22, TRINITY HEALTH FACILITATED OVER 135 SHAREHOLDER ADVOCACY ENGAGEMENTS, WITH GREAT SUCCESS:

- FIVE BELOW COMMITTED TO ASSESS AND MANAGE THE RISKS/HAZARDS ASSOCIATED WITH CHEMICALS OF HIGH CONCERN CONTAINED IN THEIR PRIVATE LABEL PRODUCTS

- UNILEVER AGREED TO STOP FOOD AND BEVERAGE MARKETING TO CHILDREN UNDER AGE 16, AND WILL ADOPT NEW TARGETS TO REDUCE SALT, ADDED SUGARS AND CALORIES, AND INCREASE SALES OF THEIR HEALTHIER PRODUCTS

- PEPSICO SET GOALS TO INCREASE POSITIVE NUTRIENTS IN THEIR PRODUCTS

- PDC ENERGY ACCELERATED ITS GOAL TO END ROUTINE FLARING OF METHANE, FROM 2030 TO 2025, THUS REDUCING ENVIRONMENTAL HEALTH RISKS AND GREENHOUSE GAS

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

EMISSIONS

ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://WWW.TRINITY-HEALTH.ORG).

CONTINUATION OF PART VI LINE 5 - PROMOTION OF COMMUNITY HEALTH  
 THO RECEIVED THE "IT STARTS HERE" GRANT FROM TRINITY IN 2021 AND MAINTAINED STRONG TIES WITH LOCAL PARISHES TO PROVIDE COVID-19 VACCINE ACCESS. THE PROGRAM OFFERED DIRECT VACCINE REGISTRATION AND SUPPORT TO SENIORS, SOCIALLY ISOLATED RESIDENTS, AND ECONOMICALLY CHALLENGED RESIDENTS. PARTNERING CHURCHES AND COMMUNITY BENEFIT ORGANIZATIONS PARTICIPATED IN VIRTUAL COVID-19 EDUCATION TOWN HALLS SPONSORED BY TRINITY HEALTH OAKLAND PRIMARY CARE PHYSICIANS. DISCUSSION AROUND THE VACCINE, HUMAN INTEREST TOPICS, HELPFUL SAFETY TIPS AND COVID-19 VACCINATION PROCESSES WERE REVIEWED. A PARISH LIAISON ASSISTS WITH VACCINATION ENROLLMENT SUPPORT. THO IS PRIMARILY FOCUSED ON PROVIDING ACCURATE INFORMATION TO ADDRESS VACCINE HESITANCY AND PROMOTE LOCAL

**Part VI** Supplemental Information (Continuation)

COVID-19 VACCINATION EFFORTS IN THE CITY OF PONTIAC. THO EMPLOYED A COMMUNITY ADVOCATE TO PROVIDE TRUSTED COMMUNITY-EMBEDDED VACCINE EDUCATION IN PONTIAC AND WATERFORD TO ADDRESS VACCINE MISINFORMATION. THO CONTINUES TO PARTNER WITH FAITH-BASED ORGANIZATIONS AND LOCAL BUSINESSES TO INCREASE THE ACCESSIBILITY OF COVID-19 TESTING AND VACCINES.

## TRINITY HEALTH LIVONIA HOSPITAL:

TRINITY HEALTH LIVONIA COORDINATED THE HEALTHY LIVONIA COALITION TO PROVIDE A COMMUNITY-WIDE FOCUS ON HEALTH AND WELL-BEING IN LIVONIA. FOUNDING MEMBER ORGANIZATIONS INCLUDE THE CITY OF LIVONIA, THE LIVONIA CHAMBER OF COMMERCE, LIVONIA PUBLIC SCHOOLS, AND LIVONIA PARKS AND RECREATION. SCHOOLCRAFT COLLEGE AND MADONNA UNIVERSITY WERE ADDED AS STEERING COUNCIL MEMBERS IN FY22. THIS COALITION FOCUSED ON INFRASTRUCTURE DEVELOPMENT, POLICY CHANGE AND PROGRAMS.

AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, VACCINE FAQs FOR KIDS WERE DISTRIBUTED IN ENGLISH AND SPANISH. THE COMMUNITY RESOURCE DIRECTORY WAS MADE AVAILABLE TO THE COMMUNITY TO FIND RESOURCES TO MEET COVID-19 RELATED SOCIAL CARE NEEDS.

## TRINITY HEALTH LIVINGSTON HOSPITAL:

THL ACTIVELY SUPPORTED COMMUNITY ENTITIES, INCLUDING LIVINGSTON COUNTY PUBLIC HEALTH, LIVINGSTON COUNTY CATHOLIC CHARITIES (WHICH HOUSES THE LIVINGSTON COUNTY COMMUNITY ALLIANCE), LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH, AND THE LOCAL HUMAN SERVICES COLLABORATIVE BODY. SUPPORT FOR THESE ORGANIZATIONS INCLUDED MEMBERSHIP AND HEALTH CARE SYSTEM LIAISON ACTIVITIES.

**Part VI** Supplemental Information (Continuation)

THL HIRED A COMMUNITY HEALTH WORKER (CHW) TO ADDRESS THE CHNA IMPLEMENTATION PRIORITY NEEDS AMONG PATIENTS AND COMMUNITY MEMBERS. THE CHW IS A TRUSTED MEMBER OF THE COMMUNITY WHO HAS A STRONG UNDERSTANDING OF COMMUNITY RESOURCES AND CAN ASSIST WITH SOCIAL SERVICES. THL CO-FOUNDED THE WASHTENAW/LIVINGSTON COMMUNITY HEALTH WORKER COALITION TO CREATE A STRONGER SOCIAL CARE INFRASTRUCTURE TO BETTER ADDRESS THE NEEDS OF THE COMMUNITY AND SUSTAIN CHW PROGRAMS. ADDITIONALLY, THE COMMUNITY RESOURCE DIRECTORY WAS AVAILABLE TO THE COMMUNITY TO QUICKLY LOCATE COMMUNITY-BASED SOCIAL CARE RESOURCES THROUGH THE FINDHELP PLATFORM.

AS PART OF THE HOSPITAL'S COVID-19 RESPONSE, A TESTING SITE WAS LOCATED ON THE THL CAMPUS IN COMPLIANCE WITH STATE AND CDC GUIDELINES, AND SPECIFIC UNITS FOR COVID-19 WERE ADDED. THL MAINTAINED REGULAR COMMUNICATION WITH THE LOCAL HEALTH DEPARTMENT TO ALIGN COLLABORATIVE OPPORTUNITIES FOR TESTING EXPANSION TO BETTER SUPPORT COMMUNITY MEMBERS.