

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER** Employer identification number **06-0646813**

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

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 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		
3 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.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free 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 _____ %	X	
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.		
4 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"?		X
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c 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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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>						
a Financial Assistance at cost (from Worksheet 1)		13,232	6,269,109.		6,269,109.	.89%
b Medicaid (from Worksheet 3, column a)		37,329	36,807,574.		36,807,574.	5.24%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		50,561	43,076,683.		43,076,683.	6.13%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)		22,160	3,478,585.	8,450.	3,470,135.	.49%
f Health professions education (from Worksheet 5)		1,181	25,659,834.	8,637,777.	17,022,057.	2.42%
g Subsidized health services (from Worksheet 6)		8,619	975,679.		975,679.	.14%
h Research (from Worksheet 7)			847,783.		847,783.	.12%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		802	784,871.		784,871.	.11%
j Total Other Benefits		32,762	31,746,752.	8,646,227.	23,100,525.	3.28%
k Total. Add lines 7d and 7j		83,323	74,823,435.	8,646,227.	66,177,208.	9.41%

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**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			1,584.		1,584.	.00%
2 Economic development						
3 Community support			184,125.		184,125.	.03%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			227,597.		227,597.	.03%
8 Workforce development						
9 Other						
10 Total			413,306.		413,306.	.06%

**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 .....	2	6,318,679.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy .....	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	188659301.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	187233543.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	1,425,758.
8 Describe in Part VI the extent to which any shortfall reported in 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 type="checkbox"/> Cost to charge ratio <input checked="" 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 (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 GRTR HTFD	HEALTH CARE SERVICES -			
LITHOTRIPTY, LLC	LITHOTRIPTY	20.00%		40.00%
2 ST FRANCIS GI	HEALTH CARE SERVICES -			
ENDOSCOPY, LLC	ENDOSCOPY	49.00%		51.00%



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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 listed in Part V, Section A)

Name of Hospital Facility: ST FRANCIS HOSPITAL AND MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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**Part V Facility Information** (continued) ST FRANCIS HOSPITAL AND MEDICAL CENTER

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

14 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 actions the hospital facility may take upon non-payment?	X	
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

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**Part V Facility Information (continued) ST FRANCIS HOSPITAL AND MEDICAL CENTER**

**Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? .....

	Yes	No
<b>18</b>	<b>X</b>	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

**19** 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.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

<b>20</b>		<b>X</b>
<b>21</b>		<b>X</b>

**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.

**21** Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.



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**Part VI** Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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: N/A

PART I, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

PART I, LINE 6A: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL WEBSITE.

PART I, LINE 7: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER USES A

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**Part VI** Supplemental Information

COST ACCOUNTING SYSTEM WITHIN THE DECISION SUPPORT SYSTEM PRODUCT. IT IS A FULLY ABSORBED COSTING SYSTEM USING REMAPS OF EXPENSE AND REVENUES WHERE NEEDED. INDIRECT, OR OVERHEAD, COSTS ARE ALLOCATED USING STATISTICS IN ORDER TO ALLOCATE THE COSTS TO THE REVENUE PRODUCING DEPARTMENTS. THE METHOD OF ALLOCATING DOLLARS TO THE CHARGE ITEMS IS CURRENTLY PRIMARILY BASED ON A RCC METHOD USING OUR CHARGE ITEM PRICE AS THE DRIVER. WE HAVE INTERSPERSED SOME NATIONAL RVU'S FROM THE CMS FEE SCHEDULE TO MANY DEPARTMENTS AS WELL AS USING COSTS TO HELP ALLOCATE OUR PHARMACY AND SUPPLY EXPENSES. ALL CHARGE ITEMS OBTAIN A COST AND ALL PATIENT SEGMENTS ARE FULLY COSTED.

PART II: THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS. SOME ARE SPECIFIC TO THE COMMUNITY SERVED AND OTHERS ARE MORE GLOBAL IN APPROACH, SUCH AS ADVOCACY WORK AND BOARD MEMBERSHIP IN LOCAL ORGANIZATION THAT PROVIDE CRITICAL SERVICES TO THOSE IN NEED.

