

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization MOUNT SINAI REHABILITATION HOSPITAL,
INC.

Employer identification number
06-1422973

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
b 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 FAP to its various hospital facilities during the tax year: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	X	
c 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.		
4 Did the organization's FAP 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 FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c 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	
b 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

Financial Assistance and Means-Tested Government Programs	(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
a Financial assistance at cost (from Worksheet 1)			1129625.		1129625.	4.87%
b Medicaid (from Worksheet 3, column a)			6818312.	2991592.	3826720.	16.49%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			7947937.	2991592.	4956345.	21.36%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	7	370,349.	340,000.	30,349.	.13%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	1	6,006	2298293.		2298293.	9.91%
h Research (from Worksheet 7)	1		430,493.	202,269.	228,224.	.98%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		21,740.		21,740.	.09%
j Total. Other benefits	9	6,013	3120875.	542,269.	2578606.	11.11%
k Total. Add lines 7d and 7j	9	6,013	11068812.	3533861.	7534951.	32.47%

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						
9 Other						
10 Total						

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

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?	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	502,635.	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	6,610,869.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	5,467,899.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,142,970.
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ 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)
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[illegible]

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

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	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?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: MOUNT SINAI REHABILITATION HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
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):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ 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		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ 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		
j ☐ 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: MOUNT SINAI REHABILITATION HOSPITAL

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ 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?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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) on line 19 (check all that apply):			
a ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ 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 FAP?	21	X	
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 Section C)			
d ☐ Other (describe in Section C)			

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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:

MOUNT SINAI REHABILITATION HOSPITAL

	Yes	No
22 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period b ☐ 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 c ☐ 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 d ☐ The hospital facility used a prospective Medicare or Medicaid method		

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INC.

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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.

MOUNT SINAI REHABILITATION HOSPITAL:

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

PART V, SECTION B, LINE 3E: MOUNT SINAI REHABILITATION HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- AFFORDABLE, STABLE, AND HIGH-QUALITY HOUSING
- ACCESS TO CARE
- GOVERNMENT OR INSTITUTIONAL RESPONSIVENESS
- SERVICES AND SUPPORT FOR CHILDREN AND YOUNG ADULTS
- NEIGHBORHOOD ENVIRONMENT AND SAFETY
- MENTAL HEALTH AND SUBSTANCE USE DISORDER
- TRANSPORTATION ACCESS
- FOOD INSECURITY
- IMPACTS OF CHANGING FEDERAL OR POLICY LANDSCAPE
- SOCIAL SUPPORT
- ACCESS TO INFORMATION AND EDUCATION

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 5: IN 2025, THE CHNA WORKGROUP CONVENED REPRESENTATIVES FROM CONNECTICUT CHILDREN'S MEDICAL CENTER, DATAHAVEN, HARTFORD HEALTHCARE, TRINITY HEALTH OF NEW ENGLAND (MOUNT SINAI REHABILITATION HOSPITAL), AND THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT TO SUPPORT HEALTH ASSESSMENT AND PLANNING ACTIVITIES IN THE CAPITOL PLANNING REGION. IN 2025, STAFF FROM THE UNITED WAY, ALONG WITH REPRESENTATIVES FROM THE CHNA WORKGROUP AND THE BROADER ISC COALITION, IDENTIFIED A DIVERSE GROUP OF COMMUNITY PARTNERS AND SUPPORTED THEM IN ORGANIZING A SERIES OF COMMUNITY FOCUS GROUPS ACROSS THE CAPITOL PLANNING REGION.

FROM MARCH 21, 2025, THROUGH APRIL 30, 2025, THESE COMMUNITY PARTNERS HOSTED NINE FOCUS GROUPS. THE FOCUS GROUPS WERE ORIENTED ALMOST ENTIRELY TOWARDS ADULT RESIDENTS OF THE CAPITOL PLANNING REGION, BUT A FEW GROUPS INCLUDED A STAFF MEMBER AND/OR VOLUNTEER FROM THE PARTICIPATING COMMUNITY ORGANIZATIONS TO PROVIDE CONTEXT OR SUPPORT. IN TOTAL, APPROXIMATELY 90 ADULTS PARTICIPATED IN THESE FOCUS GROUPS, REPRESENTING A DIVERSE CROSS-SECTION OF RESIDENTS IN TERMS OF AGE, SEX, RACE/ETHNICITY, TOWN OF RESIDENCE, LANGUAGE, LIVED EXPERIENCES, AND HEALTH CONDITIONS.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: MOUNT SINAI REHABILITATION HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA: CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, AND JOHNSON MEMORIAL HOSPITAL.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6B: MOUNT SINAI REHABILITATION 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.

