

**Texas Nonprofit Hospitals\***  
**Part II Summary of Current Hospital Charity Care Policy and**  
**Community Benefits for Inclusion in DSHS Charity Care Manual as Required**  
**by Texas Health and Safety Code, § 311.0461\*\***  
**2020**

**Facility Identification (FID):** 2016330 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** The Menninger Clinic **County:** Harris

**Mailing Address:** 12301 Main Street

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 11/01/2020

**Date of Scheduled Revision of this policy:** 07/01/2021

**How often do you revise your charity care policy?** \_\_\_\_\_

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

Name of the office/department: Admissions

Mailing Address: 12301 Main Street

Contact Person: Elizabeth Gonzalez Title: Accounting Manager

Phone: (713) 275-5000 Fax: (713) 275-5109

Person completing this form if different from above:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This summary form is to be completed by each nonprofit hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is only available in PDF format at DSHS web site:

<https://www.dshs.texas.gov/chs/hosp/hosp3.aspx> under 2020 Annual Statement of Community Benefits Standard.

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

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

**I. Charity Care Policy:**

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

The Menninger Clinic (The Clinic) is a leading psychiatric center dedicated to treating individuals with psychiatric illness. In support of this mission, Menninger provides financial assistance for emergency and medically necessary care to individuals who are classified as medically or financially indigent and who meet The Clinic's Financial Assistance policy. Patient notices about Menninger Financial Assistance will be available in applicable languages on the website, admissions offices, outpatient offices, finance offices, and the general waiting area.

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

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

Charity care is not defined. Below is what is stated in the policy. Clinic Admission Criteria: Pre-established criteria that all patients must meet in order to be accepted into any inpatient program. Examples of the criteria include, but are not limited to, presence of psychiatric or substance abuse diagnosis as principal diagnosis, voluntary status, the patient's level of aggression, ability to participate in their care, ability to provide activities of daily living with minimal assistance, and the level of general medical care needed.

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

4

1. 100%  4. <200%

2. <133%  5. Other, specify \_\_\_\_\_

3. <150%

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

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

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

Medically Indigent is not defined. Below is what is stated in the policy. Medically Indigent Criteria: Previous payments to Menninger Clinic and/or future payment plans to other medical providers, for previous healthcare services, may be used to reduce the household income of the patient/guarantor. To be considered for financial assistance under medically indigent criteria, all of the following criteria must be met: a. Annual income between 201% - 300% of FPL. b. Previous payments to The Menninger Clinic, within the last 12 months, or future payment plans to other medical providers, for previous healthcare services, that exceed 20% of the annual household income. c. The verified payment amounts will reduce the reported income used to consider financial eligibility. d. The revised household income does not exceed 200% FPL as stated in the financial criteria.

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

YES  NO  If yes, please briefly summarize method. n/a

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

1. Single parent and children

2. Mother, Father and Children

3. All family members

4. All household members

5. Other, please explain \_\_\_\_\_

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

1. Wages and salaries before deductions

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

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

If YES,

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

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

- 1. By telephone
- 2. In person
- 3. Other, please specify \_\_\_\_\_ website \_\_\_\_\_

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

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

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

YES NO

If yes, please check

Spanish  1 Other, please specify \_\_\_\_\_ Vietnamese, Chinese and Tagalog \_\_\_\_\_

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

1. The hospital independently verifies information with third party evidence (W2, pay stubs)
2. The hospital uses patient self-declaration
3. The hospital uses independent verification and patient self-declaration

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

1. W2-form
2. Wage and earning statement
3. Paycheck remittance
4. Worker's compensation
5. Unemployment compensation determination letters
6. Income tax returns
7. Statement from employer
8. Social security statement of earnings
9. Bank statements
10. Copy of checks
11. Living expenses
12. Long term notes
13. Copy of bills
14. Mortgage statements
15. Document of assets
16. Documents of sources of income
17. Telephone verification of gross income with the employer
18. Proof of participation in gov't assistance programs such as Medicaid
19. Signed affidavit or attestation by patient
20. Veterans benefit statement
21. Other, please specify \_\_\_\_\_

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

- a. At the time of admission
- b. During hospital stay
- c. At discharge
- d. After discharge

e. Other, please specify \_\_\_\_\_

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

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

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

YES  NO

8. How many days does it take for your hospital to complete the eligibility determination process? varies - usually a week

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

- a. Per admission
- b. Less than six months
- c. One year

d. Other, specify Reevaluated every 6 months

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

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

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

YES NO

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

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

YES  NO

**II. Community Benefits Projects/Activities:**

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness).

From our website: Community Engagement At Menninger, we re committed to enhancing mental healthcare in the Houston area, particularly in underserved areas. BridgeUp at Menninger BridgeUp at Menninger aims to promote innovative collaborations among multi-sector community organizations to produce measurable improvement in mental health, with a particular focus on vulnerable adolescents in Greater Houston schools, through the funding of one-year grants. The Gathering Place Free vocational skills training, a wellness program, employment assistance and recreational and social activities are available for the more than 300 members of The Gathering Place, a psychosocial clubhouse for adults with persistent mental illness. Community Healthcare Needs Assessment Menninger provides mental health services to adolescents and adults from the local, regional and national communities. Our Board of Directors approved the most recent Community Healthcare Needs Assessment in November 2019. It reflects the portrait of mental health needs and outlines how Menninger aligns its services to help respond to the community's needs. You can also see the associated implementation plan.

**Additional Information:**

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

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

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**