PHYSICAL IMPROVEMENTS AND HOUSING  
HOUSING ISSUES ARE A MAJOR CONCERN THROUGHOUT HARTFORD AS EVIDENCED BY THE LOW PERCENTAGE OF HOME OWNERSHIP AND THE HIGH INCIDENCE OF LEAD POISONING IN CHILDREN WHO LIVE IN THE CITY. SAINT FRANCIS HAS PARTNERED FOR MANY YEARS IN A VARIETY OF HOUSING RELATED PROJECTS INCLUDING THE LEAD ACTION FOR MEDICAID PRIMARY PREVENTION (LAMPP) PROGRAM TO PROVIDE SERVICES TO FAMILIES IMPACTED BY LEAD POISONING. THE LAMPP PROGRAM WORKS WITH LANDLORDS AND HOMEOWNERS TO REMEDIATE HOMES THAT HAVE BEEN IDENTIFIED WITH HIGH LEVELS OF LEAD DUST WHICH CAN IMPACT THE HEALTH OF VULNERABLE CHILDREN. THE SAINT FRANCIS DEPARTMENT OF PEDIATRICS RUNS A LEAD SAFE HOUSE WITH LEAD FREE APARTMENTS THAT CAN BE USED BY THOSE ENROLLED IN

**Part VI** Supplemental Information

LAMPP SO THAT THEY HAVE A PLACE TO STAY WHILE THEIR HOMES ARE REMEDIATED OF LEAD CONTAMINANTS. THE PARTNERSHIP ENABLES THE LAMPP PROGRAM TO EFFICIENTLY IMPROVE HOUSING CONDITIONS SO THAT CHILDREN ARE NOT AT RISK OF LEAD POISONING.

THE SAINT FRANCIS FOUNDATION ALSO MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT FOCUS ON HOUSING IN THE HARTFORD COMMUNITY SUCH AS THE SOUTH PARK INN (A HOMELESS SHELTER), HABITAT FOR HUMANITY, REBUILDING HARTFORD TOGETHER, AND SHELTER FOR WOMEN.

ON AN ANNUAL BASIS THE DEPARTMENT OF ENGINEERING AT SAINT FRANCIS PARTNERS WITH REBUILDING HARTFORD TOGETHER AND WORKS TO REBUILD OR REMODEL A HOME FOR A FAMILY IN NEED OF ASSISTANCE. SAINT FRANCIS STAFF CONTRIBUTES TIME, MATERIALS AND EXPERTISE TO THE PROJECT AND PLAY A CRITICAL ROLE IN THE COORDINATION AND EXECUTION OF THE PROJECT. ADDITIONALLY, ONE MEMBER SITS ON THE BOARD OF DIRECTORS FOR REBUILDING HARTFORD TOGETHER ON A YEAR ROUND BASIS.

**ECONOMIC DEVELOPMENT**

THE SAINT FRANCIS FOUNDATION MAKES CONTRIBUTIONS ON AN ANNUAL BASIS TO ENCOURAGE ECONOMIC DEVELOPMENT IN THE COMMUNITIES SERVED BY THE HOSPITAL. SOME EXAMPLES INCLUDE CONTRIBUTIONS TO CITY OF HARTFORD YOUTH SERVICES, THE CITY HEALTH AND HUMAN SERVICES DEPARTMENT, THE NORTHSIDE INSTITUTIONAL NEIGHBORHOOD ALLIANCE, THE HARTFORD BUSINESS JOURNAL, THE DRESS FOR SUCCESS FUNDRAISER, AND LEADERSHIP OF GREATER HARTFORD. ADDITIONALLY, ADMINISTRATIVE STAFF AT SAINT FRANCIS SIT ON THE BOARDS OF A NUMBER OF ORGANIZATIONS THAT FOCUS ON THE ECONOMIC DEVELOPMENT OF OUR COMMUNITY, INCLUDING CREATING OPPORTUNITIES FOR YOUTH AND WORKING TO REDUCE VIOLENCE

**Part VI** Supplemental Information

IN THE CITY.