COLLABORATED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA: DATAHAVEN, HARTFORD HEALTH DEPARTMENT, AND THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 11: MOUNT SINAI REHABILITATION HOSPITAL ADDRESSED SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA BY PRIORITIZING MENTAL HEALTH AND SUBSTANCE USE DISORDER, WHICH THE CHNA IDENTIFIES AS MAJOR DRIVERS OF CRISIS UTILIZATION AND COMMUNITY BURDEN. IN FISCAL YEAR 2025 (FY25), MOUNT SINAI IMPLEMENTED TARGETED INTERVENTIONS TO STRENGTHEN BEHAVIORAL HEALTH TRANSITIONS OF CARE. THESE ACTIONS INCLUDED STRUCTURED COORDINATION WITH OUTPATIENT BEHAVIORAL HEALTH CLINICS, ENHANCED DISCHARGE PLANNING SUPPORTED BY SOCIAL WORK AND CARE MANAGEMENT, AND PARTNERSHIPS WITH COMMUNITY MENTAL HEALTH AGENCIES TO ENSURE CONTINUITY OF SERVICES FOLLOWING HOSPITALIZATION. MOUNT SINAI ALSO SUPPORTED CRISIS-STABILIZATION PATHWAYS AND STRENGTHENED BEHAVIORAL HEALTH FOLLOW-UP THROUGH COLLABORATION WITH PEER-SUPPORT AND COMMUNITY-BASED RECOVERY ORGANIZATIONS, CONSISTENT WITH THE FISCAL YEAR 2026-28 IMPLEMENTATION STRATEGY'S EMPHASIS ON COORDINATED BEHAVIORAL HEALTH CARE.

ADDITIONAL STAFF TRAINING IN TRAUMA-INFORMED APPROACHES WAS UNDERTAKEN TO ALIGN CARE DELIVERY WITH CHNA FINDINGS REGARDING THE COMPLEXITY OF BEHAVIORAL HEALTH NEEDS.

MOUNT SINAI REHABILITATION HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON THE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. MOUNT SINAI IS ALSO COMMITTED TO PROVIDING HIGH QUALITY CLINICAL SERVICES TO THE COMMUNITY. IN ORDER TO BE GOOD STEWARDS OF THE RESOURCES AVAILABLE FOR THIS WORK, THE COMMUNITY BENEFIT ACTIVITIES INCLUDED IN THE HOSPITAL'S PORTFOLIO ARE DESIGNED TO LEVERAGE THE SKILLS AND EXPERTISE OF THE HOSPITAL AND ITS STAFF. FOR THAT REASON, THE FOLLOWING NEEDS WERE NOT SPECIFICALLY ADDRESSED:

- AFFORDABLE, STABLE, AND HIGH-QUALITY HOUSING
- ACCESS TO CARE
- GOVERNMENT OR INSTITUTIONAL RESPONSIVENESS
- SERVICES AND SUPPORT FOR CHILDREN AND YOUNG ADULTS
- NEIGHBORHOOD ENVIRONMENT AND SAFETY
- TRANSPORTATION ACCESS
- FOOD INSECURITY
- IMPACTS OF CHANGING FEDERAL OR POLICY LANDSCAPE
- SOCIAL SUPPORT
- ACCESS TO INFORMATION AND EDUCATION

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED

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.

PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE 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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 7A:
WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MOUNT SINAI REHABILITATION 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.

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 10A:
WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 16A:
WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 16B:
WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 16C:
WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

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 FAP.
- 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 (for example, 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:

MOUNT SINAI REHABILITATION HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF CONNECTICUT. IN ADDITION, MOUNT SINAI REHABILITATION HOSPITAL 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.

MOUNT SINAI REHABILITATION HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

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 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 HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$502,635, 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 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

Part VI Supplemental Information (Continuation)

ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MOUNT SINAI REHABILITATION HOSPITAL 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, MOUNT SINAI REHABILITATION HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MOUNT SINAI REHABILITATION HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MOUNT SINAI REHABILITATION HOSPITAL 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 FROM PAGE 14 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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY

Part VI Supplemental Information (Continuation)

IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, 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 HOSPITAL'S COLLECTION POLICY CONTAINS 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. THE HOSPITAL HAS 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 - MOUNT SINAI REHABILITATION HOSPITAL CONDUCTS ONGOING ASSESSMENTS OF COMMUNITY HEALTH NEEDS AS PART OF ITS STANDARD OPERATIONS AND IN SUPPORT OF ITS MISSION TO IMPROVE THE HEALTH OF THE POPULATIONS IT SERVES. THE HOSPITAL UTILIZES MULTIPLE DATA SOURCES TO UNDERSTAND COMMUNITY HEALTH STATUS, INCLUDING INTERNAL PATIENT DATA, PUBLICLY AVAILABLE PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET ANALYSES, AND GEOGRAPHIC MAPPING TOOLS THAT IDENTIFY AREAS WITH HIGH UTILIZATION OF EMERGENCY AND INPATIENT SERVICES. THESE FINDINGS HELP HIGHLIGHT POPULATIONS WHO MAY LACK ACCESS TO PREVENTIVE CARE OR WHO ARE UNINSURED.

HOSPITAL STAFF MAINTAIN STRONG COMMUNITY CONNECTIONS THROUGH PARTICIPATION ON LOCAL BOARDS, COUNCILS, AND COALITIONS. THIS INVOLVEMENT SUPPORTS CONSISTENT COMMUNICATION WITH COMMUNITY PARTNERS AND HELPS ENSURE THE HOSPITAL REMAINS INFORMED ABOUT EMERGING AND ONGOING HEALTH NEEDS. STAFF ARE ACTIVE IN COMMUNITY-BASED INITIATIVES THAT ENHANCE AWARENESS OF SOCIAL, BEHAVIORAL, AND MEDICAL CHALLENGES EXPERIENCED BY RESIDENTS.

COMMUNITY ENGAGEMENT ACTIVITIES, SUCH AS THE SEEDS OF KINDNESS CAMPAIGN, PROVIDE ADDITIONAL OPPORTUNITIES FOR HOSPITAL STAFF AND COMMUNITY MEMBERS TO INTERACT OUTSIDE OF THE CLINICAL ENVIRONMENT. THESE ACTIVITIES HELP STRENGTHEN RELATIONSHIPS, PROMOTE TRUST, AND SUPPORT THE HOSPITAL'S UNDERSTANDING OF THE BROADER FACTORS THAT AFFECT COMMUNITY HEALTH.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MOUNT SINAI REHABILITATION HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE 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.

Part VI Supplemental Information (Continuation)

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 FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

MOUNT SINAI REHABILITATION HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS, 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 AND GOVERNMENT 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 SERVED BY OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - MOUNT SINAI REHABILITATION HOSPITAL SERVES THE GREATER HARTFORD REGION, WHICH THE CHNA DEFINES AS THE 38 CITIES AND TOWNS WITHIN THE CAPITOL REGION COUNCIL OF GOVERNMENTS SERVICE AREA. THIS REGION INCLUDES THE CITY OF HARTFORD AND SURROUNDING MUNICIPALITIES SUCH AS WEST HARTFORD, EAST HARTFORD, MANCHESTER, NEW BRITAIN, WINDSOR, FARMINGTON, BLOOMFIELD, AND OTHERS. THE HOSPITAL ITSELF IS LOCATED IN HARTFORD'S NORTH END, A DENSELY POPULATED URBAN AREA THAT HAS LONG EXPERIENCED CONCENTRATED SOCIOECONOMIC HARDSHIP.

THE CHNA DESCRIBES HARTFORD AS A COMMUNITY OF 121,054 RESIDENTS, PREDOMINANTLY PEOPLE OF COLOR, WITH SIGNIFICANT ECONOMIC CHALLENGES. ROUGHLY 54% OF HOUSEHOLDS ARE COST-BURDENED; THE MEDIAN HOUSEHOLD INCOME IS \$37,477, AND ONLY 17% OF ADULTS AGE 25+ HOLD A BACHELOR'S DEGREE OR HIGHER. EDUCATIONAL ATTAINMENT, INCOME LEVELS, AND HOUSING CONDITIONS VARY ACROSS THE BROADER 38-TOWN REGION, BUT THE CHNA IDENTIFIES PERSISTENT INEQUITIES CONCENTRATED WITHIN HARTFORD AND SEVERAL NEIGHBORING COMMUNITIES.

THE HOSPITAL OPERATES WITHIN A DENSE HEALTHCARE LANDSCAPE. THE GREATER HARTFORD REGION IS SERVED BY MULTIPLE HOSPITALS, INCLUDING ACUTE-CARE FACILITIES OPERATED BY HARTFORD HEALTHCARE AND CONNECTICUT CHILDREN'S MEDICAL CENTER. BECAUSE THESE HEALTH SYSTEMS HAVE OVERLAPPING SERVICE AREAS, MANY RESIDENTS RECEIVE CARE FROM MULTIPLE INSTITUTIONS DEPENDING ON SPECIALTY NEEDS, GEOGRAPHY, AND PAYER STATUS. MOUNT SINAI REHABILITATION HOSPITAL FUNCTIONS AS THE REGION'S MAJOR CHRONIC DISEASE AND ACUTE REHABILITATION HOSPITAL, COMPLEMENTING THE LOCAL ACUTE-CARE INFRASTRUCTURE RATHER THAN DUPLICATING IT.