COMMUNITY SUPPORT

SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT PROGRAMS AND INITIATIVES. THEY RANGE FROM DECREASING THE IMPACT OF VIOLENT CRIMES ON THE COMMUNITY TO ASSISTING WITH LITERACY TO FACILITATING AN UNDERSTANDING OF WHAT CAN BE DONE TO PREVENT DOMESTIC VIOLENCE OR CHILD ABUSE.

THE REACH OUT AND READ PROGRAM AT ST. FRANCIS HOSPITAL IN HARTFORD CONNECTICUT IS DESIGNED TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN AND TO EDUCATE FAMILIES ABOUT THE IMPORTANCE OF READING TO THEIR CHILDREN. THE PROGRAM HAS THREE BASIC COMPONENTS: FIRST, TRAINED VOLUNTEERS READ TO CHILDREN IN THE WAITING ROOM TO MODEL TECHNIQUES FOR READING ALOUD; SECOND, EACH CHILD IS GIVEN A NEW BOOK AFTER EACH WELL CHILD VISIT AT 6 MONTHS, 12 MONTHS, 18 MONTHS, AND ANNUALLY AT 2-5 YEAR VISITS; AND THIRD, TRAINED PRIMARY CARE PROVIDERS PROMOTE EARLY LITERACY BY EXPLAINING THE IMPORTANCE OF READING ALOUD TO FAMILIES AND ENCOURAGING THEM TO DO IT EVERY DAY. THE PROGRAM DISTRIBUTES OVER 1500 BOOKS PER YEAR TO CHILDREN. THE GOAL OF THE ROR PROGRAM AT ST. FRANCIS HOSPITAL AND MEDICAL CENTER IS TO INCREASE THE EXPOSURE OF YOUNG CHILDREN TO BOOKS AND TO READING AS AN ACTIVITY SO THAT THEY ARE READY FOR SCHOOL. ADDITIONALLY THE PROGRAM SEEKS TO EDUCATE PARENTS ABOUT THE IMPORTANCE OF READING AS AN ACTIVITY WHICH CAN IMPROVE LANGUAGE DEVELOPMENT AND ASSIST CHILDREN IN LEARNING THE SKILLS THEY NEED TO SUCCEED IN SCHOOL.

THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS: TO IMPROVE THE HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY

**Part VI** Supplemental Information

DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATIVE PREVENTION AND RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF VIOLENCE AND INJURY. THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE OF CAR SEATS TO PREVENT INJURY, INCREASING AWARENESS OF CHILD ABUSE AND STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT. RESOURCES TO ADDRESS ELDERLY FALLS AND GENERAL INJURY PREVENTION AWARENESS ARE ALSO AVAILABLE.

LET'S NOT MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS. IT IS PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PROGRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING. THE GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED.

SAINT FRANCIS HOSPITAL & MEDICAL CENTER FURTHER DEMONSTRATES ITS COMMITMENT TO PREVENTION BY SUPPORTING THE CHILD ADVOCACY CENTER AND PARTICIPATING REGULARLY IN THE CHILD PROTECTION TEAM MEETINGS. THIS WORK FOCUSES ON ISSUES REGARDING CHILD ABUSE/NEGLECT & CHILD ABUSE PREVENTION. THESE, ALONG WITH OTHER SAINT FRANCIS PROGRAMS, INCREASE THE UNDERSTANDING OF THE PROBLEM OF CHILD ABUSE; SERVE AS A RESOURCE FOR PATIENTS, FAMILIES AND STAFF; AND FOSTER AN ENVIRONMENT THAT IS COMMITTED TO CHILD ABUSE

**Part VI** Supplemental Information

PREVENTION. PREVENTION EFFORTS ARE THE KEY IN ENDING CHILD ABUSE. REACHING CHILDREN & FAMILIES BEFORE THEY ARE IN A CRISIS IS NEEDED. THE BEST WAY TO OFFER THIS IS THROUGH CREATIVE, CONCRETE PROGRAMS THAT OFFER SUPPORT AND SOLUTIONS TO THE COMPLEX PROBLEMS FACING TODAY'S CHILDREN AND FAMILIES.

THE HEALTHY START PROGRAM PROVIDES SUPPORT TO NEW MOMS BOTH DURING PREGNANCY AND DURING THE FIRST YEAR OF THEIR CHILD'S LIFE TO PREVENT INFANT MORTALITY. PARENTING SUPPORT, RESOURCE REFERRALS, AND HEALTH EDUCATION IS TAILORED TO EACH PATIENTS NEEDS AND PROVIDED IN A ONE-TO-ONE SETTING. THE PROGRAM IS CO-LOCATED WITH THE OBGYN CLINIC AND STAFF WORK HAND IN HAND WITH OTHER PARENTING SUPPORT PROGRAMS SUCH AS MATERNAL AND INFANT OUTREACH PROGRAM, COMADRONA PROGRAM, NURTURING FAMILIES AND FAMILY ENRICHMENT.

**LEADERSHIP DEVELOPMENT**

IN THE AREA OF LEADERSHIP DEVELOPMENT AND TRAINING SAINT FRANCIS FOCUSES ON AREAS OF EXPERTISE IN PASTORAL COUNSELING TRAINING. CLASSES ARE HELD ON A REGULAR BASIS TO ASSIST RELIGIOUS LEADERS OF ALL DENOMINATIONS TO PARTICIPATE IN PASTORAL WORK THROUGHOUT THE COMMUNITY. ADDITIONALLY, A FORMAL INTERNSHIP PROGRAM IS PROVIDED THROUGH THE CHAPLAINCY PROGRAM AT SAINT FRANCIS WHICH PROVIDES INTERNSHIP TRAINING TO CHAPLAINS ON AN ON-GOING BASIS.

CLINICAL PASTORAL EDUCATION (CPE) IS AN INTERFAITH PROFESSIONAL EDUCATION PROGRAM FOR MINISTRY. IT BRINGS THEOLOGY STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SPONSORED BY MERCY

**Part VI** Supplemental Information

COMMUNITY HEALTH AND SAINT FRANCIS HOSPITAL & MEDICAL CENTER, TWO FAITH  
BASED ORGANIZATIONS. THE MISSION, CORE VALUES, AND VISION OF PARTNERS IN  
CPE INSTITUTIONS EMPHASIZE THE SPIRITUAL WELL-BEING OF PATIENTS, THEIR  
LOVED ONES, AND STAFF.

THE WORK OF PASTORAL COUNSELING RELIES HEAVILY ON THE BRANCH OF PSYCHOLOGY  
THAT HONORS BLENDING SOUND CLINICAL INSIGHT WITH MEANINGFUL FORMS OF  
SPIRITUALITY IN EVERYDAY LIFE. CLASSES MOST OFTEN REFERENCE EXAMPLES OR  
"CASE STUDIES" (WITHOUT SPECIFIC REFERENCE TO ANY PARTICULAR NAME) TO  
GROUND THE COUNSELING SKILLS IN PRACTICAL MINISTRY. PARTICIPANTS ARE  
ENCOURAGED TO THOUGHTFULLY BRING THEIR SPIRITUAL AND RELIGIOUS ORIENTATION  
AND BELIEFS INTO THE CLASS TO CONSIDER HOW THEY CARE FOR THE SOUL WITH  
THEIR UNIQUE TRADITIONS. PARTICIPANTS ARE INTRODUCED TO IMPORTANT  
CLINICIANS IN THEIR LOCAL COMMUNITY TO WHOM THEY CAN RELY WHEN NEEDED.

SEE SCHEDULE O FOR CONTINUATION

PART III, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS  
ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED  
AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE  
HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE  
SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S  
INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY  
INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN  
CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN  
ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH  
IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING  
PURPOSES.