HARTFORD'S HIGH RATES OF HOUSING COST BURDEN, LOWER EDUCATIONAL ATTAINMENT, AND LOWER MEDIAN INCOME INDICATE SUBSTANTIAL MEDICALLY UNDERSERVED CHARACTERISTICS CONSISTENT WITH FEDERAL CRITERIA. THESE DEMOGRAPHIC REALITIES SHAPE THE HOSPITAL'S MISSION-DRIVEN FOCUS ON SERVING VULNERABLE POPULATIONS ACROSS GREATER HARTFORD.

MOUNT SINAI REHABILITATION HOSPITAL,
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Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

OTHER INFORMATION - LOCATED AT MOUNT SINAI REHABILITATION HOSPITAL, THE JOAN C. DAUBER FOOD PANTRY HAS PROVIDED FOOD ASSISTANCE, NUTRITIONAL COUNSELING, AND CASE MANAGEMENT TO FAMILIES AND INDIVIDUALS IN THE HARTFORD AND TOLLAND COUNTIES. CREATED IN 1976, IT WAS THE FIRST FOOD PANTRY LOCATED IN A HOSPITAL SETTING. BESIDES ADDRESSING FOOD INSECURITY, THE FOOD PANTRY, IN COLLABORATION WITH THE DIAPER BANK OF CONNECTICUT, INC., ALSO SERVES FAMILIES IN THE GREATER HARTFORD COMMUNITY WITH CHILDREN UNDER FOUR YEARS OLD WITH FREE DIAPERS.

FUNDED BY TRINITY HEALTH, THE FOUR-YEAR TRANSFORMING COMMUNITIES INITIATIVE (TCI) SUPPORTED THE COMMUNITY TO BUILD CAPACITY FOR, AND SUCCESSFULLY IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES. THIS COLLABORATION - INVOLVING THE LEADING COMMUNITY ORGANIZATION WITH A FULL-TIME TCI-FUNDED PROGRAM DIRECTOR, TRINITY HEALTH OF NEW ENGLAND AND OTHER PARTNERS - RECEIVED GRANT FUNDING AND TECHNICAL ASSISTANCE AND PARTICIPATED IN PEER LEARNING OPPORTUNITIES. TRINITY HEALTH OF NEW ENGLAND PARTNERED WITH THE YWCA HARTFORD REGION TO SERVE AS THE LEAD COMMUNITY BASED ORGANIZATION SINCE IT IS A STRONG PILLAR IN THE COMMUNITY AND IS DEDICATED TO PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL. THE YWCA HARTFORD REGION'S GOAL IS TO BECOME A COMMUNITY WITH UNLIMITED OPPORTUNITIES TO UN-LIMIT OPPORTUNITY. THEY PROMOTE CHANGES AT A SYSTEMIC LEVEL AND THROUGH IMPROVED LIVES FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY. INCREASINGLY, THE PARAMOUNT THEME IS FOR EVERY ADULT TO ACHIEVE ECONOMIC SECURITY. YWCA PURSUES ITS MISSION THROUGH ADVOCACY, PROGRAMS, AND SERVICES. THE YWCA HELPS COMMUNITY MEMBERS BRIDGE THE EDUCATIONAL, CAREER AND FINANCIAL GAPS TO PREPARE THEM FOR LIFE-LONG STABILITY AND ECONOMIC SECURITY AND CONTINUE TO DO SO BY CREATING OPPORTUNITIES FOR ONE PERSON AT A TIME.

IN FY25, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN SCHEDULE H PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS. TRINITY HEALTH OF NEW ENGLAND, WHICH INCLUDES MSRH, HAD A TOTAL COMMUNITY IMPACT IN FY25 OF \$310.3 MILLION, AS OF TRINITY HEALTH'S YEAR-END OF JUNE 30, 2025.

PART VI, LINE 6:

MOUNT SINAI REHABILITATION HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE CLINICAL AND SOCIAL CARE.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT

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Part VI Supplemental Information (Continuation)

TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

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 WE 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 FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING

Part VI Supplemental Information (Continuation)

THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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