**Part VI** Supplemental Information

PART III, LINE 8: N/A FOR SHORTFALL REPORTED IN LINE 7.

MEDICARE ALLOWABLE COSTS OF CARE ON LINE 6 WERE DETERMINED FROM THE  
MEDICARE COST REPORTS.

PART III, LINE 9B: SEE PART III, LINE 4

PART VI, LINE 2: SAINT FRANCIS HOSPITAL HAS PAIRED WITH THE THREE  
OTHER HOSPITALS LOCATED IN HARTFORD, MOUNT SINAI, CONNECTICUT CHILDREN'S  
MEDICAL CENTER, AND HARTFORD HOSPITAL, TO ENGAGE THE CITY OF HARTFORD  
HEALTH AND HUMAN SERVICES DEPARTMENT TO CONDUCT A COMMUNITY NEEDS  
ASSESSMENT. THE ASSESSMENT METHODOLOGY INCLUDED A NUMBER OF DATA  
GATHERING PROCESSES: REVIEW OF THE AVAILABLE SECONDARY DATA, INCLUSION OF  
DATA FROM A LOCAL HEALTH EQUITY INDEX AND TELEPHONE INTERVIEWS OF LOCAL  
KEY INFORMANTS.

SECONDARY DATA PROFILE FINDINGS:

HARTFORD IS A VERY DIVERSE (42% HISPANIC AND 37% AFRICAN AMERICAN), YOUNG  
(49% BETWEEN THE AGES OF 15-45), POOR (32% OF ALL PEOPLE BELOW THE POVERTY  
LEVEL) AND UNDER EDUCATED (32% OF 25 YEAR OLDS DID NOT GRADUATE FROM HIGH  
SCHOOL) CITY. THE UNEMPLOYMENT RATE IS 18% AND SAFETY IS A MAJOR CONCERN  
FOR RESIDENTS WITH RATES OF LARCENY, DRUG ABUSE, ASSAULT AND MURDER ALL  
HIGHER THAN STATE LEVELS. HEALTH ISSUES OF THE CITIES RESIDENTS INCLUDE  
HIGH RATES OF DIABETES, OBESITY, ASTHMA, DRUG ABUSE AND MENTAL ILLNESS.  
RATES OF HEART DISEASE AND CANCER ARE ON AVERAGE LOWER THAN THE REST OF  
THE STATE WHICH IS LIKELY DUE TO THE AGE OF THE CITY'S RESIDENTS.

KEY INFORMANT INTERVIEW FINDINGS:

**Part VI** Supplemental Information

RESULTS FROM THE KEY INFORMANT INTERVIEWS SERVED TO CLARIFY THE ISSUES THAT THOSE WORKING IN THE COMMUNITY SEE AS KEY COMMUNITY NEEDS.

INTERESTINGLY, THE INFORMATION ON THE MOST IMPORTANT HEALTH ISSUES WAS RIGHT ON TARGET WITH DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL INCLUDED IN THE TOP 5 KEY HEALTH ISSUES. ADDITIONALLY, KEY INFORMANTS FELT THAT NEIGHBORHOOD SAFETY WAS A MAJOR CONCERN AS IS THE QUALITY OF HOUSING AND THE LIMITED NUMBER OF JOB OPPORTUNITIES.

QUALITATIVE DATA

DATA WAS GATHERED FROM COMMUNITY MEMBERS VIA FOCUS GROUPS; INFORMAL INTERVIEWS AND INTERACTIONS DURING COMMUNITY EVENTS, AS WELL AS QUESTIONNAIRES WITH PATIENTS IN THE WAITING ROOMS OF THE PRIMARY CARE CLINICS THAT WERE ADMINISTERED TO LEARN ABOUT THE NEEDS PATIENTS SAW AS PRIORITIES.

PART VI, LINE 3: PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE PROCESS. IF IT BECOMES CLEAR THAT THE PATIENT DOES NOT HAVE COVERAGE OR HAS MINIMAL COVERAGE, THEY ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS THEIR CURRENT INCOME TO DETERMINE ELIGIBILITY FOR EITHER STATE ASSISTANCE OR HELP FROM SAINT FRANCIS CHARITY CARE DOLLARS.

IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE: THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY. THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS. ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR

**Part VI** Supplemental Information

PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS.

SAINT FRANCIS DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY.

FINALLY, PATIENTS WHO HAVE NOT BEEN FORTHCOMING IN THEIR NEED FOR FINANCIAL ASSISTANCE PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES ARE PROVIDED WITH INFORMATION ABOUT OUR CHARITY CARE POLICY WHEN THEY RECEIVE A BILL FOR THE SERVICES RENDERED. THEY ARE ENCOURAGED TO TALK TO A FINANCIAL COUNSELOR TO DISCUSS A PAYMENT PLAN AND TO DETERMINE IF THEY ARE ELIGIBLE FOR STATE ASSISTANCE OR IF A PORTION OF THEIR BILL CAN BE "WRITTEN OFF" TO CHARITY CARE.

SAINT FRANCIS ALSO CONTRACTS WITH A COMPANY TO VISIT PATIENTS IN THEIR HOMES TO HELP THEM APPLY FOR STATE ASSISTANCE SO THAT THEY HAVE THEIR HEALTH COVERAGE IF THEY SHOULD NEED FURTHER ASSISTANCE. ADDITIONALLY, A DSS WORKER IS AVAILABLE ON-SITE FOR DIRECT ENROLLMENT INTO STATE AID PROGRAMS FOR WHICH PATIENTS QUALIFY. THIS POSITION IS FULL TIME AND HOUSED IN AN AREA OF THE HOSPITAL CLOSE TO THE AMBULATORY CLINIC (WHERE MOST PATIENTS WITHOUT COVERAGE ENTER THE HOSPITAL SYSTEM).

SPECIAL FUNDING IS AVAILABLE FROM PRIVATE RESOURCES TO HELP CLIENTS PAY FOR SPECIFIC HEALTH CARE SERVICES INCLUDING: MAMMOGRAMS, CARDIOVASCULAR SCREENING, BREAST BIOPSIES, PROSTATE CANCER SCREENING AND TREATMENT AND OTHERS.

THE CHARITY CARE POLICY IS REVIEWED AT A MINIMUM ON AN ANNUAL BASIS AND MORE OFTEN AS NEEDED. CLARIFICATIONS ABOUT SELF PAY PATIENTS WERE ADDED IN

**Part VI** Supplemental Information

APRIL OF 2011.

PART VI, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SERVES PATIENTS FROM ALL OVER CONNECTICUT, AND NATIONALLY. THE MAJORITY OF OUR PATIENTS COME FROM HARTFORD COUNTY, WHICH INCLUDES THE STATE CAPITAL, HARTFORD, AND THIRTY-FIVE SURROUNDING URBAN AND SUBURBAN COMMUNITIES.

HARTFORD IS THE CAPITAL OF THE STATE OF CONNECTICUT AND THE SEVENTH LARGEST CITY IN NEW ENGLAND. IT IS ONE OF THE OLDEST CITIES IN THE COUNTRY AND AT ONE POINT WAS ONE OF THE WEALTHIEST. THE POPULATION IN HARTFORD IS 125,000 WITH A PROPORTIONALLY YOUNGER AGE DISTRIBUTION THAN THE US OVERALL. THIS IMPACTS NUMEROUS ASPECTS OF HEALTH INCLUDING RATES OF SOME TYPES OF CANCER, VIOLENCE AND LEVELS OF UNINTENDED INJURY. OVER 70% OF CHILDREN IN THE HARTFORD PUBLIC SCHOOLS RECEIVED FREE OR REDUCED PRICE LUNCH. THE RATE OF INFANTS BORN LOW-BIRTH WEIGHT (LESS THAN 2500 G) IS 9.4%, WELL OVER THE NATIONAL AVERAGE OF 6.8%. HARTFORD IS AN URBAN COMMUNITY, THE MAJORITY OF HARTFORD RESIDENTS ARE MINORITIES WITH RESIDENTS REPORTING 42% LATINO (OF ANY RACE), 37% AFRICAN AMERICAN, 33% WHITE. A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH.

MEDICAL SERVICES ARE READILY AVAILABLE IN HARTFORD WITH THREE MAJOR HOSPITALS INCLUDING A CHILDREN'S HOSPITAL, BUT ACCESS TO THOSE SERVICES VARIES WIDELY AMONG CITY RESIDENTS.

PART VI, LINE 5: THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON IMPROVING THE HEALTH OF THE COMMUNITY OVERALL.

**Part VI** Supplemental Information

COLLABORATIVE EFFORTS WITH THE CITY HEALTH DEPARTMENT, THE STATE  
DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF MENTAL HEALTH AND  
ADDICTION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT  
ORGANIZATIONS ARE NUMEROUS.

SAINT FRANCIS HAS A LONG TRADITION OF PROVIDING FOR THE POOR AND THOSE  
MOST IN NEED. THE WORK DONE BY THE FOUNDING SISTERS CONTINUES TO INFORM  
AND INSPIRE THOSE WHO WORK AT SAINT FRANCIS. SOME SPECIFIC EXAMPLES OF  
WORK BEING DONE IN THIS AREA INCLUDE:

THE MEN'S HEALTH INSTITUTE - WORKING TO DIAGNOSE AND TREAT PROSTATE CANCER  
IN AFRICAN AMERICAN MEN

THE BREAST HEALTH CENTER - PROVIDING FREE MAMMOGRAM AND BREAST CANCER  
TREATMENT SERVICES TO WOMEN IN NEED OF ASSISTANCE.

SAINT FRANCIS FOOD PANTRY AND EMERGENCY FOOD BANK - PROVIDING FOOD TO  
FAMILIES IN NEED

LET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTION

KISS - CT KIDS IN SAFETY SEATS

NURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAM

HEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITY

PARENT AID PROGRAM - PARENTING SUPPORT TO PREVENT CHILD ABUSE AND NEGLECT

EMERGENCY FOOD BANK - PROVIDING FOOD TO FAMILIES IN NEED

MEDICAL LEGAL PARTNERSHIP - LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO  
HAVE SPECIAL NEEDS

LEAD SAFE HOUSE - FREE HOUSING FOR FAMILIES IMPACTED BY LEAD POISONING

KEEP THE POWER ON - ASSISTANCE TO FAMILIES FOR PAYING UTILITY BILLS.

WOMEN'S HEART PROGRAM - FREE HEART HEALTH SCREENING AND ASSESSMENT

MEDICAL MISSIONS - SERVICES PROVIDED IN OTHER COUNTRIES FREE OF CHARGE

**Part VI** Supplemental Information

CHILDREN'S ADVOCACY CENTER - SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY  
CHILD SEXUAL ABUSE

INTEGRATIVE MEDICINE - FREE MEDICAL SERVICES PROVIDED TO SUPPORT  
TRADITIONAL APPROACHES OF CARE.

PEACE BUILDERS - PROGRAM TO DECREASE VIOLENCE IN THE CITY AND MONITOR THE  
ED AFTER A SHOOTING

COMMUNITY ACCESS TO RECOVERY - SUPPORT FOR DRUG ADDICTED PARENTS AND  
SPOUSES

COMMUNITY DIABETES SUPPORT GROUP - SUPPORT FOR COMMUNITY MEMBERS WITH  
DIABETES

PART VI, LINE 6: THE ORGANIZATION IS NOT A PART OF AN AFFILIATED  
HEALTH CARE SYSTEM.

PART VI, LINE 7: COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF  
THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT IS  
PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED  
ON THE WEBSITE FOR FULL VIEWING.

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

CT